

Michigan's National Service Inclusion Project Resource Guide

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Inclusion Resource Guide - .pdf files

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Help Wanted – Suggestions for Preparing Non-Discriminatory Advertisements – Michigan Civil Rights Commission and Department
.pdf – www.michigan.gov/documents/pamphlet_help_wanted_7784_7.pdf

Chapter 5

A Guide to Disability Rights Laws – US Department of Justice
.pdf – www.usdoj.gov/crt/ada/cguide.pdf
.html – www.usdoj.gov/crt/ada/cguide.htm

Michigan's Persons with Disabilities Civil Right Act (text of the law)
.pdf – www.michigan.gov/documents/act-220-of-1976_8771_7.pdf

Bill of Rights and Responsibilities – Department of Civil Rights
.pdf – www.michigan.gov/documents/pamphlet_bill_of_rights_8767_7.pdf

Chapter 6

Questions and Answers from the *Access: Opening the Doors* Conference
.pdf – www.nationalservice.org/resources/cross/opendoor.pdf

Chapter 8

Governmental and Community Resources – Michigan Civil Rights Commission and Department
.pdf (pages 3-6) – www.michigan.gov/documents/200110newsletter_9770_7.pdf

Chapter 1

Michigan's National Service Inclusion Project— An Introduction

Michigan's National Service Inclusion Project was established to empower National Service programs to make service a part of the lives of persons with disabilities. Through resource development, outreach, and assistance, the Project works to bring Michigan's National Service and disability communities together to improve the quality of life for all Michigan residents.

AmeriCorps, Senior Corps, and Learn and Serve programs offer participants* significant opportunities for personal and professional growth through service. While these sorts of opportunities are important to everyone, they can be particularly significant in the lives of people with disabilities.

On a personal level, National Service provides participants with opportunities to learn about themselves and their responsibility to their neighborhoods and communities. While problem-solving with fellow service providers*, program staff, and community members, participants experience diversity at a level rarely found in conventional employment situations. They discover for themselves the power each individual has for bringing positive change to their communities. For people with disabilities, the chance to get out into their neighborhoods and become active providers of service can change perspectives—their own and those of others.

Professionally, National Service can help participants prepare for jobs in any field of endeavor through increased skills and practical experience. Young people who are just starting out can discover how their personal strengths can strengthen communities. All participants can gain practical work experience and training that will help them in their chosen careers. And seniors, with their vast array of knowledge and life experiences, can continue to learn and grow through participation in National Service.

Increasing the participation of men and women with disabilities in National Service is also important to the success of service programs. With a population of almost two million people, Michigan's disability community represents a significant pool of potential service providers with diverse talents. This resource guide provides effective methods for integrating the principles and practices of inclusion into the everyday operations of Michigan's National Service programs. These aren't exceptional practices but rather ways to build upon established recruitment and retention procedures. Inclusive programs are stronger, more vibrant, and better able to serve the diverse needs of their communities.

Service providers with disabilities and those without disabilities share more similarities than differences. They are people who are seeking to be part of something greater while striving to make something more of themselves. They are people who are committed to strengthening communities and making an important difference in the lives of others.

Committing your program to the full inclusion of people with disabilities will increase the number of compassionate, competent, and enthusiastic service providers involved in Michigan's National Service programs. Together we can build a better future where all who wish to serve can and do serve—making Michigan a leader in achieving the goal of stronger citizens, stronger communities, and a stronger country.

*Throughout this document, the terms “participant” and “service providers” will be used to represent people who are serving in the following capacities:

- AmeriCorps members
- AmeriCorps*VISTA members
- Senior Corps, to include:
 - Senior Companions
 - Foster Grandparents
 - RSVP volunteers
- Learn and Serve participants

Chapter 2

Steps to Inclusion

Each chart in this chapter outlines an effective 7-step process for creating National Service programs that are inclusive of people with disabilities. The charts include “how-to” guidelines for achieving each step as well as information on the appropriate chapter to consult for related information.

This chapter contains two charts:

- **Steps to Inclusion for Michigan’s National Service Programs**
(for AmeriCorps, AmeriCorps*VISTA, and Senior Corps programs)
- **Steps to Inclusion for Learn and Serve - Michigan Programs**
(for School- and Community-Based Learn and Serve programs)

Steps to Inclusion for Michigan's National Service Programs

Steps	How To	Resource Guide Chapter(s)
<p>1. Evaluate your program's accessibility.</p>	<p>A. Complete the Self-Assessment Tools (Ch. 3) to evaluate your program's accessibility and for ways to meet accessibility guidelines. B. Understand how disability-related laws apply to your program.</p>	<p>◆ Chapter 3 – Accessibility – Self-Assessment Tools for Programs ◆ Chapter 5 – Disability Law and National Service Programs ◆ US Department of Justice ADA Technical Assistance CD-ROM</p>
<p>2. Develop inclusive Service Position Descriptions.</p>	<p>A. Conduct a position analysis to carefully determine the fundamental duties of a service position. B. Determine which functions are essential and which are marginal.</p>	<p>◆ Chapter 4 – Building an Inclusive National Service Program</p>
<p>3. Ensure that the application process and all forms are accessible to persons with disabilities.</p>	<p>A. Hold interviews in an accessible location. B. Make printed materials available in alternate formats when requested. C. Provide readers or interpreters for interviews when requested. D. If testing is required, provide accommodations as needed.</p>	<p>◆ Chapter 4 – Building an Inclusive National Service Program</p>

Steps	How To	Resource Guide Chapter(s)
<p>4. Actively recruit qualified National Service participants with disabilities.</p>	<p>A. Add an equal opportunity/reasonable accommodation statement to recruitment materials.</p> <p>B. Include pictures of participants with disabilities in recruitment materials.</p> <p>C. Know referral information for participants with questions on the effect of National Service on their disability benefits.</p> <p>D. Form working relationships with local agencies in the disability community such as independent living centers; state agencies providing services for people with disabilities; and college disability student-service offices.</p>	<ul style="list-style-type: none"> ◆ Chapter 4 – Building an Inclusive National Service Program ◆ Chapter 7 – Federal Benefits and National Service ◆ Chapter 8 – Connecting with the Disability Community—Local, State, and National Agencies and Organizations
<p>5. Provide reasonable accommodations as needed.</p>	<p>A. Understand the legal requirements for providing reasonable accommodations for qualified applicants and participants with disabilities.</p> <p>B. Work with the applicant or participant with a disability to find the most appropriate accommodation.</p>	<ul style="list-style-type: none"> ◆ Chapter 5 – Disability Law and National Service Programs ◆ US Department of Justice ADA Technical Assistance CD-ROM ◆ Chapter 8 – Connecting with the Disability Community—Local, State, and National Agencies and Organizations

Steps	How To	Resource Guide Chapter(s)
6. Retain participants with disabilities.	<p>A. Monitor the success and continued appropriateness of any reasonable accommodations provided.</p> <p>B. Ensure full inclusion/participation of individuals with disabilities in all program activities, both formal and informal.</p> <p>C. Stay aware of changes in the effect of National Service on federal and state disability benefits.</p>	<ul style="list-style-type: none"> ◆ Chapter 5 – Disability Law and National Service Programs ◆ US Department of Justice ADA Technical Assistance CD-ROM ◆ Chapter 6 – Disability Awareness ◆ Chapter 7 – Federal Benefits and National Service
7. Include disability awareness training in your orientation sessions and ongoing training program.	<p>A. Add to existing training or merge with diversity training.</p> <p>B. Incorporate outside speakers.</p>	<ul style="list-style-type: none"> ◆ Chapter 6 – Disability Awareness ◆ Chapter 8 – Connecting with the Disability Community—Local, State, and National Agencies and Organizations

Adapted from the *AmeriCorps Program Directors Resource Guide to Disability Inclusion*, Drake University Disability Resource Center

Chapter 3

Accessibility—Self-Assessment Tools for Programs

Introduction – Determining Accessibility in National Service Programs and Facilities

Section I – Recruitment / Accommodation Practices

Guidelines

Checklist

Section II – General Non-Discrimination Obligations

Guidelines

Checklist

Section III – Communications Accessibility

Guidelines

Checklist

Section IV – Facilities Checklists

Priority 1: Access to Services & Accessible Entrance

Guidelines

Checklist

Priority 2: Access to Goods and Services

Guidelines

Checklist

Priority 3: Usability of Rest Rooms

Guidelines

Checklist

Priority 4: Additional Access

Guidelines

Checklist

Material for this chapter adapted from the UCP National's *Access AmeriCorps* Project.

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Introduction – Determining Accessibility in National Service Programs and Facilities

The information and surveys contained in this chapter will enable National Service programs to perform self-evaluations and plan ways to meet the accessibility needs of individuals with disabilities who participate in National Service programs.

Accessibility is an ongoing process. Technology, standards, and needs are constantly changing. Architectural accessibility codes of twenty years ago were a few pages long. Today, most codes are well over a hundred pages. Rather than look at this process as static, view it as an on-going process that is as much a part of your program as staff development, budgeting, and organizational development.

Each section of this tool consists of a question-format checklist that will enable you to begin a thorough self-evaluation of your program and facilities. The results of your evaluation will facilitate the creation of a transition plan to correct discrepancies. Consider it a management tool that will help you to assess what you have already done to facilitate equal opportunities for people with disabilities and to plan what needs to be done in the future. The checklist addresses requirements of the National and Community Service Trust Act regarding people with disabilities as well as those under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as amended. Each checklist is followed by a section that provides a description of the checklist questions, as well as examples and methods for ensuring compliance.

The purpose of this self-evaluation is to allow you to gather information regarding your organization's level of accessibility in one place and at one time. A good self-evaluation will capture your strengths and weaknesses. It will allow you to develop a concrete plan, based on real data, to increase the level of accessibility in your program.

Recommended steps:

- Completion of this checklist
- Development of internal action steps to rectify issues identified as a result of the self-evaluation
- Development of written organization-wide policies
- Maintenance of this self-evaluation and supporting/resulting documents on file
- Annual review of this self-evaluation

In developing these tools, we have tried to simplify complex issues while maintaining the integrity of the goal of accessibility and for the requirements of the law. Questions regarding specific situations for specific programs will arise and should be expected. Contact the appropriate local, state, or national resource (see Chapter 8) for additional information.

Section I – Guidelines

Recruitment/Accommodation Practices

1. Has your program affirmatively sought to recruit and retain qualified participants with disabilities?

National Service programs need to affirmatively include persons with disabilities in recruitment efforts. This means that recruitment activities need to be accessible and that reasonable accommodations may have to be made. The affirmative obligation is found in the National and Community Service Act of 1990, as amended.

National Service programs should be able to outline what they have done in order to recruit persons with disabilities (e.g., contacting independent living centers, providing recruitment information in large print, ensuring that meetings are held in accessible locations, including pictures of participants with disabilities in recruitment brochures). Remember, we are striving for National Service programs that look like America. **Fifty-four million** Americans have disabilities.

2. Do you have a written policy concerning discrimination on the basis of physical or mental disability?

Programs should include an anti-discrimination statement about disability with their general anti-discrimination statement: "<Name of program> does not discriminate on the basis of race, sex, gender, national origin, color, political affiliation, religion, age, or disability."

3. Do you regularly review your recruitment practices (recruitment, training, tenure, disciplinary actions, etc.) to be certain that you, your managers, supervisors, and external consultants are nondiscriminatory in the treatment of applicants and participants with disabilities?

It is not enough to review practices once and then assume they are nondiscriminatory forever. New staff members are always being hired, incumbent staff can fall into old practices, and biases and stereotypes are difficult to erase. Regular review of practices, perhaps every six months, depending on your program and your schedule of events, is highly recommended.

4. Medical records must be kept in a separate location from non-medical records. Access to medical records must be limited. Are all participants' non-medical records kept in a separate place from records that contain medical information?

Medical records should be kept in a locked file and access should be limited to those who truly need to know. Further, information that relates to reasonable accommodation should be kept with medical information and not in a participant's general file.

a. Do you have a written policy regarding who has access to medical information?

A written policy serves to protect the program. A copy should be attached to the self-evaluation document.

5. Do your recruitment materials, including photos and ad copy, contain positive images of persons with disabilities and indicate your program's commitment to the inclusion of persons with disabilities?

Recruitment and other advertising materials should include images of persons with disabilities and copy should mention the participation of persons with disabilities. The message of inclusion needs to be carried out throughout your recruitment process, not just in the part that specifically relates to outreach to persons with disabilities.

6. Are inquiries related to the presence of a disability that a participant or potential participant might have limited to performance of essential functions or requirements for reasonable accommodation?

You can ask how a participant would perform service activities with or without reasonable accommodation. You cannot ask how a participant acquired his/her disability, how s/he feels about it, what s/he has done about it, how long s/he has had a disability, or what s/he has learned from it. These are personal questions and are not appropriate in a recruitment setting.

a. Are supervisory staff members aware of what constitutes legal and illegal inquiries under the ADA/Section 504? If yes, how did they obtain this information?

Supervisory staff, and those conducting recruitment interviews, should be aware of what constitutes legal and illegal inquiries in this area. Programs should be aware of how staff members are trained. For example, managers often assume that staff is aware of what is legal and illegal, but when asked, cannot describe how staff members know that information. Training should be ongoing and periodic, and should be conducted by reputable organizations and individuals.

b. Have service descriptions been analyzed to determine which functions of a participant's service are essential and which are marginal? If yes, describe the process for doing this.

Service descriptions should be reviewed annually to determine what the essential functions are. As programs grow and learn, service descriptions may change and adjustments may be required. A process needs to be in place to ensure that changes are incorporated into the descriptions.

c. Are service descriptions in writing?

Service descriptions should be in writing so that documentation of the essential functions of the service position is available.

d. Are any of the following questions asked during the recruitment or application process? (Questions included on Section I Checklist.)

It is illegal to ask questions that would reveal information about the health or presence of disability in the recruitment process. These questions are simply examples of questions that can reveal the presence of a disability.

7. Do you require that applicants for National Service positions take any of the following tests as part of an application process?

Drug or alcohol testing: The ADA is neutral on drug testing. This simply means that the ADA does not address the issue of drug testing, and that programs need to look to other state and federal law and policies to determine the legality of drug and alcohol testing.

HIV tests: HIV is considered a disability; it is illegal to require that applicants undergo a test for HIV.

Skill or performance tests: Programs can administer skill and performance tests if the skills tested are required in order to perform the essential functions of the service.

Psychological tests: Psychological tests are allowable only if they specifically relate to the essential functions of the service description.

Intelligence tests: An intelligence test can only be administered if there is clear and convincing evidence that a certain level of intelligence is required to perform the service. Remember, the burden of proof is on the National Service program that may want to administer such exams to show that the level of skill measured by such tests is clearly essential to the performance of the service description. All such testing must be administered to **all** applicants.

8. Do you have a substance abuse policy?

Policies relating to substance abuse should be reviewed to ensure that they do not discriminate against participants who are in recovery from substance abuse.

9. Do you have a participant drug testing policy?

Drug testing policies should be reviewed to ensure that they do not single out participants with disabilities.

10. It is required that reasonable accommodation be provided to participants with disabilities. Reasonable accommodation includes a broad range of adaptations to the manner or circumstances in which a service is performed; an interview is conducted, etc.

a. Have participants and applicants been informed that they are entitled to reasonable accommodation?

Everyone needs to know that your National Service program has a policy to provide reasonable accommodation. It is not enough to assume that people who need accommodations are aware of this. Nor is it enough to only let identified persons with disabilities know. Everyone who is a potential participant in your program needs to be aware of the availability of reasonable accommodations.

If yes, how have they been informed?

National Service programs should be able to document how they inform their audience that reasonable accommodations are available.

b. Are reasonable accommodations provided to National Service participants with disabilities? How do you know?

If you truly have full participation of participants with disabilities, reasonable accommodations are probably being provided. National Service programs should have some way of determining and tracking the provision and effectiveness of reasonable accommodations that are provided.

c. Has a written reasonable accommodation policy been developed?

A written policy that states a program's ability and willingness to provide reasonable accommodation is a proactive way of letting people with disabilities know that they are welcome in your program.

d. Do supervisory staff members know how to proceed if an accommodation is requested?

Often, programs are very willing to provide reasonable accommodations, but when requested, they are unsure how to go about actually securing the accommodation. It is important that programs be prepared and able to do so.

e. Has a specific supervisory staff person been designated to coordinate reasonable accommodation?

It is not required that a specific person be identified. It is often helpful, however, especially when a program lacks institutionalized experience in providing reasonable accommodation.

f. Do they know how to secure a sign language interpreter if necessary?

g. Do they know how to have material transcribed into Braille, recorded on audiocassette, or placed on an ASCII disk?

These are two methods of measuring the ability of staff to provide reasonable accommodations when they are requested.

11. – 13.

11. Are interviews, participant/staff meetings, and other gatherings held, as a matter of policy, in accessible locations?

12. Are off site participant/staff training, holiday parties, picnics, or other gatherings held in accessible locations?

13. Are reasonable accommodations, including sign language interpreters, written materials in alternative format, and so forth, provided to individuals with disabilities at meetings, training sessions, and other events?

These are three ways of measuring the level of institutionalization of inclusion of persons with disabilities.

Concluding Note:

Even if there are currently no persons with disabilities in your program, activities should still be conducted in accessible forums and in an accessible manner for two reasons. One, a clear message is sent to the general public and to the disability community that access and inclusion are important to National Service. Two, practice leads to improvement, knowledge, and preparation. A National Service program that considers accessibility a priority will be far more successful in recruiting and retaining individuals with disabilities.



Chapter 4

Building an Inclusive National Service Program

Incorporating inclusive practices into your program's current recruitment strategies is necessary for successfully recruiting and selecting a diverse group of service providers. Using the practices outlined in this chapter will help you to attain the goal of inclusion of people with disabilities in your programs and activities.

- **Inclusive Service Descriptions**
 - Writing Inclusive Service Descriptions
 - EEOC Guidelines for Identifying Essential Functions
 - Identifying Essential Functions of a Job
 - Job Analysis and The “Essential Functions of a Job”
 - Perform Essential Functions “With or Without Reasonable Accommodation”
 - Service Description Form
 - Examples of Action Verbs To Use In Service Descriptions

- **Recruiting National Service Participants with Disabilities**
 - Inclusive Recruitment Practices
 - Equal Opportunity/Reasonable Accommodation Statement and Offering Materials in Alternate Formats
 - Methods and Contacts for Outreach
 - Recruiting National Service Participants – Worksheet
 - *Recruiting Diverse Volunteers* – National Service Resource Center
 - *Help Wanted – Suggestions for Preparing Non-Discriminatory Advertisements* – Michigan Civil Rights Commission and Department

- **Inclusive Selection and Interview Practices**
 - Inclusive Interviewing Practices
 - Interviewing and Selecting National Service Applicants

Inclusive Service Descriptions



Writing Inclusive Service Descriptions

The first step in creating an inclusive National Service program is to review your program's current service descriptions (a.k.a. job descriptions). Before you can begin to recruit you need to be certain about the tasks that need to be accomplished, the environment where the participant will be serving, and other important details of the position. A properly prepared service description will aid you in:

- Crafting your recruitment message to target potential National Service participants who possess the skills your program needs.
- For Learn and Serve programs, crafting your recruitment message to target youth for whom your program is appropriate.
- Writing appropriate interview questions.
- Determining whether a person is qualified to perform the essential functions of the position.
- Identifying reasonable accommodations to enable a person with a disability to perform the essential functions.

When writing an inclusive service description, the position should be analyzed to determine the following:

- **Purpose** - the reason for the position.
- **Essential Functions** - the tasks or duties that are fundamental and critical to the performance of the position.
- **Marginal Functions** - those activities that are seldom or intermittently performed. The position does not exist to perform these functions and their removal would not fundamentally alter the nature, purpose, or result of the essential tasks to be accomplished by the National Service participant.
- **Setting** - the work station and/or conditions where the essential functions are to be carried out.
- **Qualifications** - the minimal skills an individual must possess to perform the essential functions.

It is helpful to describe the purpose and results of the essential functions, rather than how the functions must be performed. The following are some questions to help you analyze each service description in your program.

Purpose:

- What are the particular contributions of the position toward the accomplishment of the overall objectives of the organization?

Essential Functions:

- What three or four activities actually constitute the position? Does the position exist to perform these functions? Is each activity really necessary? (For example, in order to perform secretarial duties, is it necessary to type, file, answer phones, and take dictation?)
- What is the relationship between each task? Is there a specific sequence that the tasks must follow?
- Do the tasks necessitate specific physical activities such as sitting, standing, walking, lifting, carrying, etc.?
- How many other people are available to perform an essential function? Can the performance of that function be distributed among any others?
- How much time is spent in performing each particular function? Are the less-frequently performed tasks as important to success as those done more frequently?
- Would removing an essential function fundamentally alter the overall purpose of the position?
- What happens if the task is not completed on time?

Service Setting:

- Is the setting compliant with ADA requirements? If not, what accommodation can be made to bring it into compliance or to change the setting?

Qualifications:

- Do the qualifications define the skills required to perform the essential functions and not the person who performs them?

Using the form on page 15 will assist you in crafting an accurate, inclusive service description. Having a good service description is the first step in recruiting qualified candidates for your National Service program. More information about evaluating a position's **essential functions** can be found in the excerpt of the EEOC's Technical Assistance Manual on the Employment Provisions (Title I) of the Americans with Disabilities Act, which follows.

Equal Employment Opportunity Commission Guidelines for Identifying Essential Functions

The following information is an excerpt from the *Technical Assistance Manual on the Employment Provisions (Title I) of the Americans With Disability Act* (pages II-12–II-22) published by the Equal Employment Opportunity Commission. You can order a complete copy of the manual, as well as other EEOC publications and materials, by going to the EEOC web site at: www.eeoc.gov/publications.html.

2.3 (a) Identifying the Essential Functions of a Job

Sometimes it is necessary to identify the essential functions of a job in order to know whether an individual with a disability is "qualified" to do the job. The regulations provide guidance on identifying the essential functions of the job. The first consideration is whether employees in the position actually are required to perform the function.

For example: A job announcement or job description for a secretary or receptionist may state that typing is a function of the job. If, in fact, the employer has never or seldom required an employee in that position to type, this could not be considered an essential function.

If a person holding a job does perform a function, the next consideration is **whether removing that function would fundamentally change the job.**

The regulations list several reasons why a function could be considered essential:

1. The position exists to perform the function.

For example:

- A person is hired to proofread documents. The ability to proofread accurately is an essential function, because this is the reason that this position exists.
- A company advertises a position for a "floating" supervisor to substitute when regular supervisors on the day, night, and graveyard shifts are absent. The only reason this position exists is to have someone who can work on any of the three shifts in place of an absent supervisor. Therefore, the ability to work at any time of day is an essential function of the job.

2. There are a limited number of other employees available to perform the function, or among whom the function can be distributed.

This may be a factor because there are only a few other employees, or because of fluctuating demands of a business operation.

For example: It may be an essential function for a file clerk to answer the telephone if there are only three employees in a very busy office and each employee has to perform many different tasks. Or, a company with a large workforce may have periods of very heavy labor-intensive activity alternating with less active periods. The heavy work flow during peak periods may make performance of each function essential, and limit an employer's flexibility to reassign a particular function.

3. A function is highly specialized, and the person in the position is hired for special expertise or ability to perform it.

For example: A company wishes to expand its business with Japan. For a new sales position, in addition to sales experience, it requires a person who can communicate fluently in the Japanese language. Fluent communication in the Japanese language is an essential function of the job.

The regulation also lists several types of **evidence** to be considered in determining whether a function is essential. This list is not all-inclusive, and factors not on the list may be equally important as evidence. Evidence to be considered includes:

a. The employer's judgment

An employer's judgments as to which functions are essential is important evidence. However, the legislative history of the ADA indicates that Congress did not intend that this should be the only evidence, or that it should be the prevailing evidence. Rather, the employer's judgment is a factor to be considered along with other relevant evidence.

However, the consideration of various kinds of evidence to determine which functions are essential does not mean that an employer will be second-guessed on production standards, setting the quality or quantity of work that must be performed by a person holding a job, or be required to set lower standards for the job.

For example: If an employer requires its typists to be able to accurately type 75 words per minute, the employer is not required to show that such speed and accuracy are "essential" to a job or that less accuracy or speed would not be adequate. Similarly, if a hotel requires its housekeepers to thoroughly clean 16 rooms per day, it does not have to justify this standard as "essential." However, in each case, if a person with a disability is disqualified by such a standard, the employer should be prepared to show that it does in fact require employees to perform at this level, that these are not merely paper requirements and that the standard was not established for a discriminatory reason.

b. A written job description prepared before advertising or interviewing applicants for a job

The ADA does not require an employer to develop or maintain job descriptions. A written job description that is prepared before advertising or interviewing applicants for a job will be considered as evidence along with other relevant factors. However, the job description will not be given greater weight than other relevant evidence.

A written job description may state that an employee performs a certain essential function. The job description will be evidence that the function is essential, but if individuals currently performing the job do not in fact perform this function, or perform it very infrequently, a review of the actual work performed will be more relevant evidence than the job description.

If an employer uses written job descriptions, the ADA does not require that they be limited to a description of essential functions or that "essential functions" be identified. However, if an employer wishes to use a job description as evidence of essential functions, it should in some way identify those functions that the employer believes to be important in accomplishing the purpose of the job.

If an employer uses written job descriptions, they should be reviewed to be sure that they accurately reflect the actual functions of the current job. Job descriptions written years ago frequently are inaccurate.

For example: A written job description may state that an employee reads temperature and pressure gauges and adjusts machine controls to reflect these readings. The job description will be evidence that these functions are essential. However, if this job description is not up-to-date, and in fact temperature and pressure are now determined automatically, the machine is controlled by a computer and the current employee does not perform the stated functions or does so very infrequently, a review of actual work performed will be more relevant evidence of what the job requires.

In identifying an essential function to determine if an individual with a disability is qualified, the employer should focus on the purpose of the function and the result to be accomplished, rather than the manner in which the function presently is performed. An individual with a disability may be qualified to perform the function if an accommodation would enable this person to perform the job in a different way, and the accommodation does not impose an undue hardship. Although it may be essential that a function be performed, frequently it is not essential that it be performed in a particular way.

For example: In a job requiring use of a computer, the essential function is the ability to access, input, and retrieve information from the computer. It is not "essential" that a person in this job enter information manually, or visually read the information on the computer screen. Adaptive devices or computer software can enable a person without arms or a person with impaired vision to perform the essential functions of the job.

Similarly, an essential function of a job on a loading dock may be to move heavy packages from the dock to a storage room, rather than to lift and carry packages from the dock to the storage room.

(See also discussion of Job Analysis and Essential Functions of a Job, in section 2.3(b) on page 12.)

If the employer intends to use a job description as evidence of essential functions, the job description must be prepared before advertising or interviewing for a job; a job description prepared after an alleged discriminatory action will not be considered as evidence.

c. The amount of time spent performing the function

For example: If an employee spends most of the time or a majority of the time operating one machine, this would be evidence that operating this machine was an essential function.

d. The consequences of not requiring a person in this job to perform a function

Sometimes a function that is performed infrequently may be essential because there will be serious consequences if it is not performed.

For example:

- An airline pilot spends only a few minutes of a flight landing a plane, but landing the plane is an essential function because of the very serious consequences if the pilot could not perform this function.
- A firefighter may only occasionally have to carry a heavy person from a burning building, but being able to perform this function would be essential to the firefighter's job.
- A clerical worker may spend only a few minutes a day answering the telephones, but this could be an essential function if no one else is available to answer the phones at that time, and business calls would go unanswered.

e. The terms of a collective bargaining agreement

Where a collective bargaining agreement lists duties to be performed in particular jobs, the terms of the agreement may provide evidence of essential functions. However, like a position description, the agreement would be considered along with other evidence, such as the actual duties performed by people in these jobs.

f. Work experience of people who have performed a job in the past and work experience of people who currently perform similar jobs

The work experience of previous employees in a job and the experience of current employees in similar jobs provide pragmatic evidence of actual duties performed. The employer should consult such employees and observe their work operations to identify essential job functions, since the tasks actually performed provide significant evidence of these functions.

g. Other relevant factors

The nature of the work operation and the employer's organizational structure may be factors in determining whether a function is essential.

For example:

- A particular manufacturing facility receives large orders for its product intermittently. These orders must be filled under very tight deadlines. To meet these deadlines, it is necessary that each production worker be able to perform a variety of different tasks with different requirements. All of these tasks are essential functions for a production worker at that facility. However, another facility that receives orders on a continuous basis finds it most efficient to organize an assembly line process, in which each production worker repeatedly performs one major task. At this facility, this single task may be the only essential function of the production worker's job.
- An employer may structure production operations to be carried out by a "team" of workers. Each worker performs a different function, but every worker is required, on a rotating basis, to perform each different function. In this situation, all the functions may be considered to be essential for the job, rather than the function that any one worker performs at a particular time.

Changing Essential Job Functions

The ADA does not limit an employer's ability to establish or change the content, nature, or functions of a job. It is the employer's province to establish what a job is and what functions are required to perform it. The ADA simply requires that an individual with a disability's qualifications for a job are evaluated in relation to its essential functions.

For example: A grocery store may have two different jobs at the checkout stand, one titled, "checkout clerk" and the other "bagger." The essential functions of the checkout clerk are entering the price for each item into a cash register, receiving money, making change, and passing items to the bagger. The essential functions of the bagging job are putting items into bags, giving the bags to the customer directly or placing them in grocery carts.

For legitimate business reasons, the store management decides to combine the two jobs in a new job called "checker-bagger." In the new job, each employee will have to perform the essential functions of both former jobs. Each employee now must enter prices in a new, faster computer-scanner, put the items in bags, give the bags to the customer or place them in carts. The employee holding this job would have to perform all of these functions. There may be some aspects of each function, however, that are not "essential" to the job, or some possible modification in the way these functions are performed, that would enable a person employed as a "checker" whose disability prevented performance of all the bagging operations to do the new job.

For example: If the checker's disability made it impossible to lift any item over one pound, s/he might not be qualified to perform the essential bagging functions of the new job. But if the disability only precluded lifting items of more than 20 pounds, it might be possible for this person to perform the bagging functions, except for the relatively few instances when items or loaded bags weigh more than 20 pounds. If other employees are available who could help this individual with the few heavy items, perhaps in exchange for some incidental functions that they perform, or if this

employee could keep filled bags loads under 20 pounds, then bagging loads over 20 pounds would not be an essential function of the new job.

2.3(b) Job Analysis and the “Essential Functions” of a Job

The ADA does not require that an employer conduct a job analysis or any particular form of job analysis to identify the essential functions of a job. The information provided by a job analysis may or may not be helpful in properly identifying essential job functions, depending on how it is conducted.

The term “job analysis” generally is used to describe a formal process in which information about a specific job or occupation is collected and analyzed. Formal job analysis may be conducted by a number of different methods. These methods obtain different kinds of information that is used for different purposes. Some of these methods will not provide information sufficient to determine if an individual with a disability is qualified to perform "essential" job functions.

For example: One kind of formal job analysis looks at specific job tasks and classifies jobs according to how these tasks deal with data, people, and objects. This type of job analysis is used to set wage rates for various jobs; however, it may not be adequate to identify the essential functions of a particular job, as required by the ADA. Another kind of job analysis looks at the kinds of knowledge, skills, and abilities that are necessary to perform a job. This type of job analysis is used to develop selection criteria for various jobs. The information from this type of analysis sometimes helps to measure the importance of certain skills, knowledge, and abilities but it does not take into account the fact that people with disabilities often can perform essential functions using other skills and abilities.

Some job analysis methods ask current employees and their supervisors to rate the importance of general characteristics necessary to perform a job, such as “strength,” “endurance,” or “intelligence,” without linking these characteristics to specific job functions or specific tasks that are part of a function. Such general information may not identify, for example, whether upper body or lower body “strength” is required, or whether muscular endurance or cardiovascular “endurance” is needed to perform a particular job function. Such information, by itself, would not be sufficient to determine whether an individual who has particular limitations can perform an essential function with or without an accommodation.

As already stated, the ADA does not require a formal job analysis or any particular method of analysis to identify the essential functions of a job. A small employer may wish to conduct an informal analysis by observing and consulting with people who perform the job or have previously performed it and their supervisors. If possible, it is advisable to observe and consult with several workers under a range of conditions, to get a better idea of all job functions and the different ways they may be performed. Production records and workloads also may be relevant factors to consider.

To identify essential job functions under the ADA, a job analysis should focus on the purpose of the job and the importance of actual job functions in achieving this purpose.

Evaluating "importance" may include consideration of the frequency with which a function is performed, the amount of time spent on the function, and the consequences if the function is not performed. The analysis may include information on the work environment (such as unusual heat, cold, humidity, dust, toxic substances, or stress factors). The job analysis may contain information on the manner in which a job currently is performed, but should not conclude that ability to perform the job **in that manner** is an essential function, unless there is no other way to perform the function without causing undue hardship. A job analysis will be most helpful for purposes of the ADA if it focuses on the **results or outcome** of a function, not solely on the way it customarily is performed.

For example:

- An essential function of a computer programmer job might be described as "ability to develop programs that accomplish necessary objectives," rather than "ability to manually write programs." Although a person currently performing the job may write these programs by hand, that is not the essential function, because programs can be developed directly on the computer.
- If a job requires mastery of information contained in technical manuals, this essential function would be "ability to learn technical material," rather than "ability to read technical manuals." People with visual and other reading impairments could perform this function using other means, such as audiotapes.
- A job that requires objects to be moved from one place to another should state this essential function. The analysis may note that the person in the job "lifts 50 pound cartons to a height of 3 or 4 feet and loads them into truck-trailers 5 hours daily," but should not identify the "ability to manually lift and load 50 pound cartons" as an essential function unless this is the only method by which the function can be performed without causing an undue hardship.

A job analysis that is focused on outcomes or results also will be helpful in establishing appropriate qualification standards, developing job descriptions, conducting interviews, and selecting people in accordance with ADA requirements. It will be particularly useful in helping to identify accommodations that will enable an individual with specific functional abilities and limitations to perform the job.

2.3(c) Perform Essential Functions "With or Without Reasonable Accommodation"

Many individuals with disabilities are qualified to perform the essential functions of jobs without need of any accommodation. However, if an individual with a disability who is otherwise qualified cannot perform one or more essential job functions because of his or her disability, the employer, in assessing whether the person is qualified to do the job, must consider whether there are modifications or adjustments that would enable the person to perform these functions. Such modifications or adjustments are called "**reasonable accommodations.**"

Reasonable accommodation is a key nondiscrimination requirement under the ADA.

An employer must first consider reasonable accommodation in determining whether an individual with a disability is qualified; reasonable accommodation also must be considered when making many other employment decisions regarding people with disabilities.

Position Duties List both essential and marginal functions and their related tasks, starting with those that are the most important. A function is a distinct area of responsibility; a task is a particular work action performed to accomplish the function. Indicate the approximate amount of time spent on each function using percentages. The statements below are intended to describe the nature and level of work being performed within this position. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks.

Percent of time	Duties and Tasks – Essential Functions
	<p>Essential Functions - the tasks or duties that are fundamental and critical to the performance of the position.</p>

Percent of time	Duties and Tasks - Marginal Functions
	<p>Marginal Functions - those activities that are seldom or intermittently performed. The position does not exist to perform these functions and their removal would not fundamentally alter the nature, purpose, or result of the essential tasks to be accomplished by the National Service participant.</p>

Is a driver's license required to perform the essential functions of this position?

_____ yes _____no Type of license _____

Comments:

Can attendance hours be adjusted?

_____ yes _____no

Comments:

Type of supervision received:

Close Supervision_____ General Supervision_____ Off-site Supervision_____

Examples of Action Verbs to Use In Service Descriptions

accommodate
achieve
acquire
act (as)
adapt
address
adjust
administer
adopt
advise
allocate
analyze
apply
appoint
appraise
approve
arrange
assemble
assess
assign
assist
assume
assure
attain
attract
audit
augment
authorize
budget
calculate
circulate
clarify
clean
clear
collaborate
collect
combine
communicate
compile
complete
compose
compute
conduct
confer

consolidate
construct
consult
control
convert
cook
coordinate
correlate
correspond
counsel
create
customize
delegate
deliver
demonstrate
design
determine
develop
devise
devote
direct
discuss
disseminate
distinguish
distribute
document
draft
drive
edit
eliminate
encourage
enforce
ensure
establish
evaluate
execute
exhibit
expand
expedite
explore
extend
extract
facilitate
file

forecast
formulate
furnish
gather
generate
govern
guide
handle
highlight
identify
illustrate
implement
improve
improvise
incorporate
increase
influence
inform
initiate
inspect
install
instruct
interact
interface
interpret
interview
introduce
investigate
issue
maintain
manage
modify
monitor
motivate
negotiate
notify
observe
obtain
operate
originate
organize
participate
perform
persuade

plan
predict
prepare
present
preside
prevent
process
produce
program
promote
propose
provide
publicize
publish
quantify
recognize
recommend
reconcile
record
recruit
redesign
reduce
refer
refine
reinforce

repair
reorganize
report
represent
research
resolve
restructure
review
revise
schedule
screen
search
secure
select
serve
service
sign
simplify
solicit
solve
specify
stimulate
strategize
streamline
strengthen

study
submit
suggest
summarize
supervise
support
survey
systematize
teach
test
trace
trade
train
transcribe
transfer
translate
transmit
troubleshoot
type
update
upgrade
validate
verify
write

Adapted from the Rice University Human Resources *How to Hire Handbook* online at:
www.ruf.rice.edu/~humres/Training/HowToHire/Pages/8.shtml

Recruiting National Service Participants with Disabilities



Inclusive Recruitment Practices

The information in this section will assist you in creating an inclusive recruitment message and materials; provide you with methods for effective outreach to the disability community; and address the importance of diversity in your National Service Program.

Recruiting National Service participants with disabilities relies on the same fundamental principles that guide all effective recruitment practices:

- Target potential participants with the abilities and experience needed to participate successfully in your program.
- Use images and language that promote diversity and give potential applicants the feeling that they will be welcomed.
- Send recruitment materials and announcements to every appropriate contact.

Display Welcoming Images And Language

- Include images of volunteers and staff with visible disabilities in brochures, flyers, application packets, videos, and other recruitment tools.
- Identify local individuals or organizations that will review materials to ensure accurate language use and positive portrayals of participants with disabilities.
- Make questions related to disability optional on application forms.

Provide Access

- Include a TTY (text telephone) number encouraging individuals who are deaf, hard of hearing or speech impaired to call.
- Include a statement regarding the provision of materials in alternate formats in all promotional materials.
- Identify alternative methods of filling out application forms for individuals who may have difficulty completing a written application.
- All published materials should contain an accommodation statement:

“Individuals with disabilities can make reasonable accommodation requests by calling (name of contact person) at (telephone/TTY number).”

- Include disability in your non-discrimination statement:

“<Name of Organization> does not discriminate on the basis of race, sex, gender, national origin, color, political affiliation, religion, age, or disability.”

- Check the accessibility of your web site. Visit www.cast.org, which houses "Bobby," a tool that will assess your web site for free.
- Schedule information sessions in accessible locations.

Knowledgeable Staff

Train all staff to work with applicants and volunteers with disabilities in the following areas:

- TTY/operator assisted relay service
- How to locate and hire sign language interpreters
- Materials in alternate formats
- Transport issues
- How to identify meeting places that are accessible

This material has been adapted from the UCP National's *Access AmeriCorps* Project.

Equal Opportunity/ Reasonable Accommodation Statement and Offering Materials in Alternate Formats

Sample Statement:

The Michigan Community Service Commission is firmly committed to providing access, equal opportunity, and reasonable accommodation in its programs, activities, and materials. Please call (517) 335-4295 to request accommodation or to obtain materials in an alternate format.

An Equal Opportunity/Reasonable Accommodation statement promotes your agency as an organization that includes all citizens in your activities and programs while letting people know that your materials are available in alternate formats.

A few ideas of items that should include an EO/RA statement:

- Brochures
- Event materials
- Applications and application guidelines
- Materials for meetings/events
- Training materials
- All event registration materials
- Email announcements
- Faxes
- Newsletters
- New publications

Alternate formats include:

- **Large print**
 - To put a document into a large print format, print on white or buff-colored paper, normal type only (no italics, limited use of bold type), 18-point Times New Roman font, unless recipient requests otherwise (ask).
- **Braille**
- **Audio Tape**
- **Files on disk** (or as email attachments)
 - This format is useful for people who use screen-enlargement or screen-reading programs
 - Keep the format simple, avoid tabs whenever possible
 - Avoid tables, they can be problematic for screen-reading programs

Methods and Contacts for Outreach

Methods of Outreach

- Articles in newsletters
- Brochures in program mailings
- Outreach at resource fairs
- Presentations to program participants
- Staff referrals, placing posters in offices
- Posting messages on email
- Posting messages on bulletin boards
- Open houses
- Internet listservs

What Types Of Programs Should Be Contacted?

High Schools, Colleges, Universities, and Technical Schools

- Services for Students with Disabilities
- University Affiliated Programs or Organizations
- Special Education Personnel
- Private Schools

Vocational Rehabilitation Programs

- State and Local branches of the Vocational Rehabilitation (VR) system
- Private employment programs

Disability Organizations (Public and Private)

- Parent Resource Centers
- Self-Advocacy Groups
- Local agencies serving people in the areas of:
 - Developmental Disabilities
 - Deafness/Hard of Hearing
 - Blindness/Vision Disabilities
 - Psychiatric Disabilities
 - Physical Disabilities
- Therapeutic Recreation Programs
- Residential Programs
- Local Disabilities Information and Referral Programs
- Governor's Commission on Disability Concerns

Faith-Based Organizations

- Local churches, synagogues, and mosques
- Faith-based service organizations

Local Equipment/Technology Vendors

- Mobility Device Vendors
- Communication Device Vendors

Support Groups

- Parent Groups
- Teen Groups
- Adult Groups

Youth Organizations that have Programs for Youth with Disabilities

- Boy Scouts
- Girl Scouts
- 4-H
- Campfire
- YMCA/YWCA
- Boys & Girls Clubs

Civic Groups that Support Disability Issues

- Lions
- Civitans
- Kiwanis

Recruiting National Service Participants – Worksheet

Use this worksheet to create a list of state and local contacts for your recruitment activities.

High Schools, Colleges, Universities, and Technical Schools

Agency/Contact Name	Phone number/Email	Methods of Outreach

Vocational Rehabilitation Programs

Agency/Contact Name	Phone Number/Email	Methods of Outreach

Disability Organizations and Groups

Agency/Contact Name	Phone Number/Email	Methods of Outreach

Faith-Based Organizations

Agency/Contact Name	Phone Number/Email	Methods of Outreach

Youth Organizations

Agency/Contact Name	Phone Number/Email	Methods of Outreach

Other Organizations and Agencies

Agency/Contact Name	Phone Number/Email	Methods of Outreach

Recruiting diverse volunteers



Practice contributed by: National Service Resource Center Staff
ETR Associates

This document can be found online at: www.nationalservice.org/resources/epicenter

Elements of Diversity

Diversity doesn't always refer to race or ethnicity. It may include age, gender, language, or social class—all of the things that go into making each of us who we are. There are four layers of diversity. From the inside out, they are:

- **Personality**
- **Internal Dimensions** -- age, gender, race, ethnicity, physical ability, etc.
- **External Dimensions** -- family status, income, religion, education background, personal habits, etc.
- **Organizational Dimensions** -- work content/field, union affiliation, agency management status, etc.

Don't forget the innermost layer, personality. Each person is unique. Keeping this in mind helps you walk the fine line between stereotyping and recognizing that there are groups of people who share characteristics.

Identify elements of these dimensions that are pertinent to your community. Use them to do a diversity audit of your organization or volunteer base. Depending on your organization's structure, you may need to audit different volunteer task areas separately.

Why do you want diversity in your volunteers?

Developing a more diverse volunteer base can have many benefits for your organization. First, it opens up a larger pool of potential volunteers (and donors). Second, volunteers with different backgrounds, cultures, and career fields bring different skills to your organization. Third, various groups to which your volunteers do outreach may relate better to different groups of volunteers. Finally, your organization may have a specific commitment to involving all sectors of your community or to facilitating interaction between different sectors.

Diversity is not always a good goal! For example, in a program working with teens on issues related to sexuality, the teens may be more comfortable with a facilitator of the same gender. An organization devoted to helping disabled persons may need to recruit some volunteers who are disabled. Use your diversity audit to identify areas where more diversity makes sense for your organization and its mission.

Awareness for staff and volunteers

As more diverse volunteers enter the organization, you may need to raise awareness of the current staff and volunteers. Don't be shy in discussing issues that may come up! For example, there may be accommodations needed for volunteers with disabilities. Staff may have stereotypes about people from different economic classes or fear that they will inadvertently say or do something offensive to someone of a different faith. Point out that it is okay to recognize and even to celebrate differences in people, and the ways this contributes to a successful organization. However, always respect each volunteer as an individual, not as the representative of an entire group of people.

As you develop more diversity among your volunteers, be aware of how internal communication occurs and what groups form. People are most comfortable hanging out with people who are like them. However, this can lead to bottlenecks in the way information is communicated through the organization or a perception that certain groups are the insiders and others are limited to the periphery of activity.

Recruiting Diverse Volunteers

People volunteer because you ask them. They are most likely to volunteer if the request comes either from someone they know personally, or from someone whom they respect. If there are people in your organization who are members of the group you are targeting, include them in the recruitment campaign. You may choose to focus your initial recruiting efforts on people who are influential among the targeted group. While they may not volunteer themselves, they may assist you in your recruiting. Depending on your circumstances, you may develop a particular recruitment campaign, or you may alter or enhance your ongoing recruitment efforts to reach a broader audience. Rick Lynch, a leading author in the field of volunteer management, describes the sequence of steps to follow, once you have identified a target group:

1. What is a job that needs to be done? What is a job that will appeal to people in the group?
2. Where will we find them?
3. How will we communicate with them? (Don't overlook the obvious! If you are looking for Spanish-speakers, advertise in Spanish.)
4. What are the motivational needs of these people?
5. What will we say to them? Be honest as you recruit. You don't want people to think you are asking them solely because of their skin color or whatever makes them diverse. Make clear that you think they are personally qualified and will be an asset to your organization. However, let them know that your organization has identified a gap in its community involvement and is specifically looking to include people from groups that have not been participants in the past. Explain why your organization has made this decision.

Also, don't be afraid to ask questions about areas where the target group's experience is different from yours. A person with a disability is the best one to explain what accommodations would be necessary for him or her to fill a particular position. Someone from a different cultural or religious background than yours may be delighted to share traditions, and can enlighten you on ways to build on those traditions in your recruiting and volunteer placement.

Retention, rewards and recognition

All volunteers, regardless of age, gender, physical ability, etc., respond positively to being rewarded for their work. For some volunteers, the best reward is public recognition; for others, it is more responsibility or the opportunity for training; and for others, the satisfaction of seeing their work pay off in their community. You, or the supervisor of each volunteer, should identify what is a reward to them, and then make sure they get it.

If you have recruited volunteers from different communities, recognize them in their community. For bilingual volunteers working with people who are not fluent or literate in English, recognition in your town's mainstream newspaper may not be a big deal. However, recognition in a paper produced in their language and read by their family and friends may be very significant to them.

Citation

Hinley, Lisa. "Volunteer Diversity," *AmeriCorps*VISTA Source*. Issue 3 (Winter, 1998).

Inclusive Interview and Selection Practices



Inclusive Interviewing Practices

Once you have prepared an inclusive service description and have actively recruited National Service participants with disabilities, the one remaining task is to select the best service providers for your program. The following steps will assist you in accomplishing this goal:

- Review the disability awareness materials in Chapter 6 with all participants and staff who will have contact with potential participants to be interviewed.
- Review the disability laws in Chapter 5 that apply to your organization or agency.
- Review the information in this chapter to ensure that you conduct your interviews properly.
- Remember that your goal is to select the most qualified participants. Having a disability should not be a barrier to National Service but neither does it guarantee selection.

The Interview

- Schedule interviews in accessible locations.
- Be familiar with the essential and marginal functions described in the position description.
- Ask all interviewees the same questions.
- Be willing to consider alternative ways essential functions may be performed or marginal functions can be reassigned.
- Be willing to ask how to be of assistance to the interviewee.
- Be willing to provide reasonable accommodations during the interview if requested by the individual being interviewed, as well as at any other point during the service relationship.

During The Interview

- Maintain any information volunteered by the individual about his/her disability as confidential. Keep this documented information in a separate locked file.
- Focus on questions about the ability of the individual to perform the essential functions of the volunteer position with or without reasonable accommodations.
- Do not make assumptions about reasonable accommodations or ability.
- Withhold judgment about what an individual can or cannot do and how a task may be accomplished. Be open to the many ways that a task can be performed.
- Maintain the same expectations and standards you would for any applicant, but be willing to offer reasonable accommodations so they can be met.
- Create a comfortable and open interview environment enabling the interviewee to request reasonable accommodations.

Interview Questions

The questions asked during any interview must be related to the position in which the applicant is applying. Below are samples of appropriate versus inappropriate interview questions.

Appropriate Questions

- This position typically requires lifting and carrying 15 pound boxes. Can you do that? If not, how would you move these boxes from point A to point B with or without reasonable accommodation?
- This position requires seasonal tasks and requires that volunteers devote 15 hours each week. Can you do that?
- This position involves working varied hours. Can you do varied hours?
- This position involves taking information over the telephone and entering it into the computer. Can you do that?
- Can you file documents?

Inappropriate Questions

- Do you have a disability or illness that I should know about?
 - Have you ever filed a workers' compensation claim?
 - What diseases have you had?
 - Are you taking any prescribed drugs?
 - Do you have any physical or mental impairments that may affect your performance in this position?
 - How many days were you sick last year?
 - Have you ever been hospitalized?
 - To do this service, you will obviously need reasonable accommodations. Which ones will you need?
- 

Interviewing and Selecting National Service Applicants

The best way to ensure that you are providing equal opportunity to all applicants to your National Service program is to prepare a list of questions that will be asked of all interviewees. The guidelines will assist you in preparing your questions.

You May Ask:

- Whether the individual needs any reasonable accommodations or assistance during the selection process (this should be asked of ALL potential applicants).
- About the individual's ability to perform essential position functions.

You May:

- Give a copy of the Service Description to the individual that identifies all essential functions and ask whether the individual is able to perform all of those essential functions with/without reasonable accommodations.
- State your organization's standards regarding the drug policy, on-the-job alcohol consumption, and the smoking policy.
- State your organization's standards for attendance and the performance standards and expectations for a particular position.
- Ask how an individual could perform tasks with possible types of accommodation if the applicant indicates that he or she can perform the task with an accommodation.

Do Not Ask:

- Whether the individual has a current disability or a past disability.
- Whether the individual has any serious illness (such as AIDS).
- Back problems, history of mental illness or any other physical or mental condition.
- How the individual became disabled or the prognosis for the applicant.
- Questions about the nature or severity of the person's disability or comment in anyway on the individual's physical condition.
- Whether the individual wears a hearing aid or needs to wear glasses while working
- Questions about the applicant's past on-the-job injuries.
- Whether the applicant has ever been treated for any mental condition.
- Applicants to list any conditions or diseases for which they have been treated in the past.
- Whether the individual has ever been hospitalized and if so for what condition.
- How many days the applicant was absent from work last year because of illness.
- Whether the applicant has any disease, including HIV or AIDS.
- Whether an applicant has ever requested and/or received assistance or assistive devices in performing past jobs.
- About an applicant's past or current need for or receipt of medical or disability benefits.
- About applicant's past drug or alcohol use.
- Whether the applicant has ever filed a worker's compensation claim or ever received an award of worker's compensation benefits.

- Whether an individual has ever been found to be disabled or has a spouse, children, or other friends with disabilities.
- Questions of applicants with disabilities that you do not ask of all applicants.
- Whether the individual has any disabilities or impairments that may affect performance in the position.

Should the individual indicate that he or she has a disability and may require a reasonable accommodation you should:

- Offer reasonable accommodation during the hiring process should the individual have an obvious disability or a disability known to you that may interfere with their ability to complete the pre-employment procedures (such as testing). Inquire about the types of accommodations the individual believes may be necessary.
- Work with the individual to find the most effective and cost-efficient reasonable accommodation.
- Make inquiries with the individual and with others (if necessary) as to the nature and costs of the proposed accommodation.

The Selection Process

As you are making your final selections:

Do:

- Ensure that careful consideration of an applicant's ability to perform essential functions, with or without reasonable accommodations, is made before rejecting an applicant with a disability.
- Keep in mind your primary goal: to include the most qualified applicants in your National Service program. This must be the applicant(s) who can perform the essential functions of the position with or without reasonable accommodation.

Do Not:

- Refuse to consider an individual because the individual has asked for an accommodation.
- Refuse to consider an individual for a position merely because that person has a disability or is associated with a person with a disability.
- Refuse to consider a person merely because that person has filed a past worker's compensation claim.
- Refuse to consider a person for fear it might increase insurance or worker's compensation costs.

Adapted from information provided by Florida State University. The original document can be found at: <http://personnel.fsu.edu/employ/disabled.html>

Chapter 5

Disability Law and National Service Programs

It is vital for National Service programs to acquire a basic knowledge of the state and national laws affecting the inclusion of people with disabilities. This chapter provides an overview of the three most important laws that promote the inclusion of people with disabilities in all aspects of society. The laws covered in this chapter include:

- Section 504 of the Rehabilitation Act of 1973 (The Rehab Act)
- The Americans With Disabilities Act (ADA)
- Michigan's Persons with Disabilities Civil Rights Act

How these laws may affect the operation of your program depends upon your funding sources; your organization's purpose and activities; and a number of other individualized factors. Michigan's National Service Inclusion Project endeavors to enable programs go beyond the letter of the law and to actively support the spirit of the Rehab Act, the ADA, and the Persons with Disabilities Civil Rights Act, thereby enabling Michigan's National Service programs to be fully inclusive of people with disabilities.

Please note: the guidance provided in this chapter is for information purposes only and should not be taken as legal advice. Legal issues are best addressed with an attorney familiar with disability law.

- *A Guide to Disability Rights Laws* – U.S. Department of Justice
- Section 504 of the Rehabilitation Act of 1973
- The Americans With Disabilities Act (ADA)
 - The ADA and Reasonable Accommodation
 - The MCSC Reasonable Accommodation Funding Process
 - MCSC Request for Reasonable Accommodation Funds (form)
- Michigan's Persons with Disabilities Civil Rights Act
 - Michigan's Persons with Disabilities Civil Rights Act & The Michigan Civil Rights Commission and Department of Civil Rights
 - Michigan's Persons with Disabilities Civil Rights Act (text of the law)
- *Bill of Rights and Responsibilities* – Department of Civil Rights

A Guide to Disability Rights Laws

The following 21-page document, published by the U.S. Department of Justice, provides an overview of a number of disability-related laws. Of particular importance to National Service programs are:

- The Americans With Disabilities Act – page 1
- The Rehabilitation Act – page 16
- Other Sources of Disability Rights Information – page 19

This document can be found online at: www.usdoj.gov/crt/ada/cguide.htm.

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 (Rehab Act) prohibits discrimination against people with disabilities under **any program or activity receiving Federal financial assistance**, or under any program conducted by any Executive agency or by the United States Postal Service. The Rehab Act is often credited as a major factor that set the Disability Rights movement in motion in the United States.

As recipients of Federal funding, ALL National Service programs and activities are prohibited from discriminating against people with disabilities.

The text of Section 794 regarding the nondiscrimination language for Federally-funded programs as follows:

Section 504, Rehabilitation Act of 1973

Section 794

Section 794. Nondiscrimination under Federal grants and programs; promulgation of rules and regulations

(a) Promulgation of rules and regulations

No otherwise qualified individual with a disability in the United States, as defined in section 706 (20) of this title, shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service. The head of each such agency shall promulgate such regulations as may be necessary to carry out the amendments to this section made by the Rehabilitation, Comprehensive Services, and Development Disabilities Act of 1978. Copies of any proposed regulations shall be submitted to appropriate authorizing committees of the Congress, and such regulation may take effect no earlier than the thirtieth day after the date of which such regulation is so submitted to such committees.

(b) "Program or activity" defined

For the purposes of this section, the term "program or activity" means all of the operations of—

(1)(A) a department, agency, special purpose district, or other instrumentality of a State or of a local government; or

(B) the entity of such State or local government that distributes such assistance and each such department or agency (and each other State or local government entity) to which the assistance is extended, in the case of assistance to a State or local government;

(2)(A) a college, university, or other postsecondary institution, or a public system of higher education; or

(B) a local educational agency (as defined in section 8801 of Title 20), system of vocational education, or other school system;

(3)(A) an entire corporation, partnership, or other private organization, or an entire sole proprietorship –

(i) if assistance is extended to such corporation, partnership, private organization, or sole proprietorship as a whole; or

(ii) which is principally engaged in the business of providing education, health care, housing, social services, or parks and recreation; or

(B) the entire plant or other comparable, geographically separate facility to which Federal financial assistance is extended, in the case of any other corporation, partnership, private organization, or sole proprietorship; or

(4) any other entity which is established by two or more of the entities described in paragraph (1), (2) or (3); any part of which is extended Federal financial assistance.

(c) Significant structural alterations by small providers

Small providers are not required by subsection (a) to make significant structural alterations to their existing facilities for the purpose of assuring program accessibility, if alternative means of providing the services is available. The terms used in this subsection shall be construed with reference to the regulations existing on March 22, 1988.

(d) Standards used in determining violation of section

The standards used to determine whether this section has been violated in a complaint alleging employment discrimination under this section shall be the standards applied under title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) and the provisions of sections 501 through 504, and 510, of the Americans with Disabilities Act of 1990 (42 U.S.C. 12201-12204 and 12210), as such sections related to employment.

Section 794a. Remedies and attorney fees

(a)(1) The remedies, procedures, and rights set forth in section 717 of the Civil Rights Act of 1964 (42 U.S.C. 2000e-16), including the application of sections 706(f) through 706 (k) [42 U.S.C. 2000e-5(f) through k)] shall be available, with respect to any complaint under section 791 of this title, to any employee or applicant for employment aggrieved by the final disposition of such complaint, or by the failure to take final action on such complaint. In fashioning an equitable or affirmative action remedy under such section, a court may take into account the reasonableness of the cost of any necessary work place accommodation, and the availability of alternative therefore or other appropriate relief in order to achieve an equitable and appropriate remedy.

(2) The remedies, procedures, and rights set forth in title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq) shall be available to any person aggrieved by any act or failure to act by any recipient of Federal assistance or Federal provider of such assistance under section 794 of this title.

(b) In any action or proceeding to enforce or charge a violation of a provision of this subchapter, the court, in its discretion, may allow the prevailing party, other than the United States, a reasonable attorney's fee as part of the costs.

This document is available on the web site of the U.S. Department of Labor at:
www.dol.gov/oasam/regs/statutes/sec504.htm.

The Americans With Disabilities Act and Reasonable Accommodation

The Americans With Disabilities Act (ADA) was enacted in 1990 to provide a clear and comprehensive national mandate to end discrimination against individuals with disabilities. The law works to ensure that people with disabilities are given equal access to employment, public services, public accommodations, and telecommunication.

One of the important steps in fulfilling your inclusion commitment being ready to provide reasonable accommodations to applicants and participants with disabilities. This section of Chapter 5 focuses on what you need to know about providing reasonable accommodation.

For more information regarding the ADA, consult the *ADA Technical Assistance CD-ROM* located in the front pocket of this binder.

Basic ADA Terminology and Requirements

A **qualified applicant or participant with a disability** means an individual who satisfies the requisite skills, experience, education, and other service-related requirements of the position and can perform the essential functions of the position, with or without reasonable accommodation. **Essential functions** are those duties that are so fundamental to the position that the individual holds or desires that s/he cannot do the job without performing them.

A **reasonable accommodation** is any change in the work environment or in the way things are customarily done that enables a qualified individual with a disability to enjoy equal service opportunities. Reasonable accommodation includes adjustments to assure that qualified individuals have rights and privileges equal to those of participants without disabilities.

The ADA does not require programs to provide accommodations that pose an undue hardship. An **undue hardship** is defined as a reasonable accommodation that causes *significant difficulty or expense*. However, it is important to remember that most accommodations are not expensive nor do they involve a great deal of effort to implement.

Requirements for Making Reasonable Accommodations

National Service programs and activities must be accessible to persons with disabilities and the grantee must provide reasonable accommodations to the known disabilities of qualified

service providers and applicants. All selections and project assignments must be made without regard to the need to provide reasonable accommodation.

In keeping with and supporting the spirit of the ADA, accommodations should be made without regard to coverage under the ADA when it is reasonable to do so. The Corporation for National and Community Service and the MCSC are committed to making service opportunities available to people with disabilities. This is the primary goal to keep in mind when making decisions about providing accommodations.

Funding for Reasonable Accommodations

For cases where a reasonable accommodation would prove to be an undue hardship for a program, limited funding is available through the MCSC to provide accommodations for service applicants and AmeriCorps members. By statute, only Subtitle C competitive State and National Direct AmeriCorps Programs may use these funds. Programs should seek alternative funding or cost-sharing resources whenever possible. All AmeriCorps programs must provide reasonable accommodations where required by law regardless of their eligibility for MCSC or outside funding.

The Reasonable Accommodation Process

Confidentiality

The reasonable accommodation process must be confidential; no information is to be communicated to anyone who is not directly involved. Records pertaining to a disclosed disability, related medical information, and the reasonable accommodations made for that disability must be kept separate from the participant's regular file.

Disclosure of a disability is at the sole discretion of the participant. If the participant with a disability is willing to discuss his/her disability, they can be a valuable resource for educating fellow participants. However, they are under no obligation to do so.

The issue of confidentiality is particularly important when handling questions by other program participants or staff. While they may question accommodations received by another participant, program directors and other supervisory personnel are prohibited from discussing any information that addresses the accommodated individual's disability or need for reasonable accommodation. The best way to prevent conflicts around the issue of reasonable accommodation is to provide disability awareness training and to educate all participants as to your organization's responsibility to hold all personnel matters confidential. As part of that training, participants should be informed that reasonable accommodations are available to any qualifying participant.

Requesting a Reasonable Accommodation

To request an accommodation, an applicant or participant must let the employer know that s/he needs a service-related adjustment or change for a reason related to a disability. To request accommodation, an individual may use plain English and need not mention the ADA or use the phrase "reasonable accommodation." The request does not need to be in writing.

Reasonable Documentation

When the disability and/or need for accommodation is not obvious, the employer may ask an individual for reasonable documentation about his/her disability and functional limitations.

Reasonable documentation means that the employer may require only the documentation that is needed to establish that a person has an ADA-covered disability and the disability necessitates a reasonable accommodation. Participants are not required to repeatedly provide medical information about an ongoing condition.

The Interactive Accommodation Process

Once an accommodation has been requested, the participant or applicant and the program director or their designee should engage in an informal process to clarify the individual's needs and possible accommodations. The nature of this discussion will vary. In some instances both the disability and the type of accommodation required will be obvious. In other situations, the program director may need to ask questions concerning the nature of the disability and the individual's functional limitations in order to identify an effective accommodation. While the individual with a disability does not have to be able to specify the precise accommodation, s/he does need to describe the problems posed by the workplace barrier.

Types of Reasonable Accommodation

There are as many types of accommodations as there are people who need them. Flexible work schedules, providing print material in alternate formats (large print, Braille, on tape, etc.), purchasing adaptive equipment, or rearranging an office environment are just a few examples of reasonable accommodations. The need for and appropriateness of any type of accommodation must be made on a case-by-case basis. Each individual, regardless of disability, will have unique abilities and needs.

One of the best resources for determining the appropriate accommodation can be the participant with the disability. However, it is important to be aware that people have varying levels of experience and success with requesting and receiving accommodations. It is important that the process remain as positive, open, and interactive as possible.

Providing the Reasonable Accommodation

As long as it is effective, the program may choose the accommodation that is easiest to provide, is least expensive, or is otherwise less burdensome. While the preference of the individual with a disability should be given primary consideration, the program is not obligated to provide the preferred accommodation. The participant has the right to refuse the offered accommodation but if they do so and cannot perform the essential functions of their position, they may not be covered under the ADA.

Reasonable accommodations should be provided without delay. Participants serve for a limited amount of time and delays in implementing accommodations could keep the participant from having a successful service experience.

Reasonable Accommodation as an Ongoing Process

Once an accommodation has been implemented, it is important to monitor the success and continued appropriateness of the chosen accommodation. People and situations change and it is important to recognize that reasonable accommodation is a process and not a one-time fix.

Assessment of Service Performance

A person with a disability is not exempt from job standards and discipline but needs to be assessed in the framework of their eligibility for coverage under the ADA and the accommodations that have been provided. Keep in touch with the participant to ensure that the accommodation is enabling them to serve effectively and accomplish their goals.

The MCSC Reasonable Accommodation Funding Process

By statute, only Subtitle C competitive State and National Direct AmeriCorps programs may use these funds. However, all National Service programs must provide reasonable accommodations where required by law regardless of their eligibility for MCSC or outside funding.

Submission of the Application

Once it has been established that an applicant or member is eligible for a reasonable accommodation, the accommodation has been identified, and the program has determined that providing the accommodation would be an undue hardship, an application for funding should be submitted to the MCSC as quickly as possible.

The MCSC Disability Coordinator will receive all applications for funds confidentially and the application reviewed for completeness and accuracy. If additional information is needed, the Disability Coordinator will contact the Program Director by telephone or letter to request the additional information. Complete applications will be forwarded for review.

Application Review Process

A member of the MCSC's Disability Committee, the Deputy Director, an AmeriCorps Program Officer, and the Disability Coordinator will review the application. The review process and notification of approval or denial will be completed within four to six weeks from the date of receipt. If circumstances necessitate a faster response, please contact the Disability Coordinator to discuss the situation.

Upon completion of the review, the Disability Coordinator will contact the Program Director to discuss the result. A letter of explanation detailing the outcome of the review process will be mailed to the Program Director within 30 days.

If the application is approved, final arrangements will be made between the Program Director and the Disability Coordinator for providing the member with the requested accommodation.

Appeal of Denial of Funds

If the application is denied, the submitting organization has 30 days from the postmark of the letter of explanation in which to appeal. The request for reconsideration must be in writing from the Program Director or other official of the applicant organization and submitted to the MCSC Disability Coordinator. The request for reconsideration should state the reasons why an applicant thinks the MCSC should reverse its decision, responding to the reason(s) given for the adverse decision noted by the MCSC. The MCSC will make a final decision within 30 days of receipt of the request for reconsideration.

Reporting Use of Reasonable Accommodation Funds

Programs are required to provide two reports on their use of any reasonable accommodation funds granted. The first report is due no later than two months after the accommodation has been provided and should detail the nature of the accommodation, the date of implementation, and the participant's initial response to the appropriateness of accommodation. The second report is due six months from the date the accommodation was provided. Information to be provided includes the nature of the accommodation, any changes to the accommodation, and an evaluation of the effectiveness of the accommodation provided. To insure confidentiality, the name of the member provided with the accommodation should not be used.

All reports are to be submitted to the Disability Coordinator. These reports will be used in the annual report to the Corporation for National and Community Service on the success of the Michigan's National Service Inclusion Initiative and use of related funds.

Michigan Community Service Commission

Request for Reasonable Accommodation Funds

Allow a minimum of 4–6 weeks to evaluate request. If accommodations were not anticipated and funds are needed sooner than the 4–6 week timeframe, please contact the MCSC at (517) 335-4295.

Programs are required to report on the effectiveness of reasonable accommodations provided with MCSC funding.

Date Submitted _____

Program Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Program Director _____

Program Type AmeriCorps National Direct AmeriCorps State Competitive

Under current legislation, formula and education award-only programs cannot access state commission reasonable accommodation funds. The Michigan Community Service Commission suggests that these programs designate 1% of their total program budget for accommodations.

Status of Individual with Disability

Applicant for AmeriCorps Position Current AmeriCorps Member

Accommodation Funding Request (additional pages may be added if necessary)

Please describe the requested reasonable accommodation and how it will allow the applicant/member to perform essential service functions or participate in program activities.

Cost of the Accommodation _____

Amount of MCSC funds requested _____

Describe additional funding you have secured for the accommodation requested, if applicable.

Will more than one individual benefit from this accommodation? If yes, please describe.

What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability?

Please attach any estimates or other information that supports your request.

Program Director Signature

Date

Send the completed form to:

Michigan Community Service Commission
1048 Pierpont Ste 4
Lansing MI 48913

The Michigan Community Service Commission is firmly committed to providing access, equal opportunity, and reasonable accommodation in its programs, activities, and materials. Please call (517) 335-4295 to request accommodation or to obtain materials in an alternate format.

Michigan's Persons with Disabilities Civil Rights Act

&

The Michigan Civil Rights Commission and

Department of Civil Rights

The Michigan Persons with Disabilities Civil Rights Act was enacted in 1976 and prohibits discrimination against Michigan citizens with disabilities in the areas of employment, public accommodation, public service, education, and housing.

Persons With Disabilities Civil Rights Act Act 220 of 1976

An Act to define the civil rights of persons with disabilities; to prohibit discriminatory practices, policies, and customs in the exercise of those rights; to prescribe penalties and to provide remedies; and to provide for the promulgation of rules.

The 14-page text of the law follows this overview page.

The Michigan Civil Rights Commission & Department of Civil Rights

The Michigan Civil Rights Commission was created by the Michigan Constitution of 1963 to carry out the guarantees against discrimination articulated in Article I, Section 2. As further stated in Article V, Section 29, the state constitution directs the Commission to investigate alleged discrimination against any person because of religion, race, color or national origin and to "secure the equal protection of such civil rights without such discrimination." Public Acts 453 and 220 of 1976 and subsequent amendments have added sex, age, marital status, height, weight, arrest record, and physical and mental disabilities to the original four protected categories.

The Michigan Department of Civil Rights was established in 1965 to provide a staff complement to the policy-making responsibilities of the Commission. In 1991, the Department was expanded further. During that year, the Michigan Women's Commission was transferred from the Department of Management and Budget to this agency by Executive Order.

The Department of Civil Rights works to prevent discrimination through educational programs that promote voluntary compliance with civil rights laws and investigates and resolves discrimination complaints. It also provides information and services to businesses on diversity initiatives, equal employment law, procurement opportunities and feasibility studies, and joint venture/strategic alliance matchmaking.

Chapter 6

Disability Awareness

Working together with people with disabilities requires the same manners and courtesies extended to any potential or current National Service participant. However, without personal experience in working alongside people with disabilities, some people are unsure of what to say or what to do in order to create an environment where people with disabilities feel welcome. There are also issues of access, such as maintaining an accessible web site or connecting with people who don't use standard voice telephones. The information in this chapter will help you educate yourself and your service providers on disability-related issues and assist you in making your program and activities more accessible.

- *The Definition of Disability* – Deborah Kaplan, Director of the World Institute on Disability
- General Considerations for Interacting With People With Disabilities
- Person-First Language
- Myths, Misconceptions, & Realities of Disability
- Disability Etiquette
- Disability Etiquette Questions and Answers
- Questions & Answers from the *Access: Opening the Doors* Conference
- Telecommunications Relay Service
- Planning Accessible Conferences and Meetings
 - Guidelines
 - Accessibility Checklist
- Making Your Website Universally Accessible
- Information Conditions Associated With Disability
 - Acquired Brain Disabilities
 - Blindness & Vision Impairments
 - Deaf and Hard of Hearing
 - Learning Disabilities
 - Physical Disabilities
 - Psychological Disabilities
 - Speech Disabilities
 - Systemic Disabilities



The Definition of Disability

BY DEBORAH KAPLAN

Deborah Kaplan is Director of the World Institute on Disability.

The questions of the definition of "person with a disability" and how persons with disabilities perceive themselves are knotty and complex. It is no accident that these questions are emerging at the same time that the status of persons with disabilities in society is changing dramatically.

The Americans with Disabilities Act (ADA) is the cause of some of these changes, as well as the result of the corresponding shift in public policy. Questions of status and identity are at the heart of disability policy. One of the central goals of the disability rights movement, which can claim primary political responsibility for the ADA, is to move American society to a new and more positive understanding of what it means to have a disability

DISABILITY POLICY SCHOLARS DESCRIBE four different historical and social models of disability:

A moral model of disability which regards disability as the result of sin;

A medical model of disability which regards disability as a defect or sickness which must be cured through medical intervention;

A rehabilitation model, an offshoot of the medical model, which regards the disability as a deficiency that must be fixed by a rehabilitation professional or other helping professional; and

The disability model, under which "the problem is defined as a dominating attitude by professionals and others, inadequate support services when compared with society generally, as well as attitudinal, architectural, sensory, cognitive, and economic barriers, and the strong tendency for people to generalize about all persons with disabilities overlooking the large variations within the disability community." Reference 1.

THE MORAL MODEL is historically the oldest and is less

prevalent today. However, there are many cultures that associate disability with sin and shame, and disability is often associated with feelings of guilt, even if such feelings are not overtly based in religious doctrine. For the individual with a disability, this model is particularly burdensome. This model has been associated with shame on the entire family with a member with a disability. Families have hidden away the disabled family member, keeping them out of school and excluded from any chance at having a meaningful role in society. Even in less extreme circumstances, this model has resulted in general social ostracism and self-hatred.

THE MEDICAL MODEL came about as "modern" medicine began to develop in the 19th Century, along with the enhanced role of the physician in society. Since many disabilities have medical origins, people with disabilities were expected to benefit from coming under the direction of the medical profession. Under this model, the problems that are associated with disability are deemed to reside within the individual. In other words, if the individual is "cured" then these problems will not exist. Society has no underlying responsibility to make a "place" for persons with disabilities, since they live in an outsider role waiting to be cured.

The individual with a disability is in the sick role under the medical model. When people are sick, they are excused from the normal obligations of society: going to school, getting a job, taking on family responsibilities, etc. They are also expected to come under the authority of the medical profession in order to get better. Thus, until recently, most disability policy issues have been regarded as health issues, and physicians have been regarded as the primary authorities in this policy area. One can see the influence of the medical model in disability public policy today, most notably in the Social Security system, in which disability is defined as the inability to work. This is consistent with the role of the person with a disability as sick. It is also the source of enormous problems for persons with disabilities who want to work but who would risk losing all related public benefits, such as health care coverage or access to Personal Assistance Services (for in-home chores and personal functioning), since a person loses one's disability status by going to work. Reference 2.

THE REHABILITATION MODEL is similar to the medical model; it regards the person with a disability as in need

of services from a rehabilitation professional who can provide training, therapy, counseling or other services to make up for the deficiency caused by the disability. Historically, it gained acceptance after World War II when many disabled veterans needed to be re-introduced into society. The current Vocational Rehabilitation system is designed according to this model.

Persons with disabilities have been very critical of both the medical model and the rehabilitation model. While medical intervention can be required by the individual at times, it is naive and simplistic to regard the medical system as the appropriate locus for disability related policy matters. Many disabilities and chronic medical conditions will never be cured. Persons with disabilities are quite capable of participating in society, and the practices of confinement and institutionalization that accompany the sick role are simply not acceptable.

THE DISABILITY MODEL has taken hold as the disability rights and independent living movements have gained strength. This model regards disability as a normal aspect of life, not as a deviance and rejects the notion that persons with disabilities are in some inherent way "defective". As Professor David Pfeiffer has put it, "...paralyzed limbs may not particularly limit a person's mobility as much as attitudinal and physical barriers.

The question centers on 'normality'. What, it is asked, is the normal way to be mobile over a distance of a mile? Is it to walk, drive one's own car, take a taxicab, ride a bicycle, use a wheelchair, roller skate, or use a skate board, or some other means? What is the normal way to earn a living?" Reference 3.

Most people will experience some form of disability, either permanent or temporary, over the course of their lives. Given this reality, if disability were more commonly recognized and expected in the way that we design our environments or our systems, it would not seem so abnormal.

The disability model recognizes social discrimination as the most significant problem experienced by persons with disabilities and as the cause of many of the problems that are regarded as intrinsic to the disability under the other models.

The cultural habit of regarding the condition of the person, not the built environment or the social organization of activities, as the source of the problem, runs deep. For example, it took me several years of struggling with the heavy door to my building,

sometimes having to wait until a person stronger came along, to realize that the door was an accessibility problem, not only for me, but for others as well. And I did not notice, until one of my students pointed it out, that the lack of signs that could be read from a distance at my university forced people with mobility impairments to expend a lot of energy unnecessarily, searching for rooms and offices. Although I have encountered this difficulty myself on days when walking was exhausting to me, I interpreted it, automatically, as a problem arising from my illness (as I did with the door), rather than as a problem arising from the built environment having been created for too narrow a range of people and situations. Reference 4.

The United Nations uses a definition of disability that is different from the ADA:

Impairment: Any loss of abnormality of psychological, or anatomical structure or function.

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.

Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. Reference 5.

This definition reflects the idea that to a large extent, disability is a social construct. Most people believe they know what is and is not a disability. If you imagine "the disabled" at one end of a spectrum and people who are extremely physically and mentally capable at the other, the distinction appears to be clear.

However, there is a tremendous amount of middle ground in this construct, and it's in the middle that the scheme falls apart. What distinguishes a socially "invisible" impairment - such as the need for corrective eyeglasses - from a less acceptable one - such as the need for a corrective hearing aid, or the need for a walker? Functionally, there may be little difference. Socially, some impairments create great disadvantage or social stigma for the individual, while others do not. Some are considered disabilities and some are not.

The following examples further illustrate the difficulty of defining disability without consideration of social factors:

- A person who has a cochlear implant ;
- A person who has a digestive disorder that requires following a very restrictive diet and following a strict regime of taking medications, and could result in serious illness if such regime is not adhered to;
- A person with serious carpal tunnel syndrome;
- A person who is very short.

It is likely that different people could have different responses to the question of whether any of the above-listed characteristics would result in "disability", and some might say, "It depends". This illustrates the differences in the terms "disability" and "handicap", as used by the U.N. Any of the above traits could become a "handicap" if the individual were considered disabled and also received disparate treatment as a result.

Another example of the social construction of disability is when society discriminates against an individual who may have an "impairment" (in the sense of the U.N. definition) without a corresponding functional limitation. "The power of culture alone to construct a disability is revealed when we consider bodily differences - deviations from a society's conception of a "normal" or acceptable body - that, although they cause little or no functional or physical difficulty for the person who has them, constitute major social disabilities. An important example is facial scarring, which is a disability of appearance only, a disability constructed totally by stigma and cultural meanings. Stigma, stereotypes, and cultural meanings are also the primary components of other disabilities, such as mild epilepsy and not having a 'normal' or acceptable body size." Reference 6.

The definition of disability in the ADA reflects a recognition of the social construction of disability, especially by including coverage for persons who are perceived by others as having a disability. The U.S. Equal Employment Opportunity Commission's ADA Title I Technical Assistance Manual provides the following explanations of how this prong of the definition is to be interpreted:

1. The individual may have an impairment which is not substantially limiting, but is treated by the employer as having such an impairment.

For example: An employee has controlled high blood pressure which does not substantially limit his work activities. If an employer reassigns the individual to a less strenuous job because of unsubstantiated fear that the person would suffer a heart attack if he continues in the present job, the employer has "regarded" this person as disabled.

2. The individual has an impairment that is substantially limiting because of attitudes of others toward the condition.

For example: An experienced assistant manager of a convenience store who has a prominent facial scar was passed over for promotion to store manager. The owner believed that customers and vendors would not want to look at this person. The employer discriminated against her on the basis of disability, because he perceived and treated her as a person with a substantial limitation.

3. The individual may have no impairment at all, but is regarded by an employer as having a substantially limiting impairment.

For example: An employer discharged an employee based on a rumor that the individual had HIV disease. This person did not have any impairment, but was treated as though she had a substantially limiting impairment.

This part of the definition protects people who are "perceived" as having disabilities from employment decisions based on stereotypes, fears, or misconceptions about disability. It applies to decisions based on unsubstantiated concerns about productivity, safety, insurance, liability, attendance, costs of accommodation, accessibility, workers' compensation costs or acceptance by co-workers and customers.

Accordingly, if an employer makes an adverse employment decision based on unsubstantiated beliefs or fears that a person's

perceived disability will cause problems in areas such as those listed above, and cannot show a legitimate, nondiscriminatory reason for the action, that action would be discriminatory under this part of the definition. Reference 7.

The definitions within a statute are related to the purpose of the statute. This is especially relevant in the field of disability policy, as one can find many different statutes, all with different definitions of this term. The purpose of the ADA is to prevent discrimination and to provide a remedy for people who have experienced it. This is consistent with the disability model of understanding disability, which places great importance on discrimination as a major cause of disadvantage. In order to provide an appropriate remedy to the full range of individuals who experience discrimination based on disability, it is necessary to explicitly recognize that there are people who would not consider themselves "disabled", nor would they be considered so by most others, but who receive the same disparate treatment as "the disabled".

The courts have had a difficult time interpreting this complex definition. There are numerous cases in which judges have treated the ADA definition as though the purpose of the law is to provide a social benefit, rather than protect an individual from discrimination. Reference 8.

In some cases, the courts have placed an individual with a disability in a Catch-22 situation: if the individual has held a job, then this is proof that the individual is not disabled and therefore cannot use the ADA to seek a remedy for employment discrimination. Reference 9.

The notion that the ADA should only be used to protect persons who are somehow "truly" disabled reflects an unsophisticated or naive understanding of the nature of disability. Given the significance of social and cultural influences in determining who is regarded as disabled, it makes little sense to refuse to take these same influences into account.

Another important issue related to the topic of the definition of disability has to do with disability identity. There are many persons who unarguably fit within the first prong of the ADA definition who do not consider themselves disabled. "...there are many reasons for not identifying yourself as disabled, even when other people consider you disabled. First, disability carries a stigma that many people want to avoid, if at all possible. For

newly disabled people, and for children with disabilities who have been shielded from knowledge of how most non-disabled people regard people with disabilities, it takes time to absorb the idea that they are members of a stigmatized group. Newly disabled adults may still have the stereotypes of disability that are common among non-disabled people. They may be in the habit of thinking of disability as total, believing that people who are disabled are disabled in all respects. ...They may fear, with good reason, that if they identify themselves as disabled others will see them as wholly disabled and fail to recognize their remaining abilities, or perhaps worse, see their every ability and achievement as 'extraordinary' or 'courageous!'" Reference 10.

The reason that so many people reject the label "disabled" is that they seek to avoid the harsh social reality that is still so strong today. Having a disability, even though the ADA has been in place for almost a decade, still carries with it a great deal of stigmatization and stereotyping. It is ironic that those who could benefit from the law choose not to do so because they wish to avoid the very social forces that this law seeks to redress and eradicate.

People who may fall under the coverage of the ADA because of the presence of a genetic marker are certainly not likely to think of themselves as disabled. While there may be discomfort at the thought of coming under this label, it is worthwhile to recognize that no one with a disability, visible or otherwise, wants to experience the stigma and discrimination that is still all too common for those who society considers disabled. There are many others who do not consider themselves to be disabled but who do experience discrimination. The ADA provides a legal remedy when this occurs. Since the ADA definition recognizes the social construction of disability, whether it can apply to a person is a function of the social treatment that the individual receives. In other words, the question of whether a person with a genetic marker is covered by the definition does not arise in the abstract. If the individual has experienced discrimination based on the individual's physical or mental characteristics, then that individual may take advantage of the ADA to redress that discrimination.

The question of whether a group of people fits within society's concept of who might be disabled, or who is treated in the same negative way, is not an option that the group has the chance to select. No group of people would willfully opt to be treated disparately. From a policy point of view, there are two possible options that could be pursued to avoid coming under the coverage of the ADA: (1) an amendment to the ADA to

explicitly state that persons with genetic markers are excluded from coverage under the definition; and/or (2) separate legislation to redress discrimination based on genetic characteristics.

The first option would operate like the proverbial phrase, cutting off one's nose to spite one's face. The possibility of genetic discrimination is quite real, and it would be a poor bargain to lose one's civil rights in exchange for avoiding disability based stigma. It could also cause significant problems with legal interpretation of the ADA definition; the risk is that courts could use any exclusion to deny ADA coverage to others.

The second option is also politically and legally fraught with risk. Politically, people with genetic markers are a much smaller group than the very large confederation of disability organizations and individuals who came together to work towards passage of the ADA. Thus, the chances of gaining the strong legal protections that are now available in the ADA are not very high. It could also be expected that well-financed corporate interests would oppose such legislation. Enactment of any new legislation would be a tough, uphill battle that would probably result in a compromised version of the original proposal. In addition, the existence of two overlapping pieces of legislation could result in unfavorable judicial interpretation.

For those within the disability movement who have no problem being identified as disabled, there are advantages to coming under the coverage of the ADA, and indeed to being part of a community that is actively working to eradicate the discrimination and stigma that are our legacy. After decades of disparate treatment with no meaningful legal protection or remedy, it is quite satisfying to fight discrimination and to stand together to reject the stigma and stereotypes that are the basis of disability-based discrimination. Most disability activists welcome the inclusion of persons with invisible disabilities, as well as those who have faced discrimination even though they have no real impairment. This is because we understand that freedom from injustice is not an entitlement to be doled out in small doses. The nature of disability discrimination is that it often has very little to do with the individual's capabilities and true characteristics. The stigma and stereotypes are the cause of the discrimination, much more than the disability itself. It could be argued that the disability per se is not the cause at all, that the social reaction to disability is the cause.

In seeking to avoid the stigma associated with disability, there is a choice of strategies. Social and legal activism that challenge

the assumptions behind the disability discrimination address the issues head on. The goal is to eradicate the stigma. The decision to disassociate from those who have historically been stigmatized tends to perpetuate the stereotypes and discrimination.

The disability rights movement is working towards a society in which physical and mental differences among people are accepted as normal and expected, not abnormal or unusual. We have plenty of methods and tools at our disposal to accommodate human differences should we choose to. Ironically, the growth of technology in our lives provides us with both the ability to detect more human differences than ever before, as well as the ability to make those differences less meaningful in practical terms. How we react to human differences is a social and a policy choice. We prefer to advocate for a social structure that focuses on including all people in the social fabric, rather than drawing an artificial line that separates "disabled people" from others.

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www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm

General Considerations for Interacting With People with Disabilities



The biggest barriers that people with disabilities face, and the hardest barriers to remove, are other people's negative attitudes and erroneous images of them. **Some common pitfall reactions to people with disabilities are:**

- **All that matters is your label.** Individuals adopt a label, usually based upon a person's disability. There is little regard for the individuality of the person, i.e., the blind have all the same needs; all quadriplegics have the same interests and abilities; or people with any kind of physical impairment are "the handicapped," "the crippled" and all become "cases."
- **I feel sorry for you.** In this syndrome of pity, focus is inordinately on the negative aspects of the person's life: a life filled with pain, suffering, difficulty, frustration, fear, and rejection. Although you may be aware of these negative feelings and try not to show them, they often emerge through the tone of voice or the expression on your face.
- **Don't worry, I'll save you.** Characteristics of this pitfall are expressions such as the following: "I'll do it for you," "Give the person a break," "Don't worry about it, I'll take care of it," and "It's too difficult for you."
- **I know what's best for you.** This syndrome is characterized by such expressions as: "You shouldn't..." "You'll never..." or "You can't..."
- **Who's more anxious, you or me?** Characteristic comments about the person are typically communicated to colleagues, family members, and friends. These include "Makes me feel uncomfortable," "It's so frustrating," or "I can't deal with..."

People with disabilities are just people who may happen to have more difficulty than others walking, moving, talking, learning, breathing, seeing, hearing, etc. They are remarkably like everybody else. They pass, they fail, they succeed, they go bankrupt, they take trips, they stay at home, they are bright people, they are good people, they are pains in the neck, they are trying to get by. To free yourself from the limitations of the reactions above, **keep in mind these general suggestions:**

Be generous with yourself. Admit that the uneasiness you feel is your problem, not the person's, and realize that it will pass with time and exposure.

Do not be afraid of saying or doing the wrong thing. By avoiding communication or contact with a person with a disability, fears and misconceptions cannot be curbed. Discomfort can and will be eased if people with disabilities and people without disabilities see and interact with each other more often at work and social settings.

Talk directly to the person with a disability. Comments such as “does he want to...” to an attendant or friend accompanying a person with a disability should be avoided. When a person who is deaf is using a sign language interpreter, look at them and direct all questions and comments to them, not to the interpreter.

Do not apply blanket accommodations. Needs vary among individuals, even those with the same type of disability. Therefore, all accommodations are not automatically applicable to all persons with a particular disability. A disability can vary in terms of the degree of limitation, the length of time the person has been disabled (adjustment to the disability), and the stability of the condition.

Do not discuss a person’s disability or related needs with anyone who does not have a legitimate need to know. A person’s disability and any functional limitations caused by that disability should be held in the strictest confidence.

Do not feel that people with disabilities are getting unfair advantages. Accommodations help to “even the field” so that a person may be effective in their work. People with disabilities do not get by with less work.

Pretending to understand someone’s speech when you do not will hinder communication. Some people with disabilities may have difficulty in expressing ideas orally. Wait for the person to finish their thought rather than interrupting or finishing it for them. If you do not understand what is being said, repeat back what you do not understand and the other person will fill in or correct your understanding where needed. It is appropriate to ask the person if it may be easier for them to write down the information, however, you must be prepared to accept the answer “no.”

Recognize that a person with a disability may afford you a unique opportunity. What is not always readily appreciated is the unique input of a person whose life experience may be different from our own. If we view this situation as a learning experience rather than a problem we can all be enriched by it.

This material was adapted from:

Succeeding Together: People With Disabilities in the Workplace

A Curriculum for Interaction

By Terri Goldstein, M.S., CRC, Michael Winkler, M.S., and Margaret Chun, M.S.

More information and a downloadable version of the *Succeeding Together* manual can be found at: <http://tracs.csun.edu/succeedi1.htm>

Person-First Language

People with disabilities are just that—people. Everyone has multiple facets to their personalities and different aspects to their lives. Using language that puts the person first is not a matter of political correctness—it acknowledges that people with disabilities are human beings and should not be defined or limited by other’s perceptions of their bodies and minds.

<i>Say</i>	<u>Instead of</u>
People with disabilities	The disabled, the handicapped
The disability community	Special-needs population
Child with a disability	Disabled or handicapped child
Has...	Is afflicted with..., suffers from..., is a victim of...
Person with cerebral palsy	Palsied or spastic
Without speech, nonverbal	Mute or dumb
Has a developmental delay	Is slow
Has emotional disorder or mental illness	Is crazy, nuts, insane, postal
Can't hear and has no speech	Deaf and dumb
Uses a wheelchair	Is confined to a wheelchair; is wheelchair-bound
Person with mental retardation	Retarded
Person with epilepsy	Epileptic
Person with Down Syndrome	Mongoloid
Has a learning disability	Is learning disabled
Not disabled	Normal, healthy, able-bodied
Has a physical disability or mobility impairment	Is crippled, lame
Congenital disability	Birth defect
Has a chronic illness	Is sickly
Has quadriplegia (paralysis of both arms and legs)	Is quadriplegic
Has paraplegia (loss of function in lower body only)	Is paraplegic

Myths, Misconceptions, & Realities of Disability

1. Wheelchair users are paralyzed and, therefore, are confined to their chairs.

False: Some people can walk, but their strength may be limited so they use a wheelchair to enable them to travel longer distances. Also, some people who use wheelchairs prefer to transfer to more comfortable chairs such as at their desk or in a restaurant.

2. Deaf people cannot speak.

False: Deafness does not affect the vocal cords, although it can affect a person's ability to hear and monitor the sounds they make. Some people who are deaf make a conscious choice not to use their voice while others choose to speak. The type and degree of hearing loss as well as the age of the person when they became deaf (i.e. before or after learning to speak English) also influences their speech.

3. People with disabilities live very different lives than people without disabilities.

False: Overall, people with disabilities live the same as you and I. Although some ways of doing things may be a little bit different depending on the type and severity of the disability. For example: Someone with limited use of their arms and legs can drive, but their car will be fitted with hand controls for gas and brakes and possibly a special handle to grip on the steering wheel.

4. Employees with disabilities have a higher absentee rate than employees without disabilities.

False: Studies by firms such as DuPont show that employees with disabilities are not absent any more than employees without disabilities. In fact, these studies show that on the average, people with disabilities have better attendance rates than their non-disabled counterparts.

5. It is important to place persons with disabilities in jobs where they will not fail.

False: Everyone has the right to fail as well as to succeed. Be careful not to hold someone back from a position or a promotion because you think that there is a possibility that he or she might fail in the position. If this person is the best-qualified candidate, give them the same opportunity to try that you would anyone else.

6. People with disabilities are less likely to have accidents than other employees.

True: Two studies, one conducted by the Bureau of Labor Statistics during the 1940's and a current study recently complete by the DuPont Company support the findings that workers with disabilities performed significantly higher than their counterparts without disabilities in the area of safety. These studies included people in professional, technical, managerial, operational, labor, clerical, and service areas. It evaluated individuals with orthopedic, vision, heart, health, and hearing disabilities. Conclusion: Workers with disabilities are often more aware, not less, of safety issues in the workplace.

7. Persons who are deaf make ideal employees for noisy work environments.

False: Loud noises of a certain vibratory nature can cause further harm to the auditory system. Persons who are deaf should be hired for all jobs that they have the skills and talents to perform. No person with a disability should be prejudged regarding employment opportunities.

8. Considerable expense is necessary to accommodate workers with disabilities.

False: Most workers with disabilities require no special accommodations and the cost for those who do is minimal or much lower than many employers believe. Studies by the President's Committee's Job Accommodation Network have shown that 15 percent of accommodations cost nothing, 51 percent cost between \$1 and \$500, 12 percent cost between \$501 and \$1,000, and 22 percent cost more than \$1,000.

9. People with disabilities need special legal procedures.

False: While there are laws in place, such as the Americans with Disabilities Act, that serve to protect the rights of individuals with disabilities by providing equal access in the areas of employment, transportation, public accommodations, public services, and telecommunications, there are no special legal procedures for people with disabilities.

10. Deaf persons do not appreciate music, theater, movies, etc., because they cannot hear.

False: Today many movies and television shows are captioned. That means that conversations appear as words on the screen. If a program is open captioned, no special decoder is needed. If a show is closed captioned, a TV with a decoder is needed. The Americans with Disabilities Act mandates that all new televisions 13 inches and larger MUST include a built-in caption decoder.

Many theaters offer special performances that are interpreted into sign language. Again, the type and degree of hearing loss as well as the age of the person when they became deaf also influences their appreciation of music.

11. Certain jobs are more suited to persons with disabilities.

False: As with all people, certain jobs may be better suited to some than to others. While there are obvious bad job matches, such as someone who is blind and wants to be a bus driver or someone who is quadriplegic and wants to be a loader for a shipping company, be careful not to pigeon hole people in or out of certain occupations based on their disability. Just because you can only think of one way to do something does not mean that other ways do not exist that are equally effective.

12. Most people with cerebral palsy are less intelligent than the general population.

False: CP does not itself affect a person's intelligence. However, at times a person may have CP and another disability, such as a Developmental Disability that affects intellectual functioning.

13. Blind people have exceptional hearing.

False: A person's vision, or lack of vision, does not affect their hearing. However, someone who is blind may depend more on their hearing and be more attuned to sounds than a sighted counterpart.

14. An employer's worker's compensation rates rise when they hire disabled workers.

False: Insurance rates are based solely on the relative hazards of the operation and the organization's accident experience, not on whether workers have disabilities. A study conducted by the U.S. Chamber of Commerce and the National Association of

Manufacturers showed that 90% of the 279 companies surveyed reported no effect on insurance costs as a result of hiring workers with disabilities.

15. Persons with disabilities are unable to meet performance standards, thus making them a bad employment risk.

False: In 1990, DuPont conducted a survey of 811 employees with disabilities and found 90 percent rated average or better in job performance compared to 95 percent for employees without disabilities.

A similar 1981 DuPont study which involved 2,745 employees with disabilities found that 92 percent of employees with disabilities rated average or better in job performance compared to 90 percent of employees without disabilities. The 1981 study results were comparable to DuPont's 1973 job performance study.

16. People with learning disabilities who can't use proper grammar are not very bright.

False: The nature of a learning disability is such that the person performs at an average to above average level in all levels of functioning except for one or two specific areas. Therefore, a person's ability to write a grammatically correct sentence is independent of their ability to create and organize thoughts.

17. People who use wheelchairs cannot work in a fast-paced, high-pressure job.

False: Ability to use a wheelchair is separate from ability to work quickly and to work under stress. Give the person ample room to maneuver their chair and let them go!

18. If a person is having an epileptic seizure you should NOT place something in their mouth to prevent them from "swallowing their tongue."

True: It is physically impossible to "swallow" one's tongue and placing something in the mouth of a person who is having a seizure can cause choking. Don't try to restrain the person; this might cause injury. Instead, move anything hard or sharp out of the way and place something soft and flat under the person's head.

19. Persons with disabilities have problems with transportation.

False: Persons with disabilities are capable of arranging their own transportation: walking, biking, driving, taking public transportation, hiring a driver, or taking a cab. Just because a person has a disability doesn't mean they can't get around: people who are deaf drive and bike, some people who use wheelchairs drive, blind individuals can use public transportation, etc.

20. Hearing aids correct hearing impairments.

False: Only certain types of hearing losses, those due to lack of amplification, can be effectively aided. If a person's hearing loss is due to nerve damage, a hearing aid will only serve to amplify noise. In this case, a hearing aid may only help someone to hear environmental sounds such as sirens or alarms.

21. Employees with disabilities tend to do work of a higher quality than employees without disabilities.

True: In several studies, including those previously mentioned, it was found that 91% of the

workers with disabilities scored average or better when compared with the general workforce. Their attendance is also better.

22. All hearing impaired people can read lips.

False: Only about 15–25% of what we say is actually visible on the lips. Therefore, someone with a hearing impairment relies on other cues such as facial expressions, body language, and residual hearing (usable hearing) in addition to reading someone’s lips—all of these cues combined are more accurately known as “speech-reading.” Amount of usable hearing and knowledge of the English language are important variables in the process. Ability to speech-read is a skill not everyone can master and is not related to a person’s intelligence.

23. Workers with a disability are a good influence on other workers.

True: More often than not, the worker with a disability brings additional diversity into the workplace. For example: Someone who uses a wheelchair may point out ways to make physical access better for all by uncluttering walkways and offices. Someone who has a learning disability may develop a filing system based on colors in addition to words that increases efficiency and ease of use.

Disability Etiquette

General Rules of Etiquette for Communicating with Persons with Disabilities

1. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands (shaking hands with the left hand is an acceptable greeting).
3. When meeting a person with a visual impairment, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. If you offer assistance, wait until the offer is accepted. Then listen to, or ask for, instructions.
5. Treat adults as adults. Address their first names only when extending the same familiarity to all others. (Never patronize people who use wheelchairs by patting them on the head or shoulder.)
6. Leaning or hanging on a person's wheelchair is similar to leaning or hanging on a person, and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod, or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond.
8. When speaking with a person in a wheelchair, place yourself at eye level by pulling up a chair or kneeling down to facilitate the conversation.
9. To get the attention of a person who is hearing impaired, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read your lips. Not all people with a hearing impairment can lip read. For those who do not read lips, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes, and food away from your mouth when speaking.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about this?" that seem to relate to a person's disability.

Etiquette for Specific Disabilities

Hearing Impairments

- Face the person when you are speaking.
- Don't chew gum, smoke, bite a pencil, or cover your mouth while talking - it makes speech difficult to understand!
- Rephrase sentences or substitute words rather than repeat yourself again and again.
- Speak clearly and at a normal voice level. Communicate in writing, if necessary.
- Move away from noisy areas or the source of noise - loud air conditioning, loud music, TV, and radio.
- Don't stand with bright light (window, sun) behind you - glare makes it difficult to see your face.
- Get the hearing-impaired person's attention and face in full view before talking.

Visual Impairments

- Be descriptive. You may have to help orient people with visual impairments and let them know what's coming up. If they are walking, tell them if they have to step up or step down, let them know if the door is to their right or left, and warn them of possible hazards.
- You don't have to speak loudly to people with visual impairments. Most of them can hear just fine.
- Offer to read written information for a person with a visual impairment, when appropriate.
- If you are asked to guide a person with a visual impairment, offer your arm instead of grabbing theirs.

Speech Impairments

- Listen patiently. Don't complete sentences for the person unless s/he looks to you for help.
- Don't pretend you understand what a person with a speech disability says just to be polite.
- Ask the person to write down a word if you're not sure what s/he is saying.

Mobility Impairments

- Try sitting or crouching down to the approximate height of people in wheelchairs or scooters when you talk to them.
- Don't lean on a person's wheelchair—it's their personal space.
- Be aware of what is accessible and not accessible to people in wheelchairs.
- Give a push only when asked.

Learning Disabilities

- Don't assume the person is not listening just because you are getting no verbal or visual feedback. Ask her whether s/he understands or agrees.
- Don't assume you have to explain everything to people with learning disabilities. They do not necessarily have a problem with general comprehension.
- Offer to read written material aloud or have it recorded, when necessary.

Disability Etiquette Questions and Answers

- 1. You're being introduced to a person with an artificial limb. Should you reach out to shake his hand?**

Many people with artificial limbs or motor-skills disabilities of the shoulder, arm, or hand prefer to offer a greeting other than a handshake. Let him set the agenda. If he does extend his hand, shake it! Never pat a person with a disability on the shoulder, face, or head, which is a gesture more appropriate to greeting a child.

- 2. You just said, "See you later!" to a girl with a visual impairment. Should you apologize?**

"I've got to be running along..." "I'll be seeing you..." "You won't believe what I just heard..." – these are all natural figures of speech. Listen closely and you'll often hear people with disabilities relying on them too. Use them without embarrassment.

- 3. What do you do if you're especially curious about a disability assistance device like a power wheelchair? Do you ask?**

Some disability assistance devices like modern electronically controlled power wheelchairs are intriguingly sophisticated, but you should remember most people who use such devices consider them no more unique than a pair of prescription sunglasses. If you feel you must ask—if you have a valid reason for asking – you should be direct but casual and prepared for the fact you may be crossing the boundaries of good manners.

- 4. A person with Down Syndrome asks you about your program. What should you do?**

Respond to questions asked by a person with a disability with the same information you'd provide a person without a disability. Avoid making assumptions about what a person needs to know based on what you think they might or might not be able to do. When speaking with someone with a developmental disability, use simple but not childish language.

- 5. A woman who is deaf comes into your office with a sign language interpreter. Who should you look at when you're talking?**

When talking with a person who has a disability, speak directly to that person rather than a companion or interpreter.

6. You see a man with no obvious disability using a handicap parking space. Should you leave a note on his car?

Handicap parking spaces are reasonable accommodations for people with disabilities, but not all disabilities are visible. Consider severe heart or lung function problems as an example. Both limit a person's mobility. Assume anyone driving a properly tagged car has the right to use an accessible parking space.

7. You meet someone with an obvious disability who is a person of some accomplishment. How do you express your admiration?

Many people with disabilities cringe at the words "overcome" and "hero." To credit accomplishment to those values in some measure denigrates the hard work and talent that made possible the achievement. Ignore the disability—praise the accomplishment.

8. A man comes into the office with a dog wearing a service animal tag but the man does not appear to have a sight impairment. Should you tell him pets aren't allowed in the building?

While guide dogs are the traditional service animal, you may meet someone being assisted by a dog – or another animal – for other reasons. If the animal is wearing a service animal tag, you should assume it has the right to proceed unhindered in any social or professional setting. Remember the animal is not a pet. Allow it to do its work.

9. You observe a man using a wheelchair at the curb, in obvious need of assistance. How do you help?

Ask politely before doing anything to help anyone. If you offer to help, wait until the offer is accepted, then listen or ask for instructions. Never grab a hold of a wheelchair without permission. While wheelchairs are generally sturdy, many need to be handled in a specific fashion to avoid damage.

10. You offer to help a woman with a disability and she responds by yelling a rude remark at you. What do you do?

Disability does not confer sainthood. People with disabilities are people, subject to all the human idiosyncrasies and faux pas you see around you every day. If you're met with rudeness, blame it on the person rather than the disability.

Questions & Answers from the *Access: Opening the Doors* Conference

The following 13-page document contains questions and answers concerning:

- legal responsibilities,
- reasonable accommodations/program accessibility,
- disability funds,
- member compensation,
- recruitment , and
- sources for additional information as they relate to including people with disabilities in National Service.

This document can be found on the Corporation for National and Community Service web site at: www.nationalservice.org/resources/cross/index.html.

Telecommunications Relay Service

Relay Service Number – 711 - Nationwide

What is a Relay Service?

The Telecommunications Relay Service (TRS) enables people who have difficulty hearing or speaking on the telephone to communicate with standard voice telephone users.

Telecommunications Relay Service (TRS) operators, also called Relay Representatives, are always available. When you place a call through this free telephone service, a Relay Representative will convert the words you say into typed words, so that someone who has difficulty hearing on the phone can read what you are saying. The person you are calling can answer you verbally, or type a response that a relay representative reads to you. In order to communicate this way, they will need a phone used by persons with hearing and speech disabilities, called a TTY.

What is a TTY?

TTY's are also called text telephones, teletypewriters, or TDD's. Looking much like a typewriter keyboard with a text screen, a TTY allows persons with hearing and/or speech loss to make or receive telephone calls by typing their conversations, via two-way text. The conversation is read on a lighted display screen and/or a paper printout in the TTY.

Who uses the Relay Service?

People who can hear and speak clearly

People who can hear and speak clearly can make or receive relay calls. Many places of business, government agencies, family, friends, and employers of persons with hearing and speech disabilities make and receive relay calls everyday. And they don't need special equipment to use relay.

People who are deaf, hard-of-hearing or deaf/blind

People who are deaf, hard-of-hearing, or deaf/blind who cannot or do not wish to speak on the phone can place or receive calls through the relay service. They use the relay service to make calls to people and businesses that do not have a TTY at their home or place of business. The person who is deaf or hard-of-hearing uses a TTY to type their part of the conversation; the Relay Representative then reads their words to the person they called. The Relay Representative then types the spoken response back to the caller. People who are deaf/blind use a TTY with a refreshable Braille display.

People who can speak clearly but have difficulty hearing

People who can speak clearly but have difficulty hearing can place or receive calls through the relay service. Many people in this category are senior citizens. This type of relay call is Voice Carry Over (VCO) because the hard of hearing person's voice is "carried over" to the other party. In this category, no typing is required, except by a Relay Representative. Everything that the other person says is typed by a relay representative and the words appear as text on the VCO user's TTY or VCO phone.

People who can hear clearly but have difficulty speaking on the phone

People who can hear clearly but have difficulty speaking on the phone can place or receive calls using the relay service. This type of relay call is Hearing Carry Over (HCO) because the person with a speech disability is able to “hear” the other party’s voice. HCO users can type what they want to say on their TTY. A Relay Representative then reads their words to the person they called. Three-way calling is necessary for a HCO call.

711 Relay Access Service

As of October 1, 2001, you will no longer need to dial the 800 number to access the relay service in the United States. The FCC has reserved 7-1-1 for relay service access.

Making and receiving Relay Service calls

Don’t Hang Up!

If you receive a telephone call and a person says, “The Michigan Relay Center is calling,” don’t hang up! Some people mistake this announcement as a crank or telemarketing call.

When initiating a Relay Service call

The first time you call the Relay Service, you may hear tones similar to those of a modem. Continue to stay on the line until the relay representative picks up. The Relay Center computer system then records your preference (based on the number assigned to the phone you used to call the Center) to use the service with a telephone rather than a TTY.

Full Content/Context

Relay representatives are trained and instructed in conveying the full content, context, and intent of the relay conversation they translate. Calls made through the Relay Center are not edited. Relay Representatives are also forbidden to disclose any information from the calls and no records of conversations are kept.

Every effort is taken to maintain functional equivalence for both parties during a relay call. All secondary activities that would normally be known to a hearing person engaged in a telephone conversation (i.e., background noises, side conversations, other people coming on the line, etc.) are relayed to the extent possible. For example, the representative may type background noises that are heard such as “baby crying,” “loud radio,” “noisy,” etc.

"Go Ahead"

So that the conversation flows smoothly, say "Go Ahead" each time you have finished speaking. This lets the Relay Representative know you are ready for the TTY user's response. The TTY user types "GA" (go ahead) each time they have finished typing.

Cost

Charges for calls through the Relay Center, whether local or long distance, are charged the same as if the hearing or speech-impaired person had dialed the other person directly.

Additional Services

Speech-to-Speech (800) 229-5746

Speech-to-speech (STS) relay services enables a person with a speech disability to communicate on the telephone by using his/her own voice, voice synthesizer, voice enhancer, or other assistive device to communicate to the non-disabled called party.

Communication Assistants (CA) are specially trained to be able to listen carefully to the STS user whose speech disability may range from a mild to a severe speech loss. The STS CA provides facilitation and “revoicing” assistance to the STS caller upon request. The voice telephone user speaks directly to the individual with the speech disability, without having to go through the CA.

For More Information

For more information about all relay services, visit the **Michigan Relay Service** web site at: www.michiganrelay.com.

Planning Accessible Conferences and Meetings

Accessible conferences and meetings allow people with disabilities to move about the site freely and independently and participate in and benefit from the program.

Choosing an Accessible Site

A site visit to the hotel or conference center should be conducted to determine whether barriers to accessibility exist. The site visit should include checking:

- Entrance and interior doorways
- Dining facilities
- Parking lots
- Telephones
- Corridors and aisles
- Water fountains
- Stairways
- Temperature controls
- Elevators
- Light and emergency controls
- Sleeping rooms (if needed)
- Fitness center or health club
- Meeting rooms
- Restrooms

Site Accessibility Considerations for Individuals with Mobility Impairments

The following accommodations should be provided for individuals with mobility impairments, including those using wheelchairs, crutches, canes, or walkers:

- Accessibility of main entrances to the site.
- Doorways wide enough to accommodate wheelchairs and scooters of varying sizes.
- Capability of the site to provide appropriately graded ramping in inaccessible areas (including meeting rooms, dining, and lounge areas).
- Wide spaces, corridors, and aisles.
- Accessible restrooms.
- Public telephones at accessible height.
- Adequate space for wheelchairs in meeting rooms, at conference/meeting and banquet tables with all the participants, not on the outskirts.
- Wheelchair-accessible registration table.
- Allow for the time necessary to move from one session to another in the agenda.
- Accessible electrical outlets and closet rods of appropriate height in guest rooms.

Site Accessibility Considerations for Individuals with Visual Impairments

The following accommodations should be provided for individuals who are partially sighted or blind:

- Well-lit areas, adjustable lighting.
- Obstacle-free environment (i.e., free of protruding objects that cannot be detected easily).
- Large, tactile directions for equipment, elevators, and restrooms; elevator numbers written in Braille or raised print.
- Dog runs in the hotel or convention center (or an area near the outside entrance) for guide dogs.
- Appropriate accommodations in guest rooms.

Site Accessibility Considerations for Individuals with Hearing Impairments

The following accommodations should be provided for individuals who are hard of hearing or who are deaf:

- Guest rooms equipped with alternative emergency devices such as visual alarms and indicators (e.g., flashing lights on doors, telephones, and fire alarms), vibrating beds, volume-controlled phone lines, and close-captioned television.
- An available TTY.
- Dog runs in the hotel or convention center (or an area near the outside entrance) for hearing-dog users.

Promotion and Registration

- Use the appropriate standardized symbols on all conference/meeting promotion, registration forms, information materials, and facility signage. These symbols may be downloaded from the Graphic Artists Guild at: www.gag.org/resources/das.php



- The MCSC Equal Access/Reasonable Accommodation statement should be used on all conference/meeting materials.
- Include photographs of individuals with disabilities in the promotional material; this illustrates a commitment to assuring all participants an accessible conference/meeting.
- Planners should arrange for all promotional material to be available in alternative formats, such as Braille, large print, or computer disk.
- In all conference/meeting materials, make participants aware that accommodations can be made for a variety of needs. The registration form must ask whether any special assistance is needed. Examples include statements such as the following:
 1. If you have a disability and require special assistance, please inform (planner) by attaching your requirements to this form or call (planner.)
 2. If you have a disability and may require accommodation in order to fully participate in this activity, please check here. You will be contacted by someone from our staff to discuss your specific needs.

A more detailed registration form requesting information on specific disabilities and needs can also be used. If a more general statement such as the one above is included, staff responding to special assistance requests should be prepared to ask detailed questions regarding necessary accommodations.

Sample registration questions

I will need the following accommodations in order to participate:

- Interpreter
- Note taker
- Assistive listening device
- Open captioning
- Large print
- Braille
- Audio cassette
- Disk. List format:

- Wheelchair access
- Orientation to facility
- Special diet. List:

- An assistant will be accompanying me
 Yes No

Social Functions and Meals

When planning social functions and meals, planners should:

- Include personal assistants and interpreters in the estimated number of participants.
- Make adequate provisions for seating, allowing all participants to sit in the same area. Do not place persons in wheelchairs, or those who use walkers or dog guides on the fringes of the dining area.
- Avoid buffet lines; they can be particularly difficult for persons with mobility or visual impairments.
- Determine the accessibility of any outside entertainment and transportation services offered to participants.

Presentations

The conference/meeting planner should work with invited speakers and presenters to ensure that presentations are accessible to persons with disabilities.

Accessible Presentations for all Participants with Disabilities

- Choose well-lit and easily accessible meeting rooms.
- Control background noise to the greatest extent possible.
- Choose a meeting room with good acoustics and an auxiliary sound system, if possible.
- Provide written materials (handouts, overheads, etc.) disseminated at the meeting in a variety of formats, such as raised print, large print, Braille, audiocassette, and computer disks.
- Discuss with each presenter, prior to the meeting, the importance of developing a presentation that will be accessible to all participants.
- Instruct the presenter(s) to include the key points of the presentation on overheads or slides. Be sure they are completely legible, with large print and sharp, contrasting colors. In addition, ask the presenter(s) to limit the number of overheads or other visual aids used in the presentation and to allow adequate time for the audience to read the visual aids.

- Ask the speaker(s) to accompany materials, including presentations and handouts, with a complete verbal description. If slides, overheads, videos, or other visual aids are used, the speaker must describe them orally. Ask presenter(s) to provide a copy of presentation materials well in advance to allow for large print or Braille transcription.
- Instruct the presenter(s) to speak in well-paced and well-modulated tones. It is particularly important for presenters to monitor their rate of speech and not speak too rapidly.
- Check for the special needs of presenters with disabilities. Special needs may include ramping or podium requests, a reverse interpreter, an orientation and mobility specialist, or guide for a person with limited vision.

Accessible Presentations for Individuals with Visual Impairments and Reading/Learning Disabilities

- Meet with participants who have visual impairments and show them the site by explaining the layout, identifying the location of amenities and exits, and walking through the meeting area with them. Help them to find seating in the meeting room.
- Provide oral descriptions of meeting room layouts, emergency exit locations, and amenities prior to the beginning of the presentation.
- Allow access to front row seats during meeting sessions.
- Offer papers, agendas, or other materials in alternative formats. Options include large print, Braille, tape recordings, and computer disks in ASCII format. Print materials can be transcribed in Braille through contracting with outside agencies or by purchasing the necessary computer hardware and software programs. If the session is to be taped, the master tape must be made on good quality tape. A verbal listing of contents should be included at the front of each tape. One other option is to have reader(s) available for participant(s) with visual disabilities.
- Have photocopies of transparencies or slides available at the registration area for close examination; some audiovisual materials may not be amenable to verbal description.
- Design exhibits so that they may be touched and/or heard. Always provide an alternative to solely visual exhibits.
- Check for adjustable lighting in the meeting room; this is particularly important for the individual with low vision. Lowering the ceiling lights can increase the contrast—and thus the visibility—of audiovisual materials. However, moving from a brightly lit vestibule to a darkened room can cause temporary disorientation. Ask the participant whether a sighted guide would be helpful.
- Use sharply contrasting colors and large print for materials, maps, books, signs, menus, forms, and displays. All materials should be available in large or raised print or in Braille.
- Caution presenter(s) against relying solely on oral presentations and gestures to illustrate a point, or using visual points of reference (e.g., "here" or "there").

Accessible Presentations for Individuals who are Deaf or Hard of Hearing

- Allow for preferred seating, usually in front of the speaker and interpreter. (Preferred seating should also be away from heating and air conditioning units, hallways, and other "noisy" areas).
- Keep lights bright in the area where the presenter and interpreter stand.
- Check that window coverings are adjustable to reduce or remove glare.
- Arrange seats in a circle for smaller discussion groups.
- Provide copies of material presented orally in written form or on diskette. Work with the presenter(s) prior to the meeting to allow for these accommodations.
- Have notes on the presentation available beforehand, if at all possible. Alternatively, have a staff member or volunteer available to take notes during the presentation, allowing the participant to focus on the speaker and interpreter.
- Arrange for qualified, professional interpreters, trained in the preferred communication style, for example, American Sign Language, Signed English, or Cued-Speech. Use a local or national agency or organization to obtain interpreters.
- Investigate the possibility of real-time captioning for large group meetings.
- Arrange for an adequate number of interpreters for meetings, meals, and social events. At least two interpreters must be available for any meeting longer than two hours.

Accommodating Participants with Differing Disabilities

In the event that there are participants with both visual and hearing impairments, accommodations necessary for one person may conflict with the needs of another. For example, presenters using overheads usually request that the lights be dimmed in the room, making it difficult for a person who is hard of hearing to see the interpreter in the dim light. However, if the lights are raised, individuals with visual impairments may have difficulty seeing the overheads because the bright lighting decreases the contrast. Therefore, it is particularly important to consult with persons with visual impairments and those who are deaf or hard of hearing before visual aids are used or the lighting level in the room is brightened or dimmed.

The meeting planner is responsible for accommodating each individual to the maximum extent possible. Jane E. Jarrow, Executive Director of the Association on Higher Education and Disability, suggests dimming the overhead lights and putting a spotlight on the interpreter, thereby maintaining enough contrast for the person with limited vision while still providing light on the interpreter. Before the meeting, the planner should confirm with the hotel that spotlights are available.

Resources

Educational Resources Information Center, *Planning Accessible Conferences and Meetings: An ERIC/OSEP Information Brief for Conference Planners*, on the web at <http://ericec.org/digests/e735.html>

Rehabilitation Engineering and Assistive Technology Society of North America, Technical Assistance Project, *Arranging Accessible Meetings*, on the web at <http://www.resna.org/tap/tapbull/tapaug.htm>

Accessibility Checklist for Meetings/Conferences

Element	Accommodation Area	Yes	No
General	Do you know your program's responsibility to provide accessibility to persons with disabilities?		
Transportation	Is the facility/meeting location accessible by public transportation? If yes, is public transportation available at the time of your meeting/training?		
Emergency Evacuation	Do you know the emergency evacuation plans for the meeting/training location?		
Parking	Does the building have accessible parking spaces? If yes, are they at least 8' wide & have 5' aisles next to them?		
Sidewalk	Are there <u>unobstructed</u> curb ramps leading to the sidewalk (walkway)?		
Walkway/Route	Is there a walkway from the parking lot to the building, at least 36" wide?		
	Does the walkway have a stable and firm surface? Is the walkway level and free of steps? If no, is there a ramp at least 36" wide? If there is a ramp, does it have a gentle slope (1" rise to 12" length)? If the accessible route is different from the primary route to and through the building, can you post signs with the wheelchair symbol to show the route?		
Entrance/Doors	Is the door at least 32" wide?		

Element	Accommodation Area	Yes	No
	Can the hardware be operated with one hand (lever, push plate, etc.), with a minimum of twisting or grasping?		
	Are the handles low enough to reach? (Maximum 48" high)		
	Can the door be pushed open easily?		
	Is the threshold no more than 1/2" high and beveled?		
	When there is an enclosed entrance with two sets of doors (one after the other), is there a min. of 48" between the sets of doors?		
Floors	Are the floors hard and not slippery?		
	Is there a floor mat to dry feet & crutch tips to prevent slipping?		
Corridors	Is there a 36" corridor, from the entrance to where the meeting/training is held?		
	Is the path free of objects projecting 4" max. into the corridor?		
Elevators Elevators (continued)	Is there an elevator in the facility where the meeting/training room is located? If yes, is it a working one that is large enough for a wheelchair?		
	Are the controls within reach (max. 48")? Do the controls have Braille?		
	Is there an audible signal ringing at each floor?		
Meeting/Training Rooms	Is there enough clearance around the table for a wheelchair to move?		

Element	Accommodation Area	Yes	No
	Can a wheelchair-user pull up under the edge of the table?		
Restrooms	Is there a wide, accessible path to the restrooms?		
	Is there a toilet stall wide enough that a wheelchair can enter & close the door behind? Interior space to turn around? Is the water closet (toilet) 17-19" high to the rim?		
	Can the wheelchair roll under the sink (29 inches to the bottom)?		
	Can the faucets be reached and turned on easily?		
	Are the dispensers (soap, towel, etc.) reachable (max. 48" high)?		
	Is there a mirror at an accessible height (bottom of the mirror 44" above the floor)?		
Interpreters	Do you know how to arrange for sign language interpreters? (You must ask the participant the type of interpretation needed.)		
TTY	Is there a Teletype unit (TTY) in your facility/agency? If yes, is the number published on the announcements alongside the phone number? Is the staff in your agency trained to use the TTY? Is a TTY available for use by those attending your meeting/training?		
Relay Service	Does the staff know how to use the Michigan Relay Center to send and receive calls?		

Element	Accommodation Area	Yes	No
Assistive Listening System (ALS)	Does the facility have permanent assistive listening system? If yes, do you know how to use it?		
	Do you know how to arrange for an ALS (permanent, portable, and rental)? (You must ask the participant the type of system and listening accessory needed.)		
Captioning	Do you know how to arrange for captioning or computer assisted note-taking services?		
Videotapes	Do the videotapes or other broadcast programming materials that you may be using during your meeting/training, carry captioning?		
Fire Alarm	Are there flashing fire alarm signals in the building? In the meeting/training room?		
Directions	Can you provide clear, detailed directions to the facility and/or the meeting room?		
Directions (continued)	Is there a receptionist to offer assistance? (If not, can someone be available to help?)		
Handouts	Can you provide the meeting/training materials in alternative formats if requested? (You must ask the participant what format is needed.)		
Signage	Is there Braille text in the signage at the facility?		
Lighting	Is there adequate lighting in the elevators, hallways, stairwells, etc.?		

Making Your Web Site Universally Accessible

By Ian Shearer, Information Specialist, National Service Resource Center, ETR Associates

This article can be found online at: www.etr.org/NSRC/rcv3n3/access.html

There are many ways in which you can make your web pages more accessible to people with disabilities. Many of these techniques will also make your pages much easier to download and read for people who browse the web using older hardware and software or using Lynx, a text only browser. Together these are known as universal access techniques.

One of these techniques is adding a text description of graphic images so that text readers will have an idea of the visual content of the web page. The HTML source code uses the "ALT" attribute. For example, the HTML code for a graphic on a web page would look like this:

```
<IMG SRC="logo.gif" ALT="Our Agency's Logo">
```

Another simple technique is to provide an alternative text link for every clickable graphic that is used as a link. Without these, a text-only web browser cannot navigate your site. The following list of websites are just a few that provide universal access. Most of them offer more links to additional universal access resources and other sites related to disabilities and adaptive and assistive technology.

Adobe Acrobat Access

<http://access.adobe.com/>

This server allows you to convert any PDF file found on the Internet to HTML, which can then be read easily with Lynx or a screen reader.

BOBBY

<http://www.cast.org/bobby/>

A free web-based service HTML validator that will check the accessibility of your web pages. It will also find compatibility problems that prevent pages from displaying correctly on different web browsers.

Center for Applied Special Technology (CAST)

<http://www.cast.org/>

The organization that provides the BOBBY service. They also have many other resources on universal access.

DO-IT (Disabilities, Opportunities, Internetworking, and Technology)

<http://weber.u.washington.edu/~doit/>

A comprehensive listing of web resources for universal access web design, adaptive technology, and other disability-related resources.

Equal Access to Software and Information (EASI)

<http://www.rit.edu/~easi/access.html>

Provides many resources and web links on universal access web design and serving people with disabilities.

Lynx-Me

<http://ugweb.cs.ualberta.ca/%7Egerald/lynx-me.cgi>

Utility which shows you what your web page will look like in Lynx, the most common text-only web browser.

Starling Access Services

<http://www.igs.net/~starling/acc/index.htm>

A thorough guide to accessible web design.

Information on Specific Conditions Associated With Disability

This section contains some basic information on the following disabilities:

- Acquired Brain Disabilities
- Blindness & Vision Impairments
- Deaf and Hard of Hearing
- Learning Disabilities
- Physical Disabilities
- Psychological Disabilities
- Speech Disabilities
- Systemic Disabilities

It is important to remember that this is general information and will not apply to every person who has a particular condition. The person with the disability knows best how their situation or condition affects them. To find additional materials or to inquire about training offered about specific conditions or disabilities, contact the local and national organizations listed in Chapter 8.

The material for this chapter was adapted the Participants Manual, Module I: Learning about Disabilities from *Succeeding Together: People with Disabilities in the Workplace – A Curriculum for Interaction*. This entire handbook can be found online at: www.csun.edu/~sp20558/dis/emcur.html. Click on the image of the cover to continue onto the Table of Contents.

Acquired Brain Disabilities

A. Basic Information

An Acquired Brain Disability (ABD) is one that results from some external cause—an accident, illness, or drugs—that reduces the brain’s ability to function. Traumatic Brain Injury (TBI) and stroke are two of the most common causes of this type of disability. Any function of the brain may be involved including perception, language, memory, problem-solving, abstract reasoning, or motor skills.

Brain injury results in three major types of impairments:

1. Physical problems (such as full or partial paralysis).
2. Cognitive impairments (thinking and comprehending).
3. Behavior disorders.

There is great variability in the effects of head injury on different individuals but most injuries result in some degree of impairment in the following functions: memory; cognitive/perceptual communication; speed of thinking, communication; spatial reasoning; conceptualizing; executive functions (goal setting, planning, etc.); psycho-social behaviors; or motor, sensory, or physical abilities. In a learning situation, a person with an ABD may have problems with attention, memory, impulse control, organization, skill integration, generalization, abstract reasoning, and social judgment. However, such individuals fully maintain other capabilities.

B. Interactions

Many techniques that help someone with a learning disability will also benefit those with an Acquired Brain Injury. The following is a list of other considerations that will be helpful in your interactions.

1. Avoid over-stimulation. The person may fatigue quickly or become agitated and confused.
2. Be consistent. A consistent approach can help improve memory, reduce confusion, foster language skills, and promote emotional control.
3. Stay calm. Observing others’ calmness can help to reduce confusion and agitation.
4. Give step-by-step directions. This approach lessens fatigue and confusion; improves memory; and gives the person a sense of success in completing a task.
5. Do not talk down to the person. Talk with the person at a level appropriate to their age and level of understanding.
6. Avoid arguments and stressful situations. Remember that people are particularly sensitive to stress after a brain injury.
7. Allow response time. People with an ABD may take longer to respond to a question or join in a conversation.
8. Remember to praise. When we tell participants how pleased we are with their progress, this promotes further improvement.
9. Try to incorporate frequent repetition of information to be learned and emphasize the use of memory cues such as calendars, daily logs, etc.

Blindness & Vision Impairments

A. Basic Information

It is uncommon for someone to be completely unable to see. A person who is blind or has a visual impairment generally has an ability to see anywhere along a continuum from partially-sighted to blind. In addition, amount of usable sight varies from person to person and visual acuity may change under differing light conditions.

1. Vision is measured in terms of how MUCH can be seen (peripheral field of vision), and how CLEARLY it can be seen (visual acuity).
2. LEGAL BLINDNESS means having between zero and 10% of typical visual acuity in both eyes (20/200 vision or less), and/or 20% or less of typical peripheral vision in both eyes. In other words, this person, while wearing glasses, can see less at 20 feet than a person with normal vision can see at 200 feet. These standards are based on corrected vision in the "best" eye.
3. LOW VISION or PARTIALLY SIGHTED means having visual acuity and/or field of vision that is less than normal, or having a visual limitation in only one eye. Vision that is limited to a narrow angle in the center of the field of vision sometimes is called TUNNEL VISION.

As stated, only a small minority of people are actually totally blind. The term blindness should be reserved for a complete loss of functional sight. A major challenge facing people who are blind is the mass of printed material they encounter on a daily basis. By the time a person who is blind reaches employment age (unless newly blinded), they have probably developed various methods for dealing with volumes of visual materials. Employers are often quite surprised with the degree of independence many people who are blind exhibit.

There are four simple options that make written materials available to people with vision impairments depending upon personal choice and amount of residual sight:

1. Written materials are recorded onto AUDIO-CASSETTES. For short documents, tapes can be easily made by simply reading the materials aloud and using an inexpensive cassette recorder. For larger documents, consult an agency that can translate written text into an audio format (see Chapter 8 for more information).
2. Regular print is converted into LARGE PRINT via enlarged copies or closed-circuit television.
3. Written materials are transcribed into BRAILLE.
4. A VOICE SYNTHESIZER is used with computers, calculators, typewriters, and clocks to read the information aloud.

There are two basic difficulties that a person with low vision is confronted with that the person who is blind does not encounter. First, the person who has low vision is sometimes viewed by employers and co-workers as "faking it." This is because the disability is not visible and most people who have low vision do not use white canes for travel. Also, since most people are able to get around without much difficulty, sighted people have trouble believing

that the person needs to use adaptive methods when reading printed materials. Another difficulty that someone who is partially sighted must deal with is the reaction from others toward their handwritten communications. Often letters must be written large for the person to see their own writing, and frequently the writing is not neat. It is important to be aware of how making judgments affect the employee with the disability and their co-workers.

B. Interactions

Announce your presence and who you are in a normal tone of voice. When you leave a person's presence, say so. Offer assistance in filling out forms and be prepared to read aloud any information that is written, if requested. Many people with vision impairments can fill out forms and sign their names if the appropriate spaces are indicated to them.

It is not necessary to speak more loudly when conversing with someone with a vision impairment. However, you should not stop talking when a blind person is approaching you because they rely on the sound of your voice for orientation. When giving directions, use descriptive words such as straight, forward, left. Be specific and avoid use of vague terms such as "over there." Feel free to use words like "see" or "look" when speaking to a blind person.

If you are walking with a blind person, let them take your arm from behind just above the elbow and walk in a relaxed manner. In this position, the person can usually follow the motion of your body. When you take their arm, the person does not have the advantage of following your movements. Be sure to provide oral cues about stairs and other obstacles in their path. If there are others in a room that you enter, introduce each person by name and indicate where they are in the room relative to where the blind person is located.

Dog guides are working animals. There is a special relationship between the person who is blind and their dog. When working, it can be hazardous for the vision-impaired person if the dog is distracted. **NEVER** pet or touch the dog without obtaining permission.

Deaf and Hard of Hearing

A. Basic Information

Rarely is a person completely deaf, and a hearing loss could fall anywhere along the continuum from totally deaf to slightly hard of hearing. The amount of usable (or residual) hearing varies greatly from person to person. Depending upon the type of loss, the person may or may not benefit from the amplification that a hearing aid provides. Hearing aids only amplify sound, they do not make sound clearer. The severity of a person's hearing loss could be different at various frequencies. Therefore, ability to hear different voices will vary depending on a number of factors, including the pitch of the voice. Also, it is important to note that a person's ability to hear a voice is different than the ability to discriminate between sounds and to understand speech.

The life activity most affected by hearing loss is communication. Colleagues and friends must be versatile in finding an effective communication method. Pen and paper are handy communication devices in some situations. Although you want to avoid gross or exaggerated arm waving, pantomime may be helpful. Be aware that if you point to an object or area during a conversation with a person who is deaf or hard of hearing, that person will most likely turn to look at where you are pointing. Allow their gaze to return to you before continuing with what you are saying. Though not effective for all people who are deaf, knowing some sign language and finger spelling is helpful. Learn some elementary or survival signs from colleagues, coworkers, or managers who are deaf or hard of hearing.

People who are deaf or hard of hearing, like people who are hearing, have different education levels. Knowledge of English grammar, syntax, and spelling varies from individual to individual. A person who uses American Sign Language (ASL) as their primary language for communication may or may not be proficient in using standard English. For the most part, English is an oral/aural language designed to be spoken and heard. Therefore, it is quite challenging to learn and understand English when you cannot hear, especially when it varies so greatly from the structure and syntax of ASL. The person who is not proficient in English is not stupid or illiterate; he or she just uses a different language to communicate.

B. Interactions: Communication Considerations

1. Attention Getters

Getting the attention of someone who is deaf or hard of hearing can vary depending on the person and the situation. If the person has enough residual hearing to pick up a verbal cue, calling their name is quite appropriate. When this does not work and the person is within reach, a light tap on the shoulder or lightly placing your hand on their shoulder works well. A heavy touch and rapid tapping is used to indicate urgency, such as during an emergency. For people out of arms reach, you can ask someone closer to the person to tap them on the shoulder, or you can wave your hand and arm in the air. Sometimes hitting your foot on the floor repeatedly or pound lightly on a table are used. The latter works especially well when the person who is hearing impaired is leaning on the table. For getting the attention of large groups, simply flash the lights in the room on and off several times at a slow and steady pace. This works well in mixed groups of deaf and hearing people. Again, rapidly flashing the lights indicates an emergency.

2. Speech Reading

Not all deaf or hard of hearing people are good speech readers and speech reading skill has no correlation to a person's intelligence. Even good speech readers may miss many words. Keep in mind that only 25-30% of spoken English can be seen on the lips. Not all deaf people use sign language or choose to use sign language interpreters. Some prefer to communicate through speech reading and some prefer sign language. When a person is reading your lips, enunciate clearly, but do not yell or over enunciate your words, as you will distort your lip movements and also look very foolish. Remove objects from your mouth such as cigarettes, pipes, gum, chewing tobacco, or food. Keep your hands or any other objects from covering your mouth. A beard or mustache may interfere with a speech reader's ability to see your lips. Try to sit with a light source (such as a window) in front of you, not behind you. Keep your face out of the shadows and illuminate your face as much as possible.

3. Speech

Many deaf and hard of hearing people have speech that is easily understood while others may be initially hard to understand. If a person is speaking for themselves and you do not understand their speech, it is appropriate for you to ask them to repeat or even to write down what is being said. Ask in a respectful manner, not in a condescending manner. Deaf people, like hearing people, vary to some degree in their communication skills.

4. Sign Language

For many people who use sign language, American Sign Language (ASL) is the first language that they acquire and use. ASL is a recognized language with a unique syntax, grammar, and structure. It is not a form of English. Other people who use sign language that is not ASL use one of the manual codes for English that combines some of the vocabulary of ASL signs with some of the grammar and syntax of English. American Sign Language is spoken only in the United States and parts of Canada. Sign languages are regional, not international.

C. Sign Language Interpreters

The need for an interpreter depends on the situation and the people involved. Interpreters can be described as a communication link. A telephone, for example, is a communication link; it does not add information or alter the content of the message.

Many deaf people have the ability to speak orally. Deafness does not, in itself, affect intelligence. Some people prefer to voice for themselves, even with a sign language interpreter present. In addition, in conversation it is not necessary to avoid using the words or phrases like "hear" or "sounds good" with a deaf person.

1. The Function of an Interpreter is to:

- Allow more direct communication.
- Improve communication accuracy and avoid misunderstandings.
- Decrease frustration.
- Raise the comfort level of those interacting.
- Facilitate more complete communication, so that both individuals feel free to ask questions and offer more in-depth explanations.
- Save time.

- Make clear any non-verbal communication.

2. How to Work with a Sign Language Interpreter

The interpreter makes communication possible between persons separated by different language modes. Listed below are some tips on how to work with an interpreter.

- First remember the interpreter's role is to facilitate communication, not to participate in the conversation themselves.
- Allow the interpreter to position themselves near you; this will allow the deaf person to watch the interpreter and your expressions as needed.
- Address the deaf person directly, avoid phrases such as, "ask her this...", or "tell him to . . ." Talk through, not to, the interpreter.
- The interpreter is bound by a Code of Ethics that requires him/her to interpret everything communicated, whether it be signed or spoken. This includes any phone calls or comments you make in the deaf person's presence. It is inappropriate for you to request the interpreter to keep anything from the deaf person.
- In situations of a serious nature, the use of a deaf person's close friend or family member as an interpreter is inappropriate—secure the services of a certified interpreter.

3. To Request a Sign Language Interpreter

To find an agency in your area that provides sign language interpreters, contact your local state unemployment office, your local office of the state department of rehabilitation, community based organizations that serve people with disabilities, or the national Registry of Interpreters for the Deaf, Inc. at 301-608-0050 Voice/TTY. Additional information on securing an interpreter can be found in Chapter 8.

To request an interpreter, most agencies require at least three to five days' notice. Have the following information ready:

- Date and time of interview or meeting.
- Name of interviewer (or contact person) and company.
- Address of company, including room number, zip code, and nearest cross streets.
- Telephone number, including extension and area code.
- State what the event is (meeting, job interview, etc.) and request any special circumstances, ASL interpreter, signed English, oral, etc.

E. Phone Calls

Relay services establish communication between hearing people who use voice phones and hearing or speech-impaired people who use Telecommunication Devices for Deaf (TDD). The Americans with Disabilities Act mandates that every state establish such a service for both in-state and out-of-state calls.

If you wish to contact a deaf person using your local relay service, call the voice number and give the operator the deaf person's TTY number. If you are deaf and trying to contact a voice number with your TTY, call the TTY number and give the operator the voice number.

The relay operator will be using both the telephone and the TTY while relaying communications between the deaf person and the hearing person. The hearing person needs to speak at a slightly slower-than-normal pace in order for the operator to be able to keep up. The hearing person also will need to say "GA" or "Go Ahead" to inform the operator to let the deaf person know it is their turn to speak. There may be periods of silence while the operator waits for the TTY user to finish a complete thought before the operator speaks it into the phone. It is important to be patient and to recognize that typing takes longer than talking. If you are unaccustomed to using a telephone relay service, the relay operator will be most happy to assist you in using this service.

Learning Disabilities

A. Basic Information

A learning disability (LD) is a “hidden” disability. Unlike the person who uses sign language or walks with crutches, the person with a learning disability shows no visible characteristics of a disability. Because it is a hidden disability, the person may have experienced being accused of "faking it" or "being lazy."

Most people with learning disabilities have average to above average intelligence. A learning disability is an information processing, storage, or retrieval problem, not an intelligence problem. Any stage of the biochemical process of learning can contain a defect while the other stages, as well as the ability to think and reason, remain unaffected.

Learning disabilities are actually quite common. The accomplishments of notable individuals with learning disabilities such as Albert Einstein, Bruce Jenner, and Leonard da Vinci serve as examples of the tremendous potential that can be realized by individuals with this type of disability. With the aid of technology, there is an expanding variety of jobs that can be held by individuals who experience problems with visual, auditory, or kinetic learning pathways. People with learning disabilities, given the opportunity, can be successful in every area of employment.

Learning disabilities are so individualized that any generalization about specific signs or symptoms are of limited value. Each person will be better able to describe how s/he functions in relation to their learning disability.

What are Learning Disabilities?

A learning disability is a disorder that selectively interferes with development, interpretation and/or demonstration of language or non-language ability.

The condition includes specific deficits in one or more of the following areas:

- Oral comprehension
- Nonverbal reasoning
- Expressive language
- Coordination
- Academic skills
- Integration of information
- Sustaining attention
- Visual/Spatial perception
- Organizing
- Social judgment
- Examples of learning disability issues:
 - Difficulty with reading
 - Difficulty with mathematics
 - Problems working with hands
 - Difficulty in receiving and processing information accurately from the sense of hearing or sight
 - Deficits in social skills
 - Problems with directionality

It is important to remember that, like all people, individuals with Learning Disabilities are each different and may exhibit one or a combination of disorders. People with Learning Disabilities are found throughout the work force in jobs ranging from entry-level positions to chief executive officers.

B. Adjustments for People with Learning Disabilities

Each person with learning disability is unique. Many are capable of performing a specific job well without requiring any additional assistance or modifications. Many have learned to compensate for their disabilities and seek employment utilizing their areas of strength. Others will need accommodations. It is important that potential employees with Learning Disabilities know all the required components of a job, allowing them to develop strategies and accommodations that can enhance their job performance.

Issues and Accommodations

Reading problems:

- Use verbal instructions.
- Have co-workers explain important office communications.
- Allow the use of telephone calls instead of writing letters.
- Allow extra time for reading.

Writing problems:

- Allow dictation.
- Assign someone to proofread written materials.
- Provide for the use of a computer with spelling and grammar checkers if needed.
- Listening problems:
 - Provide quiet surroundings.
 - Furnish written instructions and demonstrate tasks.
 - Speak clearly in short, simple sentences.
 - Encourage note taking.

Social skills:

- Be direct. Say what you mean.
- Avoid sarcasm.
- Don't expect hints to convey a message.
- Help the person learn the "hidden rules" and the politics of the workplace.

C. Training

Some people with learning disabilities have difficulty in learning new tasks. They may require additional training time. Some may need to use all of their senses to learn tasks. The trainer should demonstrate, provide verbal and written instructions, and allow adequate time for supervised practice. As with others, watch that tasks are done properly, allow time for questions, and assure the person that they can ask further questions if they have a problem. Once the job is learned, the employee will be effective.

Physical Disabilities

A. Basic Information

Physical impairment refers to a broad range of disabilities that include orthopedic, neuromuscular, cardiovascular, and pulmonary disorders. People with these disabilities often use assistive devices such as wheelchairs, crutches, canes, and artificial limbs to obtain mobility. The physical disability may either be congenital or the result of an injury. Some conditions associated with physical disability include muscular dystrophy, multiple sclerosis, cerebral palsy, amputation, heart disease, and pulmonary disease. Some persons may have hidden (non-visible) disabilities including respiratory disorders, epilepsy, and other conditions.

B. Considerations

Although the cause of the disability may vary, persons with physical disabilities may face the following issues:

Access Issues:

- Inability to gain access to building or room.
- Decreased hand-eye coordination.
- Impaired verbal communication.
- Decreased physical stamina and endurance.

Considerations:

- If a person uses a wheelchair, conversations at different eye levels are difficult. If a conversation continues for more than a few minutes and if it is possible to do so, sit down, kneel, or squat and match eye level.
- A wheelchair is part of the person's body space. Do not automatically hang or lean on the chair; it is similar to hanging or leaning on the person. It may be fine if you are friends but inappropriate otherwise.
- Using words like "walking" or "running" are appropriate. Sensitivity to these words is not necessary. People who use wheelchairs use the same words.
- When it appears that a person needs assistance, ask if you can help. Most people will ask for assistance if they need it. Accept a "No thank you." graciously.
- Accept the fact that a disability exists. Not acknowledging this fact is the same as not acknowledging the person.
- People with physical disabilities are not "confined" to wheelchairs. They often transfer over to automobiles and to furniture. Some who use wheelchairs can walk with the aid of canes, braces, crutches, or walkers. Using a wheelchair some of the time does not mean an individual is "faking" a disability. It may be a means to conserve energy or move about more quickly.
- If a person's speech is difficult to understand, do not hesitate to ask them to repeat.
- Provide assistance if you are asked. Never come up behind a person who uses a wheelchair and push them. Always ask first while facing the person. Never take the door out of a person's hand to assist them in opening it, they may be using the door for balance. Always ask if you can help first.

Psychological Disabilities

A. Basic Information

What is Serious Mental Illness?

Just what is serious mental illness? Schizophrenia and mood disorders (such as bipolar and clinical depression) are the two most prevalent forms of serious psychological disabilities. People with serious psychological disabilities have structural and biochemical characteristics in their brains that are different from those of people who are not mentally ill. Psychological disabilities are usually, although not always, a chronic disease. It is important for those around this person to realize that this type of disability is biological and not a matter of choice. While no cure has yet been found, the symptoms can often be controlled with medication and other treatment methods. Psychological disabilities are moderated through medications much like diabetes. People with mental illness have skills, experiences, and abilities not affected by their condition.

Myth: People who are mentally ill should just pull themselves together and think positively.

Fact: Serious mental illnesses are brain disorders over which people have little or no control. New research shows that both the structure and the functioning of the brain in those with a mental illness are different than in individuals who do not have any such condition.

Myth: A person with schizophrenia has multiple personalities.

Fact: Schizophrenia is a disorder of the brain that changes the way people think. "Split" or multiple personality disorder is a different and very rare form of mental illness.

Myth: Mental illness is caused by family stress or other life traumas.

Fact: Serious mental illness is not the product of "bad parenting" or other causes, although stress may have an influence on when it appears.

Myth: Mentally ill people are dangerous and violent.

Fact: Mentally ill people are no more violent than the general population. The disease exaggerates and distorts the personality. It does not change peaceful people into violent ones.

B. Co-Workers' Attitudes

Many individuals with psychological disabilities have to deal with painful, negative, fearful, and exclusive attitudes of co-workers and supervisors as well as resentment of any reasonable accommodations provided. To exacerbate the matter, most people are unwilling to discuss these attitudes openly. Strategies can be used to address these problems, including sensitivity training for co-workers, and structured, open discussions for all employees to express concerns or questions.

Mental illness can be treated successfully. People who have a history of mental illness have skills, experiences, and abilities that are not affected by their condition.

C. Flexibility

Because of the recurrent nature of psychological disabilities, flexibility is an essential accommodation for individuals with such disabilities. Specific strategies include:

- Allowing time away from the job for medical appointments and/or mental health care.
- Permitting self-paced workload, job sharing, and flexible hours.
- Allowing people to work at home.
- Arranging for lateral moves to enable individuals to find new jobs without having to change their place of employment.
- Keeping a job open and/or providing backup coverage during a period of extended leave.

D. Supervision

Helpful supervisory accommodations include:

- Assign individuals to supportive, understanding supervisors.
- A frank initial interview with the supervisor and employee to discuss the disability as it relates to job performance.
- An in-depth clear explanation by the supervisor of the job duties, responsibilities, and expectations.
- Identification of potential problem areas and strategies to address them.
- Being able to openly discuss issues encountered on the job without these appearing at a later date in their personnel file or performance evaluation.
- Time set aside to discuss interpersonal skills, work needs, and career goals.

E. Effects of Medication

Medications and their effects vary from person to person. Sometimes an individual will remain on the same medication regimen for their entire life. Others build tolerances to medications that necessitate a new medication. Changes in behavior may be noticed when a change in medication has occurred. Dosage is often prescribed through some trial and error until the proper window, or amount, is found. The following is a list of symptoms that one may experience when using medications to regulate their psychological disability.

- drowsiness
- restlessness
- nausea
- nervousness
- fatigue
- dry mouth
- unsteady gait
- headache
- blurred vision
- photosensitivity
- insomnia
- weakness
- involuntary muscle movements (tremors)
- slurred speech

Speech Disabilities

A. Basic Information

Speech disabilities vary in type and degree. Some may include difficulty with voice strength, fluency, aphasia that may alter the articulation of certain words, or voicelessness. Occurrence of speech impairments may be congenital, or due to an injury or illness.

B. Interaction Considerations

The key to interacting with a person with a speech-related disability is patience. It is in no one's best interest to pretend you understand someone if you do not. Repeat what you understand and allow the individual the time to "fill in the blanks." The following is a list of other considerations to keep in mind when interacting:

- Encourage self-expression, but do not pressure the person to speak.
- Be patient and allow the person to complete what they are saying without interruption. Wait—do not assist unless you are asked.
- Ask if writing may be easier than speaking.
- Allow the use of assistive devices such as "speaking machines" or computerized synthesizers.
- Anxiety can aggravate a speech disability.
- Do not insist that someone with a speech-related disability talk in a group.
- Allow one-on-one communication if necessary.
- Communication boards, symbols, and cards for commonly used words greatly aid persons who have difficulty with speech.
- Consider exchange of non-essential job duties, i.e. trade answering the telephone with other needed tasks.

Systemic Disabilities

A. Basic Information

Systemic disabilities include health problems such as cancer, epilepsy, asthma, diabetes, multiple sclerosis, AIDS, etc. These and other conditions may require medications that affect the individual. This should be discussed and considered on an individual basis. Remember that many of these types of disabilities are "hidden." Be approachable and understanding when someone needs an accommodation.

B. Considerations

- Flexible scheduling should be considered. Someone who tires easily may need to take several short breaks instead of one long one. Instead of four 8 hour days, perhaps five 5-hour days would work out.
- If possible, arrange to have an employee take computer work home if they have compatible equipment.
- If walking long distances is a problem, special parking arrangements may be appropriate. If climbing stairs is a problem, trading job duties may work best.
- Stress and anxiety can aggravate systemic conditions. Break up large projects into smaller ones. When projects with narrow timelines occur, establish a "team" to accomplish it.
- Discuss any emergency medical concerns or procedures in case someone needs assistance. Provide training on medical procedures for co-workers to follow should an employee have an insulin reaction or a seizure.
- Provide a personal emergency call system for isolated work stations.
- Avoid the need for standing while performing routine tasks, i.e. using a telephone.

Chapter 7

Federal Benefits and National Service

Some of the most frequently asked questions about National Service and people with disabilities center around the effect of National Service stipends and benefits on Social Security benefits. It is important that potential and current National Service participants understand how their income arising from their service will affect their benefits, as well as what Social Security programs are available to help them off-set any potential impact.

There is no question that navigating the Social Security system can be confusing. National Service program officials are not expected to become experts on disability benefits. The following information will help you better understand the system and provide resources for additional assistance.

- Guidelines on Federal Benefits and National Service
- Michigan Coalition of Benefits Planning, Assistance, and Outreach Projects

Guidelines on Federal Benefits and National Service

The following information was acquired from the National Service Inclusion Project web site at www.serviceandinclusion.org.

General Recommendations

Let all applicants know that that participation in National Service may have an impact on federal assistance and that Work Incentives programs exist to mitigate the impact. This way the information reaches all potential participants with disabilities, whether or not they self-disclose.

Encourage an informed decision. Each individual with a disability will be impacted differently, so it is important to get information based on each individual's particular situation.

National Service Benefits and Eligibility for Other Government Assistance

Will National Service benefits affect my eligibility for government assistance programs?

If you are serving in...	Treatment of benefits rule
AmeriCorps*VISTA and National Senior Service Corps	In general, your eligibility for government assistance will not be affected.
Any other type of AmeriCorps program (e.g., AmeriCorps State, National, Education Award, or Promise Fellows) or Learn and Serve America program	Your eligibility for assistance from programs funded under the Social Security Act; for federal student financial aid; or for benefits provided by state or local governments may be affected. Your eligibility for federal or federally-assisted benefits based on need (other than benefits funded under the Social Security Act, for federal student financial aid) may not be affected.

Social Security Resources

Contact the Social Security Administration at:

- www.ssa.gov
- 800-772-1213 (voice)
- 800-325-0778 (TTY)

Employment Support Representatives

The Social Security Administration (SSA) has established a new position called the Employment Support Representative (ESR) to serve Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) recipients. ESR's receive intensive training in Social Security work incentives and other SSA programs that can help beneficiaries make their transition to careers.

For a list of the 48 locations that the ESR's serve and including phone numbers, visit ESR Contact Information on the web at: www.ssa.gov/work/esr.html.

The Benefits Planning, Assistance and Outreach (BPA&O) Project

Benefits Specialists

Under a new program initiative, SSA's Benefits Planning, Assistance, and Outreach Program, nonprofits all over the country are contracted to:

- Provide Work Incentives planning and assistance to SSA beneficiaries with disabilities.
- Conduct outreach efforts to those beneficiaries (and their families) who are potentially eligible to participate in federal or state Work Incentives programs.
- Work in cooperation with federal, state, and private agencies and nonprofit organizations that serve beneficiaries with disabilities.

A list of the projects in each state is available at:

www.ssa.gov/work/ServiceProviders/BPAODirectory.html

Frequently Asked Questions about National Service and Disability Benefits

Do the same rules about disability benefits apply to every AmeriCorps member?

The rule for AmeriCorps*VISTA members differs from the rule for all other types of AmeriCorps members. Receiving member benefits will generally not affect an AmeriCorps*VISTA member's eligibility for any government-provided benefits. For all other types of AmeriCorps members (e.g., AmeriCorps State, National, Education Award, and Promise Fellows), receiving AmeriCorps benefits may affect the member's Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and other benefits under the Social Security Act. The guidance below applies to any AmeriCorps member other than an AmeriCorps*VISTA member.

Is there a chance that my participation in AmeriCorps will endanger my disability benefits?

Yes. We are aware of several instances in which the AmeriCorps living allowance resulted in a determination by the Social Security Administration that the individual was engaged in Substantial Gainful Activity and therefore no longer disabled under SSA guidelines. You can decrease this risk by taking advantage of Work Incentives and income exclusions available for SSI and SSDI recipients.

Will my SSI benefits be affected by participating in AmeriCorps?

Because SSI is a need-based program and the SSA considers the AmeriCorps living allowance to be earned income, participation in AmeriCorps is likely to result in a decrease in your monthly SSI benefits. But you can lessen the reduction (and substantially increase your total income) by taking advantage of SSA's Work Incentive options. In addition to the basic Work Incentives available to all SSI beneficiaries, SSA recently extended the Student Child Earned Income Exclusion to AmeriCorps members under the age of 22 who are neither married nor the head of a household; and decided to exclude from countable income the AmeriCorps education award to the extent it is used for paying tuition, fees, and other necessary educational expenses not including room and board or repaying student loans. To learn more about these SSI policy changes, go to: www.ssa.gov/odhome and view SSA Disability Notes No. 28.

If I enroll in AmeriCorps, can I keep receiving my SSDI benefits?

Because SSDI is an insurance program, you will not lose SSDI benefits on the basis of earned income. However, it's possible that your participation in AmeriCorps could result in the Social Security Administration reviewing its determination that you are disabled. Here again, you may be able to take advantage of SSA's Work Incentive options to keep your SSDI eligibility intact while participating in AmeriCorps.

What are Social Security Work Incentives, and how can I find out more about them?

Work Incentives are special rules that allow persons with disabilities receiving SSDI or SSI to earn income and still receive monthly payments and Medicare or Medicaid. To find out more, talk with your Social Security representative or contact the SSA toll-free hotline at 800-772-1213. Also, SSA has the following resources online:

A Desktop Guide to Social Security Work Incentives: <http://purl.access.gpo.gov/GPO/LPS10137>
(The “Desktop Guide” reference sheet is included at the end of this chapter.)

The Redbook on Work Incentives at: www.ssa.gov/work/ResourcesToolkit/redbook.html.

If I enroll in AmeriCorps, will I keep my Medicaid eligibility?

In all likelihood, yes. However, this is a case-by-base determination so you should verify this with your Medicaid agency.

What is the relationship between AmeriCorps health insurance and Medicaid?

If you are eligible for health insurance through AmeriCorps, you should be sure to enroll in the AmeriCorps policy. As a payer of last resort, Medicaid "wraps around" your AmeriCorps coverage, and it may not pay costs covered by the AmeriCorps policy. For more information, send an email with your question(s) to whudson@cns.gov.

I'm an AmeriCorps State member. For which government assistance programs might my eligibility be affected?

Your eligibility or amount of assistance may be affected in state or local public assistance programs and the following federally-funded programs:

- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income for the Aged, Blind, and Disabled (SSI)
- Social Security Old Age, Survivors, and Disability Insurance (OASDI)
- Medicaid and Medicare
- State Children’s Health Insurance Program (CHIP)
- Title 20 Social Services Block Grant
- Unemployment Insurance (UI)
- Need-based Federal Student Financial Aid

I'm an AmeriCorps State member. For which programs will my eligibility not be affected by my receiving member benefits?

Your eligibility or amount of assistance should not be affected for the following programs:

- Food stamps
- Women, Infants, and Children (WIC)
- HUD-subsidized housing
- Veterans' benefits

Any other need-based federal or federally-assisted program (except a program supported under the Social Security Act or federal student financial aid).

How can I be sure about my specific situation?

You should contact the agency that administers your government benefits program. These agencies can be found in the blue pages of your phone book or on the web at www.firstgov.gov

Michigan Coalition of Benefits Planning, Assistance, And Outreach Projects

The **Benefits Planning, Assistance and Outreach (BPA&O) Project** is a federally-funded initiative to educate and assist individuals with disabilities, and those who support them, to understand the benefits and risks of going back to work, and/or increasing their work income. The goal of the Project is to assist individuals to have a better quality of life and contribute to their communities as working citizens. There is no cost to consumers for this service.

You can access information about Michigan's BPA&O Projects on the web at: www.ssabenefitsplanning-mi.org/index.html

How can the Project help National Service applicants and participants with disabilities?

This Project is for people with disabilities who receive either Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) or both. By understanding the Work Incentives programs of Social Security, a person with a disability may be able to go back to work and protect their benefits. If they are already working, they may be able to earn more money and keep benefits. There is also a possibility that they may no longer need to rely on Social Security to live.

How does the Project work?

A trained and certified Benefits Counselor will sit down with a person who receive SSI or SSDI and gather information that can help them know what their options are for working. The Counselor will help them to understand any risk involved and let the person decide what they want to do. The Counselor will ask about their work history, disability, and other related information.

Can a person work and still keep their Medicaid and Medicare benefits?

Social Security has started "Work Incentives" that let an SSI/SSDI recipient keep Medicaid and Medicare benefits while they work. The Benefits Counselor will explain how this can be done.

Frequently asked questions:

1. Who will this Project serve?

People with disabilities who are collecting SSI or SSDI and want to return to work or earn more at the jobs they already have.

2. How will this be done?

Benefits Counselors will meet with recipients and learn as much as they can about their situations. They will ask questions about disability, work history, and day-to-day life. They will ask about the recipients' goals and desires, fears and concerns. They may need to meet with the recipient several times to do this.

3. How will people be referred?

People do not need a referral to use this service. It is expected that referrals will be received from Michigan Rehabilitation Services counselors, Work First counselors, Community Mental Health staff, Centers for Independent living, local Arc's, Social Security staff, and individuals with disabilities. Formal referrals are not needed to be served by this Project.

4. Will you help people who have disabilities find a job too?

No. That is the job of vocational agencies. The role of the Project is to assist individuals and their circles of support to understand the effect work has on their benefits, so that they make informed choices about work.

5. Will you help people apply for Social Security too?

No, we will refer them to local advocacy agencies for this. The Project is to help people who are already receiving SSI or SSDI and have disabilities return to work if they so choose.

6. What if people decide not to work and jeopardize their benefits?

That is a personal decision that each person must make. We will demonstrate for the individual, the benefits and consequences of work for each person's specific situation. There is no penalty from the Social Security Administration for deciding not to use work incentives.

7. Don't Michigan Rehabilitation Services counselors do this already?

Many counselors do much of this. However, they are busy with other parts of vocational planning and support. They may not have time to keep up with the changing laws and many rules of Social Security and how they affect people who want to return to work. We hope to work with Michigan Rehabilitation Services Counselors as a team.

8. Where will you meet with people?

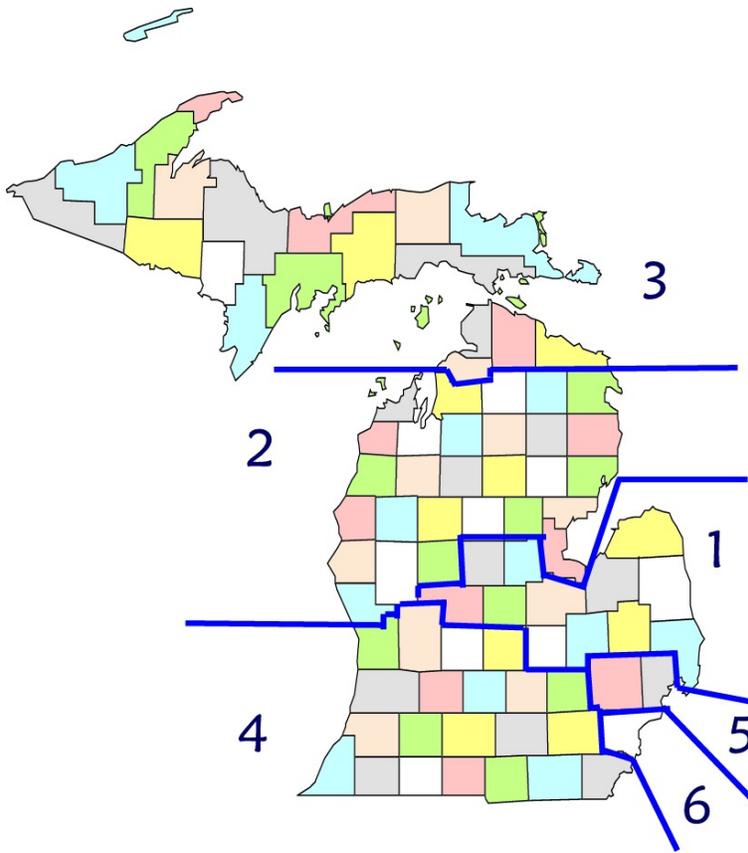
We can meet with people in their communities at local Michigan Works offices, Michigan Rehabilitation Services offices, schools, or other places of their choosing.

9. What is the cost for this?

There is no charge for this service.

10. What will you do with the information you get about the people you see?

Social Security is requesting some basic information. We will release this with the written permission of the people we counsel.



The state has been divided geographically into service areas. Contact the Benefits Counselor at the location in which the National Service participant resides.

1. UCP Michigan

800-828-2714

3401 E Saginaw Ste 216

Lansing MI 48912

Counties served: Genesee, Gratiot, Huron, Isabella, Lapeer, Midland, Montcalm, St. Clair, Saginaw, Sanilac, Shiawassee, and Tuscola.

2. UCP Michigan

800-211-1356

1209 S Garfield Ave Ste E

Traverse City MI 49686

Counties served: Alcona, Alpena, Antrim, Arenac, Bay, Benzi, Clare, Crawford, Gladwin, Grand Traverse, Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Muskegon, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Roscommon, and Wexford.

3. UCP Michigan

1-888-873-8812

129 W Baraga Ste F

Marquette MI 48855

Counties served: Alger, Baraga, Charlevoix, Cheboygan, Chippewa, Delta, Dickinson, Emmet, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinaw, Marquette, Menominee, Ontonagon, Presque Isle, and Schoolcraft.

4. The Arc Michigan 1-800-292-7851

1325 S Washington Ave.

Lansing MI 48910

Counties served: Allegan, Barry, Berrien, Branch, Cass, Calhoun, Clinton, Eaton, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Livingston, Monroe, Ottawa, St. Joseph, VanBuren, and Washtenaw.

5. UCP Detroit

1-800-827-4843

23077 Greenfield Ste 205

Southfield MI 48075

Counties served: Oakland and Macomb.

6. Goodwill Industries

1-888-232-4140

311 Grand River Ave

Detroit MI 48208-2962

County served: Wayne

Chapter 8

Connecting with the Disability Community: Local, State, and National Organizations and Agencies

There are literally thousands of local, state, and national disability-related organizations and agencies that can provide you with training, information, referrals, and resources. The information in this chapter will give you information to locate the organization you need. You may want to add a local agency to your mailing list, contact a state organization to provide training at your next service provider/staff meeting, or connect with a national association for more information about a particular disability. The resources listed in this chapter can assist you with your outreach and inclusion effort.

- Introduction
- Michigan Disability Resource Directory
- Michigan Resources—Quick Reference
- *Governmental and Community Resources* – Michigan Civil Rights Commission and Department
- Centers for Independent Living
- The Job Accommodation Network
- National Service Inclusion Project
- Resources for Creating Inclusive Service-Learning Programs
- Michigan’s Assistive Technology Resource
- National Disability Agencies and Organizations
 - Index
 - Listings

Michigan Disability Resource Directory

Whether you are searching for information on a specific disability, looking for a training provider on disability issues, or want to diversify your recruitment contact list, the Michigan Disability Resource Directory is your primary resource for information on disability-related agencies and organizations throughout the state of Michigan.

The **Family Independence Agency** (FIA) has created an extensive, searchable database of hundreds of Michigan agencies and organizations providing support and services to people with disabilities throughout the state.

To access the database:

- Go to the FIA homepage at www.michigan.gov/fia
 - Scroll down to **Online Services**
 - Click on **Michigan Disability Resource Directory**
- OR
- Type in this direct link to the directory: <http://208.32.167.178/>

Ways to Search:

Using this online directory, you can search by:

- Disability (Down Syndrome, Stroke, etc.)
- Service (Education/Training, Transportation, etc.)
- Agency Name (if you know the name of the agency)
- Using a map of Michigan (first by region, then by county)
- Geographic search (county, city, township, village, or zip code)

The following pages are taken from the online directory and will provide you with an idea of the range of information available and the different ways you can search for the contacts you are seeking.

Michigan Disability Resource Directory

SEARCH BY DISABILITY



You can search by type of disability (Cancer, Head Injury, etc.) [search now...](#)

Search by Disability

To search based on disability; please select a disability from the list below.

- [All](#)
- [ADD/ADHD](#)
- [AIDS/HIV](#)
- [Alcohol/Drug Abuse/Chemical Dependence](#)
- [Alzheimer's Disease](#)
- [Anxiety](#)
- [Arthritis](#)
- [Asthma](#)
- [Autism](#)
- [Blind & Visually Impaired](#)
- [Blood Disorders](#)
- [Brain Injury](#)
- [Cancer](#)
- [Cerebral Palsy](#)
- [Chronic Fatigue Syndrome](#)
- [Chronic Illness](#)
- [Cirrhosis](#)
- [Congenital Disability](#)
- [Cystic Fibrosis](#)
- [Deaf & Hard of Hearing](#)
- [Deaf/Blind](#)
- [Depression](#)
- [Developmental Disabilities](#)
- [Diabetes](#)
- [Down Syndrome](#)
- [Dwarfism/Little People](#)
- [Emotional](#)
- [Fibromyalgia](#)
- [Head Injury](#)
- [Kidney](#)
- [Language/Speech](#)
- [Learning Disabilities](#)
- [Leukemia](#)
- [Mental](#)
- [Mental Retardation](#)
- [Mobility Impaired](#)
- [Multi-handicapped](#)
- [Multiple Sclerosis](#)
- [Muscular Dystrophy](#)
- [Opid Substance](#)
- [Paralysis](#)
- [Seizure Disorders](#)
- [Spina Bifida](#)
- [Stroke](#)

SEARCH BY SERVICE



You can search by type of service (Assistive Technology, Rehabilitation Services, etc.) [search now...](#)

- [Adoption/Foster Care](#)
- [Adult/Family Services](#)
- [Advocacy](#)
- [Assistive Technology \(Hearing Aids, Devices\)](#)
- [Audiology](#)
- [Captioning Services](#)
- [CART \(Communication Access Real-Time\)](#)
- [Civil Rights](#)
- [Colleges/Universities](#)
- [Community Health \(Public Health, Mental Health\)](#)
- [Counseling](#)
- [Deaf/Blind Services](#)
- [Deaf/Hard of Hearing Services](#)
- [Disability Rights](#)
- [Education/Training](#)
- [Employment](#)
- [Equipment Repair Services](#)
- [Financial/Income](#)
- [Hospitals/Medical/Healthcare Centers](#)
- [Housing/Residential/Barrier Free](#)
- [Independent Living](#)
- [Information/Referral](#)
- [Interpreter Referral Agency](#)
- [Medicare/Medicaid](#)
- [Mobility Equipment](#)
- [Nationwide Services](#)
- [Personal Assistant Services](#)
- [Recreation/Special Olympics](#)
- [Rehabilitation Services/Rehab](#)
- [Respite Care](#)
- [Schools](#)
- [Senior Citizens](#)
- [Service Animal \(Dogs/Guide, Leader, Hearing\)](#)
- [Sign Language Classes](#)
- [Substance Abuse Services](#)
- [Supplemental Security Income](#)
- [Support Group](#)
- [Telecommunications/Communication Aids](#)
- [Therapy](#)
- [Transition Services](#)
- [Transportation](#)
- [Youth/Children](#)

SEARCH BY AGENCY NAME



If you know the name of the agency, you can search using that... [search now...](#)

Search by Agency Name

To search based on agency name, please type the agency name (or part of it) in the space provided. You may also narrow your search by entering geographic information.

Agency Name:	<input type="text"/>
County:	Not Selected 
City/Township/Village:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone Area Code:	(<input type="text"/>) XXX - XXXX
Area Code and Prefix:	(<input type="text"/>) <input type="text"/> - XXXX

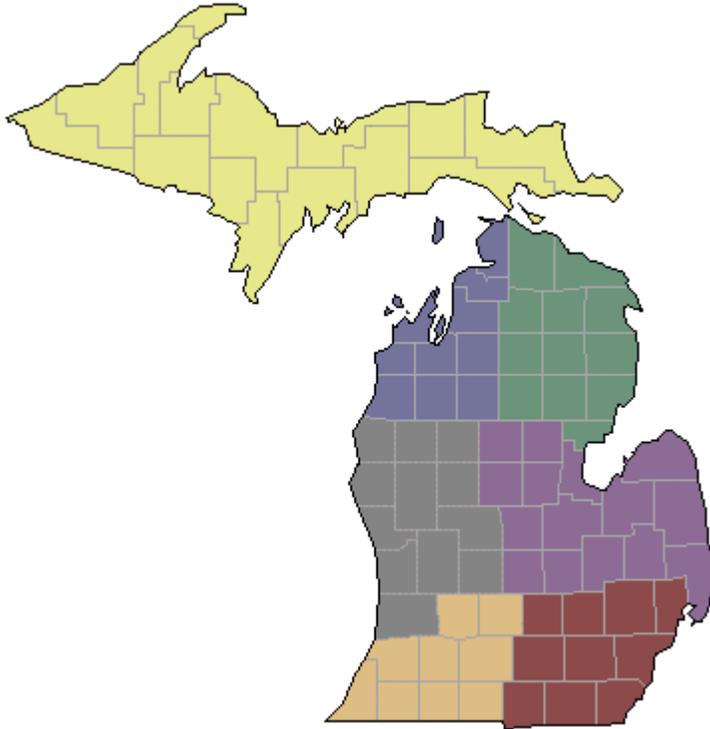
SEARCH USING A MAP OF MICHIGAN



Would you rather use a map to track down a local service provider? Look no further... [search now...](#)

Search Using a Map of Michigan

To help narrow your search, please select an area from the map of Michigan below.



GEOGRAPHIC SEARCH FOR SERVICES



Search for agencies by geography. (County, city, township, village or zip code) [search now...](#)

Geographic Search for Services

Here you can search for services according to geographic criteria you specify. The search result lists alphabetically all of the services offered in the county that corresponds with your search criteria.

For best results, only fill in one box.

Select a county to start your search for services

County

Not Selected

- OR -

you can enter the city/township/village or zip code in the form below and then choose either to limit your search by that criteria or by the county it is associated with

City/Township/Village:

Zip Code:

GO!

Michigan Resources—Quick-Reference

Materials in Alternate Formats

Michigan Disability Rights Coalition

740 West Lake Lansing Rd Ste 400
East Lansing MI 48823
Phone: 517-333-2477

MDRC is a statewide network of individuals and organizations that advances the issues of Michigan's disability community through grassroots activism, public education and advocacy.

MDRC also provides **alternate format services** such as Braille and tape recordings.

Sign Language Interpreters

Michigan Association for Deaf, Hearing, and Speech Services

2929 Covington Court, Ste 200
Lansing MI 48912-4939
Phone: 800-YOUR-EAR
517-487-0066 (voice)
517-487-0202 (TTY)
Website: <http://www.madhs.org/>

Statewide Service for the Hearing Impaired (SSHI)

1631 Miller Rd
Flint MI 48503
Phone: 810-239-3112

Training Provider

Michigan Commission on Disability Concerns

PO Box 30659
Lansing MI 48909
Phone: 517-334-8000 (voice/TTY)
Email: mcdc@michigan.gov

Website: Go to <http://www.michigan.gov/fia>, select “Commissions and Boards” on the left side of the home page, then select “Michigan Commission on Disability Concerns.”

The Michigan Commission on Disability Concerns responds to and advocates on behalf of Michigan's 1.9 million people with disabilities. This is done through information and technical assistance, disability rights training, working with the Michigan Business Leaders Network on employment for people with disabilities, coordinating the Michigan Youth Leadership Forum and conducting disability awareness and sensitivity training. MCDC also includes the **Division on Deafness**, which deals with issues involving Michigan citizens who are deaf or hard of hearing.

Centers for Independent Living

Independent Living is the principle that individuals with any disability, to the fullest extent possible, shall work, live in their own homes, raise families, and participate in the everyday activities of life.

Centers for Independent Living (CIL's) are typically non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities.

Michigan's CIL's are an excellent first-contact for information regarding disability issues and for outreach and recruitment activities.

Services

Information and Referral Services

- Employment services and information
- Spectran paratransit rider certification
- Emergency services and support information
- Housing information - subsidized and barrier-free
- Obtaining adaptive equipment and assistive technology
- Social Security and other supportive funding information
- Recreation and volunteer opportunities

Community Awareness and Advocacy

- Working with employers to provide job accommodations
- Accessible housing development
- Public speaking to groups, schools, employees, churches, etc.
- Legislation - speaking before Michigan legislature and national advocacy
- Americans With Disabilities Act - teaching seminars and one-on-one training assistance

Individual Skills Development

- Job readiness skill-building
- Rehabilitation nursing assessments and follow-up services
- Independent living assessments and skills training
- One-on-one training for individuals with specific needs
- School-to-work transition services for students with disabilities

Peer Support

- Matching people with disabilities as mentors for newly disabled people
- Matching people with similar disabilities for support and information sharing

For more information about Independent Living Centers throughout the United States, including a listing of all IL Centers in the US, visit the **Independent Living USA** web site at <http://www.ilusa.com/links/ilcenters.htm>.

Michigan Centers for Independent Living

ANN ARBOR CIL

James Magyar, Director
2568 Packard Road
Ann Arbor MI 48104
734-971-0277 (Voice)
734-971-0310 (TTY)
734-971-0826 (Fax)
Email: jmagyar@aacil.org

BLUE WATER CIL

Robert DeVary, Director
310 Water St
Port Huron MI 48060
810-987-9337 (Voice/TTY)
810-987-9548 (Fax)
800-527-2167 (Toll Free)
Email: bob925@hotmail.com

CAPITAL AREA CIL

Janet DelValle, Director
1048 Pierpont Stes 9-10
Lansing MI 48911
517-241-0393 (Voice)
517-241-0438 (Fax)
Email: cacil@cacil.org

THE CIL OF MID MICHIGAN

Melissa Davert, Director
1206 James Savage
Midland MI 48640
989-835-4041 (Voice)
989-835 8121 (Fax)
Email: cilmm@concentric.net

THE DISABILITY NETWORK

Michael Zelle, Director
3600 S Dort Highway Ste 54
Flint MI 48507-2054
810-742-1800 (Voice)
810-742-7647 (TTY)
810-742-2400 (Fax)
1-800-ADA-6040 (Toll Free)
Email: mikez@disnetwork.org

THE DISABILITY RESOURCE CENTER

Joel Cooper, President & CEO
517 E. Crosstown Parkway
Kalamazoo MI 49001
616-345-1516 (Voice)
616-346-1518 (TTY)
616-345-0229 (Fax)
Email: jcooper@drc.org

GRAND RAPIDS CIL

Dave Bulkowski, Director
3600 Camelot Dr SE
Grand Rapids MI 49546
616-949-1100 (Voice/TTY)
616-949-7865 (Fax)
Email: Dave.b@grcil.org

GREAT LAKES CIL

Jeannie Meece, Director
2995 E Grand Blvd.
Detroit MI 48202
313-870-4580 (Voice)
313-832-3372 (TTY)
313-870-4590 (Fax)
Email: jmeece@glcil.org

LAKE SHORE CIL

Ruth Stegeman, Director
426 Century Lane
Holland MI 49423
616-396-5326 (Voice)
616-396-3220 (Fax)
Email: ruth@egl.net
Web Site: www.lcil.org

OAKLAND &: MACOMB CIL

Rick Sides, Director
3765 E 15 Mile Road
Sterling Heights MI 48310
810-268-4160 (Voice)
810-268-4720 (Fax)
Email: ricks@omcil.org
Web Site: www.omcil.org

DEVELOPING CENTERS

BAY AREA COALITION FOR IL

Steve Wade, Director
701 S. Elmwood Ste 17
Traverse City MI 49684
231-929-4865 (Voice)
231-929-4896 (Fax)
Email: steve@bacil.org
Web Site: www.bacil.org

COALITION FOR IL

Corrie Listenberger-Bair, Contact
PO Box 663
Edwardsburg MI 49112
616-663-6090 (Voice)

DISABILITY AWARENESS CENTER FOR IL

Maggie Carlson, Director
1041 E Broadway
Muskegon MI 49444
231-830-0099 (Voice)
231-830-0066 (Fax)
Email: DACIL2000@aol.com

JACKSON CENTER FOR IL

Tom Swain, Director of Operations
2319 West Main St
Jackson MI 49203
517-784-1723 (Voice)
Email: jinman@voyager.net
Email: thswain@aacil.org

SUPERIOR ALLIANCE FOR IL

Amy Rosemergy, Director
129 W. Baraga Ste H
Marquette MI 49855
906-228-5744 (Voice)
906-228-5573 (Fax)
Email: arosemergy@chartermi.net
Web Site: www.sail.match.org

IL/CIL PARTNERS

MICHIGAN ASSOCIATION OF CENTERS FOR IL

Elizabeth O'Hara, Executive Director
780 W Lake Lansing Road Ste 400
East Lansing MI 48823
517-333-4253 (Voice/TTY)
517-333-4244 (Fax)
Email: MACILEliz@match.org

MICHIGAN COMMISSION FOR THE BLIND

Bob Utrup, Program Manager for IL
201 N Washington
PO Box 30652
Lansing MI 48909
517-335-4254 (Voice)
517-335-5140 (Fax)
Email: utrupr@michigan.gov

MICHIGAN DEPARTMENT OF CAREER DEVELOPMENT REHABILITATION SERVICES

Theodore Haworth, Program Coordinator
608 W. Allegan, 4th Floor
PO Box 30010
Lansing MI 48909
517-373-8039 (Direct)
517-373-4479 (Fax)
800-605-6722 (Customer Service)
888-605-6722 (TTY)
Email: hawortht@michigan.gov

MICHIGAN DISABILITY RIGHTS COALITION

Norman DeLisle, Jr., Executive Director
740 W Lake Lansing Rd Ste 400
East Lansing MI 48823
517-333-2477 (Voice)
517-333-2677 (Fax)
1-800-760-4600 (Toll Free)
Email: ndelisle@msn.com

Communities of Power:

www.copower.org

**MICHIGAN STATEWIDE
INDEPENDENT LIVING
COUNCIL**

Beth Harvey, Executive Director

417 Seymour St Ste 10

Lansing MI 48933

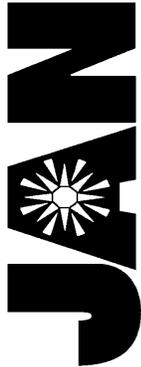
517-371-4872 (Voice)

517-371-4875 (Fax)

Email: SILCBeth@aol.com

The Job Accommodation Network

A service of the US Department of Labor's Office of Disability Employment Policy



The Job Accommodation Network (JAN) can help you:

- hire, retain, and promote qualified employees/applicants with disabilities
- provide accommodation options and practical solutions
- accommodate a person with a disability in the classroom or other training environment
- address issues pertaining to accessibility
- obtain information and referrals about self-employment and small business ownership opportunities for people with disabilities

Americans with Disabilities Act (ADA) Service

JAN also can help businesses and services comply with the ADA and other disability related legislation. 1-800-ADA-WORK (voice/TTY) connects you to a JAN consultant who knows employment issues, public access issues, and ways to modify facilities and equipment to provide access for persons with disabilities.

Toll Free Information Services (Voice/TTY)

Accommodations: 1-800-526-7234

ADA Information: 1-800-ADA-WORK
(1-800-232-9675)

Postal: PO Box 6080, WVU,
Morgantown, WV
26506-6080

Email: jan@jan.icdi.wvu.edu

World Wide Web: <http://www.jan.wvu.edu>

Office hours: Calls are answered 8 a.m. to 8 p.m. Eastern Time Monday through Thursday, and on Fridays from 8 a.m. to 7 p.m. All lines are Voice/TTY. Machines answer after-hours calls. Internet resources are available at all times.

The Job Accommodation Information Service

JAN is an international toll-free consulting service. Anyone may call JAN for information about job accommodations and the employability of people with functional limitations.

The consultants who answer calls understand the broad range of disability issues and have comprehensive up-to-date information about accommodation methods, devices, and strategies. JAN preserves the confidentiality of communication between caller and consultant.

JAN's mission is to assist in the hiring, retraining, retention, and advancement of persons with disabilities by providing accommodation information. The U.S. Department of Labor's Office of Disability Employment Policy funds JAN.

When you call JAN's toll-free number:

- A professional consultant will ask a few easy questions about the worker, the job requirements and the work environment. The answers to these questions will help the consultant find accommodation solutions most appropriate for the individual.
- The consultant will search JAN's files to locate readily-available solutions and may also engage other experts to help determine accommodations for your situation.
- You will receive information about various practical solutions for your particular situation. You may also receive other helpful information on topics such as funding resources and tax incentives.
- JAN not only will discuss this information with you over the phone but will follow-up with printed materials via email, FAX, and/or ground mail.
- If you have made an accommodation in your workplace, you will be asked to share your experience. The information you provide will be added to JAN's resources and used to benefit other people.



JAN resources:

- Consultants who are specialists in functional limitations and rehabilitation
- Voice/TTY lines for hard-of-hearing or deaf callers
- Ability to answer requests in English and Spanish
- Materials in English, Spanish, Braille, large print, tape, and disk
- Comprehensive library of information about tens of thousands of products
- Comprehensive data on accommodation methods, policies, and strategies;
- Current information about other service agencies, training programs, and funding sources
- Technical knowledge about requirements of barrier-free access and the employment provisions of the ADA.

JAN electronic resources:

- **World Wide Web:** This award-winning Web site (www.jan.wvu.edu) is your gateway to information on JAN services, accommodations, legal information, and other resources to assist employment of people with disabilities.
- **SOAR:** The Searchable Online Accommodation Resource (SOAR), which can be accessed at www.jan.wvu.edu/soar, allows you to locate accommodation options for a worker with a disability by providing information on disabling conditions, accommodation products and techniques.

- **SBSES:** The Small Business and Self-Employment Service Web site (www.jan.wvu.edu/sbSES) contains information about services and resources regarding self-employment and small business ownership opportunities for people with disabilities.

National Service Inclusion Project

www.serviceandinclusion.org



About the National Service Inclusion Project

The National Service Inclusion Project (NSIP) is a Corporation for National and Community Service training and technical assistance provider. NSIP builds connections between disability organizations and state commissions, offices, and service programs.

National service is community volunteerism that is encouraged and supported by the federal government. Service members address human needs in education, health, public safety, and the environment.

Inclusion refers to the active engagement of people with disabilities as service providers and volunteers in all levels of national and community service.

NSIP offers:

- Regional, state, and program training to AmeriCorps, Learn and Serve America, and National Senior Service Corps programs
- Individualized technical assistance (on-site, phone, or email)
- Resources on service and disability issues such as recruitment, ADA accommodations, and training, including fact sheets and an Inclusion Handbook
- Communication and information via the Corporation's disability listserv, on the web at: <http://lyris.etr.org/cgi-bin/lyris.pl?enter=disabilitylist>

Contact Information

National Service Inclusion Project

Institute for Community Inclusion
UMass Boston
100 Morrissey Blvd.
Boston, MA 02125

Aaron Bishop

Technical Assistance Director
Association of University Centers on
Disabilities
(301) 588-8252
abishop@aucd.org

Paula Sotnik

Project Director
Institute for Community Inclusion
617-287-4343 or 1-888-491-0326 (toll-free
voice and TTY)
paula.sotnik@umb.edu

Jason Wheeler

Training Specialist
Institute for Community Inclusion
617-287-4335 or 1-888-491-0326 (toll-free
voice and TTY)
jason.wheeler@umb.edu

The National Service Inclusion Project is a cooperative agreement between the Corporation for National and Community Service and a collaborative effort of the Institute for Community Inclusion at UMass Boston and the Association of University Centers on Disabilities.

Resources for Creating Inclusive Service-Learning Programs

If you spend time with kids, you know how much they dislike being left out. That's the goal of inclusion—to create programs and activities that are truly open to everyone. Inclusive programs are structured so that they are accessible to those who wish to participate while recognizing that children have diverse abilities and interests. It's important to eliminate physical and attitudinal barriers to participation and to design activities that let young people of different abilities work together.

Here are a few resources to get your program started on the path to inclusion:

- The *Knowledge Network Classroom Internet Library* can be found at: www.nhptv.org/kn/vs/speced.htm. This web site has links to more information on specific disabilities, inclusion resources, and other information that can be useful to both school- and community-based programs.
- Visit www.inclusion.com for books, online articles, and a free email newsletter with strategies for building inclusion into you program.
- *Inclusion... Yours, Mine, and Ours* offers resources on a range of inclusion issues and a newsletter that provides information on successful practices. Visit them on the web at www.rushservices.com/Inclusion/homepage.htm.

Michigan's Assistive Technology Resource

The overall purpose of Michigan's Assistive Technology Resource (MATR) is to provide information services, support materials, technical assistance, and training to local and intermediate school districts in Michigan to increase their capacity to address the needs of students with disabilities for assistive technology.

Services

Information about state-of-the-art technology, daily living devices, equipment, and the identification of assistive technology solutions for children with disabilities. MATR staff receive information requests via telephone, email, fax, and, U.S. mail. The staff researches resources and provide current information on products, services and service providers in the field of assistive technology. MATR also maintains a collection of catalogs, reprints, and publications to assist assistive technology personnel in the schools.

Assistive technology vendor and disability related resources are listed on their website at www.matr.org under Links & Resources.

In-services, workshops, seminars, and training opportunities for education and other professionals. Check their website for current listings of opportunities.

MATR provides assistance and consultations with local assistive technology teams regarding assistive technology options to meet student's needs. Emphasis is placed on building local district capacity to address student's assistive technology needs at the local level.

Software and equipment lending libraries—loan forms and a listing of software titles and equipment are available on their website.

Braille and large print textbook depository—MATR will conduct National database searches for Braille and large print textbooks in circulation, as well as the availability of textbooks on tape for a given title.

Contact information:

MATR

1023 South U.S. 27

St. Johns MI 48879-2424

Phone: 800.274.7426 or 989.224.0333

Fax: 989.224.0330

TTY: 989.224.0246

Email: matr@match.org

National Disability Agencies and Organizations—Index

1. The Access Board
2. Adaptive Environments Center, Inc.
3. American Council of the Blind
4. The American Diabetes Association
5. American Foundation for the Blind
6. American Lung Association
7. American Speech, Language, Hearing Association
8. The Arc of the United States
9. Asthma and Allergy Foundation of America
10. The Caption Center
11. Children and Adults with Attention-Deficit/Hyperactivity Disorder
12. DisabilityInfo.gov
13. Epilepsy Foundation
14. Immune Deficiency Foundation
15. Learning Disability Association of America
16. National Association for Visually Handicapped
17. National Association of the Deaf
18. National Braille Press
19. National Brain Injury Association of America
20. National Center for Learning Disabilities
21. National Council on Alcoholism and Drug Dependence
22. National Down Syndrome Society
23. National Mental Health Association
24. National Organization on Disability
25. Scleroderma Foundation
26. The Stuttering Foundation of America
27. UCP National (United Cerebral Palsy)

The Access Board

1331 F Street NW Ste 1000
Washington DC 20004-1111
Phone: 202-272-0080 or toll-free 800-872-2253
TTY: 202-272-0082 or toll-free 800-993-2822
Fax: 202-272-0081

Email: info@access-board.gov

Web site: www.access-board.gov

The Access Board is an independent federal agency devoted to accessibility for people with disabilities. It operates with about 30 staff and a governing board of representatives from Federal departments and public members appointed by the President. Key responsibilities of the Board include: developing and maintaining accessibility requirements for the built environment, transit vehicles, telecommunications equipment, and for electronic and information technology; providing technical assistance and training on these guidelines and standards; and enforcing accessibility standards for federally funded facilities.

Adaptive Environments Center, Inc.

374 Congress Street Ste 301
Boston MA 02210
Phone: 617-695-1225 (voice/TTY)
Fax: 617-482-8099

Email: adaptive@adaptiveenvironments.org

Web Site: www.adaptiveenvironments.org

Adaptive Environments (AE) is a non-profit organization founded in 1978 to address the environmental issues that confront people with disabilities and elderly people. AE promotes accessibility as well as universal design through education programs, technical assistance, training, consulting, publications and design advocacy. Its mission is to promote, facilitate, and advocate for international adoption of policies and designs that enable every individual, regardless of disability or age, to participate fully in all aspects of society.

American Council of the Blind

1155 15th Street NW Suite 1004
Washington DC 20005
Phone: 202-467-5081 or toll-free 800-424-8666
Fax: 202-467-5085

Email: info@acb.org

Web site: www.acb.org

The American Council of the Blind is the nation's leading membership organization of blind and visually impaired people. It was founded in 1961 and incorporated in the District of Columbia. The Council strives to improve the well-being of all blind and visually impaired people by serving as a representative national organization of blind people; elevating the social, economic, and cultural levels of blind people; improving educational and rehabilitation facilities and opportunities; cooperating with the public and private institutions and organizations concerned with blind services; encouraging and assisting all blind persons to develop their abilities; and conducting a public education program to promote greater understanding of blindness and the capabilities of blind people.

The American Diabetes Association

1701 North Beauregard Street
Alexandria VA 22311
Phone: 800-DIABETES (800-342-2383)
Email: customerservice@diabetes.org
Web site: www.diabetes.org

The American Diabetes Association is the nation's leading nonprofit health organization providing diabetes research, information, and advocacy. The mission of the organization is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. To fulfill this mission, the American Diabetes Association funds research, publishes scientific findings, provides information and other services to people with diabetes, their families, health care professionals and the public. The Association is also actively involved in advocating for scientific research and for the rights of people with diabetes.

American Foundation for the Blind

11 Penn Plaza Ste 300
New York NY 10001
Phone: 212-502-7600
Fax: 212-502-7777
Email: afbinfo@afb.net
Web site: www.afb.org
AFB Information Center
Phone: 800-AFB-LINE (800-232-5463)

Since 1921, the American Foundation for the Blind—to which Helen Keller devoted more than 40 years of her life—has been eliminating barriers that prevent people who are blind or visually impaired from reaching their potential. The American Foundation for the Blind is dedicated to addressing the critical issues of literacy, independent living, employment, and access through technology for the ten million Americans who are blind or visually impaired.

American Lung Association

61 Broadway, 6th Floor
New York NY 10006
Phone: 212-315-8700
Online contact form: <http://lungusa.kintera.org/askala>
Web site: www.lungusa.org

The American Lung Association (ALA) is the oldest voluntary health organization in the United States, with a national office and constituent and affiliate associations around the country. Founded in 1904 to fight tuberculosis, ALA today fights lung disease in all its forms, with special emphasis on asthma, tobacco control, and environmental health.

American Speech, Language, Hearing Association

10801 Rockville Pike
Rockville MD 20852
Phone: 800-638-8255
TTY: 301-897-0157
Fax: 301-897-7355
Email: actioncenter@asha.org
Web site: www.asha.org

ASLHA's mission is to ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate effectively. Access their web site to find

information to help you understand communication and communication disorders as well as a referral service.

The Arc of the United States

1010 Wayne Avenue Ste 650

Silver Spring MD 20910

Phone: 301-565-3842

Fax: 301-565-3843

Email: info@thearc.org

Web site: www.thearc.org

The Arc is a national organization of and for people with mental retardation and related developmental disabilities. It is devoted to promoting and improving supports and services for people with mental retardation and their families. The association also fosters research and education regarding the prevention of mental retardation in infants and young children.

Asthma and Allergy Foundation of America

1233 20th Street NW Ste 402

Washington DC 20036

Phone: 202-466-7643

Toll-Free Information Line: 800-7-ASTHMA (727-8462)

Fax: 202-466-8940

Web site: www.aafa.org

The Asthma and Allergy Foundation of America (AAFA) is dedicated to improving the quality of life for people with asthma and allergies and their caregivers, through education, advocacy, and research. AAFA, a not-for-profit organization founded in 1953, provides practical information, community based services, support, and referrals through a national network of chapters and educational support groups. AAFA also sponsors research toward better treatments and a cure for asthma and allergic diseases.

The Caption Center

Media Access Group at WGBH

125 Western Avenue

Boston, MA 02134

Phone: 617-300-3600 (Voice/TTY)

Fax: 617-300-1020

Email: access@wgbh.org

Web site: <http://main.wgbh.org/wgbh/pages/mag/>

Founded in 1972, The Caption Center was the world's first captioning agency—pioneering access to television for viewers who are deaf or hard of hearing. It has gone on to set the standard for caption quality, as well as for cutting-edge software and systems development designed to improve the captioning process. The Caption Center maintains an ongoing commitment to conducting outreach among viewers with hearing loss, those learning English as a second language, and people of all ages learning to read.

Children and Adults with Attention-Deficit/Hyperactivity Disorder

8181 Professional Place Ste 201

Landover MD 20785

National Call Center: 800-233-4050

Phone: 301-306-7070

Fax: 301-306-7090

Email: national@chadd.org

Web site: www.chadd.org

CHADD is a national nonprofit organization providing education, advocacy, and support for individuals with AD/HD. In addition to their web site, CHADD also publishes a variety of printed materials to keep members and professionals current on research advances, medications, and treatments affecting individuals with AD/HD.

DisabilityInfo.gov

Web site: www.disabilityinfo.gov

This Federal web site of disability-related government resources contains information on employment, education, housing, transportation, health, income support, technology, community life, and civil rights. It provides a one-stop portal for people with disabilities, their families, employers, service providers, and other community members. This web site is part of the New Freedom Initiative, a “comprehensive plan that promotes the full participation of people with disabilities in all aspects of American life.” You can subscribe to receive periodic email updates about the site at: www.disabilityinfo.gov/Main/Subscribe

Epilepsy Foundation

4351 Garden City Dr

Landover MD 20785-7223

Phone: 800-332-1000

Online contact form: www.efa.org/answerplace/info.cfm

Web site: www.efa.org

The Epilepsy Foundation is a national charitable organization founded in 1968 as the Epilepsy Foundation of America. The Epilepsy Foundation is dedicated to the welfare of people with epilepsy. Their mission: to work for children and adults affected by seizures through research, education, advocacy, and service.

Immune Deficiency Foundation

40 W Chesapeake Ave Ste 308

Towson MD 21204

Phone: 800-296-4433

Fax: 410-321-9165

Email: idf@primaryimmune.org

Web site: www.primaryimmune.org

The mission of the Immune Deficiency Foundation is to improve the diagnosis and treatment of patients with primary immunodeficiency diseases through research and education.

Learning Disability Association of America

4156 Library Road

Pittsburgh PA 15234-1349

Phone: 412-341-1515

Fax: 412-344-0224

Email: info@ldaamerica.org

Web site: www.ldanatl.org

The Learning Disability Association of America (LDA) was formed in 1964 by a group of concerned parents on behalf of children with learning disabilities. LDA is devoted to defining and finding solutions for the broad spectrum of learning disabilities. LDA has 50 state affiliates and more than 600 local chapters in 50 states, Washington DC, and Puerto Rico. Membership is composed of individuals with learning disabilities, family members, concerned professionals, and advocates for the over two million students of school age with learning disabilities and for adults affected with learning disabilities.

National Association for Visually Handicapped

NAVH New York City
22 West 21st St 6th Floor
New York NY 10010
Phone: 212-889-3141
Fax: 212-727-2931
Email: staff@navh.org
Web site: www.navh.org

National Association for Visually Handicapped works with millions of people worldwide to provide assistance to those with partial vision loss. Recognized by the American Medical Association, our dream is to make everyone aware of the differences between vision impairment and blindness.

National Association of the Deaf

814 Thayer Avenue
Silver Spring MD 20910-4500
Phone: 301-587-1788
TTY: 301-587-1789
Fax: 301-587-1791
Email: NADinfo@nad.org
Web site: www.nad.org

The National Association of the Deaf (NAD), established in 1880, is the oldest and largest constituency organization safeguarding the accessibility and civil rights of 28 million deaf and hard of hearing Americans in education, employment, health care, and telecommunications. A private, nonprofit organization, NAD is a federation of 51 state association affiliates including the District of Columbia, organizational affiliates, and direct members.

Programs and activities include grassroots advocacy; captioned media; certification of American Sign Language professionals; certification of sign language interpreters; deafness-related information and publications; legal assistance; policy development and research; public awareness; and youth leadership development.

National Braille Press

88 Saint Stephen St
Boston MA 02115
Phone: 617-266-6160
Phone: 888-965-8965 (toll-free)
Fax: 617-437-0456
Email: orders@nbp.org
Web site: www.nbp.org

National Braille Press is one of the world's leading producers of Braille. Access their web site for information about their services, including an online catalog.

National Brain Injury Association of America

105 North Alfred Street
Alexandria VA 22314
Phone: 703-236-6000
Fax: 703-236-6001
Email: FamilyHelpline@biausa.org
Web site: www.biausa.org

Founded in 1980 as the National Head Injury Association, the Brain Injury Association (BIA) is a national nonprofit organization with the mission of creating a better future through brain injury prevention, research, education, and advocacy.

National Center for Learning Disabilities

381 Park Avenue South Ste 1401

New York NY 10016

Phone: 212-545-7510

Toll-free: 888-575-7373

Fax: 212-545-9665

Online contact form: www.nclld.org/contact.cfm

Web site: www.nclld.org

The mission of the National Center for Learning Disabilities (NCLD) is to increase opportunities for all individuals with learning disabilities (LD) to achieve their potential. NCLD accomplishes its mission by increasing public awareness and understanding of learning disabilities; conducting educational programs and services that promote research-based knowledge; and providing national leadership in shaping public policy. They provide solutions that help people with LD participate fully in society.

National Council on Alcoholism and Drug Dependence

20 Exchange Place Ste 2902

New York NY 10005

Phone: 212-269-7797

Fax: 212-269-7510

24-hour Affiliate Referral (Hope Line): 800-NCA-CALL

Email: national@ncadd.org

Web site: www.ncadd.org

Founded in 1944 by Marty Mann, the first woman to find long-term sobriety in Alcoholics Anonymous, the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) provides education, information, help, and hope to the public. It advocates prevention, intervention, and treatment through offices in New York and Washington, and a nationwide network of affiliates.

National Down Syndrome Society

666 Broadway

New York NY 10012

Phone: 212-460-9330

Toll-free: 800-221-4602

Fax: 212-979-2873

Email: info@ndss.org

Web site: www.ndss.org

The National Down Syndrome Society (NDSS) was established in 1979 to “ensure that all people with Down syndrome have the opportunity to achieve their full potential in community life.” NDSS works to increase public awareness about Down syndrome and discover its underlying causes through research, education, and advocacy.

National Mental Health Association

2001 N Beauregard St 12th Floor

Alexandria VA 22311

Phone: 703-684-7722

Toll-free: 800-969-NMHA (6642)

TTY: 800-433-5959

Fax: 703-684-5968

Online contact form: www.nmha.org/infoctr/help/index.cfm

Web site: www.nmha.org

The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research, and service.

National Organization on Disability

910 Sixteenth St NW Ste 600

Washington DC 20006

Phone: 202-293-5960

TDD: 202-293-5968

Fax: 202-293-7999

Email: ability@nod.org

Web site: www.nod.org

The National Organization on Disability promotes the full and equal participation and contribution of America's 54 million men, women, and children with disabilities in all aspects of life.

Scleroderma Foundation

12 Kent Way Ste 101

Byfield MA 01922

Phone: 978-463-5843

Information Line: 800-722-HOPE (4673)

Fax: 978-463-5809

Email: sfinfo@scleroderma.org

Web site: www.scleroderma.org

The Scleroderma Foundation has a three-fold mission: to help patients and their families cope with scleroderma through mutual support programs, peer counseling, physician referrals, and educational information; to promote public awareness and education through patient and health professional seminars, literature, and publicity campaigns; and to stimulate and support research to improve treatment and ultimately find the cause of and cure for scleroderma and related diseases.

The Stuttering Foundation of America

3100 Walnut Grove Road Ste 603

P.O. Box 11749

Memphis TN 38111-0749

Phone: 800-992-9392 or 901-452-7343

Fax: 901-452-3931

Email: stutter@stutteringhelp.org

Web site: www.stuttersfa.org

The Stuttering Foundation provides free online resources, services, and support to those who stutter and their families, as well as support for research into the causes of stuttering. They work towards the prevention and improved treatment of stuttering and offer educational programs.

UCP National (United Cerebral Palsy)

1660 L Street NW Ste 700

Washington DC 20036

[Phone: 202-776-0406](tel:202-776-0406)

[Toll-free: 800-872-5827](tel:800-872-5827)

[TTY: 202-973-7197](tel:202-973-7197)

[Fax: 202-776-0414](tel:202-776-0414)

Web site: www.ucpa.org/main.cfm/1

UCP (United Cerebral Palsy) is committed to change and progress for persons with disabilities. The national organization and its nationwide network of 111 affiliates in 39 states strive to ensure the inclusion of persons with disabilities in every facet of society—from the web to the workplace, from the classroom to the community. UCP's mission is to advance the independence, productivity, and full citizenship of people with cerebral palsy and other disabilities, through their commitment to the principles of independence, inclusion, and self-determination.

Chapter 9

Glossary of Terms

The terminology used when discussing disability-related issues may unfamiliar or confusing. The following list, while by no means comprehensive, is provided to assist you in understanding new terms and ideas.

GLOSSARY OF TERMS

A

acquired brain injury

Sometimes called a head injury, is an injury to the brain that has occurred after birth—not a congenital injury or an injury at the time of birth. Causes could include a car accident, a gunshot wound, or a fall. An acquired brain injury may result in cognitive, speech-language, memory, physical, or behavioral disabilities.

acute

Severe and of short duration; used to describe a condition that is brief, severe, and quickly comes to a crisis. The opposite of chronic.

Americans With Disabilities Act (ADA)

Provides civil rights protection to people with disabilities and guarantees those covered by the law equal opportunity in employment, state and local government services, transportation, places of public accommodation, and telecommunications services.

ADL

Activities of daily living such as dressing, eating, cooking, etc.

adaptive behavior

An individual's ability to act appropriately in social situations and to take care of their personal needs.

advocate

Someone who takes action to help someone else; also, to take action on someone's behalf (see also self-advocacy).

alternative formats

Having alternative formats available to people with disabilities ensures that information is accessible. Examples include text files on a computer disk, large print, written materials recorded on audiotape, and Braille.

anoxia

A lack of oxygen to tissues, which, if prolonged, can cause cell damage or death.

anxiety

Apprehension, tension, or uneasiness from anticipation of danger, the source of which is largely unknown or unrecognized (in distinction to fear, which is the emotional response to a consciously recognized and usually external threat or danger). May be regarded as pathologic when it interferes with effectiveness in living, achievement of desired goals or satisfaction, or reasonable emotional comfort.

articulation problem

A person has an articulation problem when he or she produces sounds, syllables, or words incorrectly so that listeners do not understand what is being said or pay more attention to the way the words sound than to what they mean.

assistive technology device

Any item, piece of equipment, or product system, whether acquired off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capacities of individuals with disabilities.

assistive technology service

Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services include evaluation of need, selection, purchase, coordination of related services, and training.

asthma

A chronic lung disease that causes breathing problems called attacks or episodes of asthma. Usually symptoms get started or “triggered” by something that irritates the lungs. These things are called asthma triggers; triggers can range from viruses (such as colds) to allergies, to gases and particles in the air.

astigmatism

Blurred vision caused by uneven curvature of lens or cornea.

ataxic

A lack of coordination while performing voluntary movements. Movements are not smooth and may appear disjointed or jerky. Ataxia may affect any part of the body.

attention deficit disorder & attention deficit/hyperactivity disorder

Attention Deficit Disorder (ADD), or Attention Deficit/Hyperactivity Disorder (AD/HD), is a neurobiological condition characterized by a lack of concentration, impulsiveness, and sometimes hyperactivity. The symptoms vary in intensity depending on the individual. Children with ADD often have problems at school because they are required to sit still and pay attention for long periods of time—two activities with which they may have difficulty. Many adults have learned special strategies to cope with ADD.

audiogram

The written results in a graph form of a hearing test.

audiologist

A specialist that tests and remediates hearing problems.

auditory discrimination

The ability to detect differences in sounds.

augmentative communication

Special devices that provide an alternative for spoken language.

B

barriers

Obstacles that prevent people with disabilities from fully participating in society:

- **attitudinal barriers**
Attitudes, fears and assumptions that prevent people with and without disabilities from meaningfully interacting with one another.
- **physical barriers**
Physical obstacles that hinder people with physical disabilities from gaining access.

barrier-free design

An approach to design that aims for buildings, transportation systems, and outdoor environments that people with disabilities can access and use independently and safely (see universal design).

birth defect

See congenital disability (birth defect is not the preferred term).

blindness

A disability that affects a person's eyesight. Eighty percent of blind people have some vision. See also: legally blind and low vision.

Braille

Braille is a series of raised dots that can be read with the fingers by people who are blind or whose eyesight is not sufficient for reading printed material. Teachers, parents, and others who are not visually impaired ordinarily read Braille with their eyes. Braille is not a language but a code by which languages such as English or Spanish may be written and read.

C

cataract

A clouding of all or part of the normally clear lens within your eye, which results in blurred or distorted vision.

central nervous system

The nerves that travel along the spinal cord to and from the brain.

cerebral palsy

A variety of conditions resulting from damage to the brain before or during birth or in the first few years of life. Extent of motor involvement varies greatly, from a slight limp or as profound as paralysis, spasticity, or speech problems.

There are four main types:

Ataxic – voluntary movements are jerky; balance is lost.

Athetoid – continual muscle movements prevent or severely interfere with voluntary movements.

Hypotonic – muscles are limp, cannot contract.

Spastic – muscles are stiff; some body parts are paralyzed.

chronic

A chronic condition is continuous or persistent over an extended period of time, not easily or quickly resolved. The opposite of acute.

chronic fatigue syndrome (CFS)

An emerging condition characterized by debilitating fatigue (experienced as exhaustion and extremely poor stamina), neurological problems, and a variety of flu-like symptoms. It is also known as chronic fatigue immune dysfunction syndrome and myalgic encephalomyelitis. The core symptoms include excessive fatigue that is not relieved by rest, general pain, mental fogging, and often gastrointestinal problems. Many other symptoms may also be present but will typically be different among individuals. These include: fatigue following stressful activities, headaches, sore throat, sleep disorders, and abnormal temperature. The degree of severity can differ widely among individuals, and will also vary over time for the same person. This variation, in addition to the fact that its cause is not yet known, makes this syndrome difficult to diagnose.

cleft palate

A gap in the roof of the mouth; a congenital split along the midline of the roof of the mouth. It is caused by a failure of the two sides of the hard palate to meet and fuse during fetal development and is often associated with a cleft lip.

cognitive

Refers to the mental processes of comprehension, judgment, memory, and reasoning.

cognitive disability

Also called intellectual disability, indicates below-typical cognitive abilities. Signs of intellectual disability are failure to meet developmental milestones, decreased learning ability, persistent infantile behavior, lack of curiosity, and difficulty performing at school. There are all kinds of potential causes, such as infection (meningitis, congenital rubella), trauma (brain injury), chromosomal abnormalities (Down syndrome, Fragile X syndrome), inherited conditions (Tay-Sachs, Rett syndrome), toxins (lead poisoning), metabolic disease (Reye's syndrome), even malnutrition or poor social environment. However, a cause is identified in only a quarter of people with intellectual disability. This disability is sometimes referred to as mental retardation (not a preferred term), mental disability, or developmental disability.

compulsion

Repetitive ritualistic behavior such as hand washing, organizing and reorganizing, or repeating words silently that aims to prevent or reduce distress or prevent some dreaded event or situation. The person feels driven to perform such actions in response to an obsession, even though the behaviors are recognized to be excessive or unreasonable.

conductive hearing loss

A temporary or permanent hearing loss that occurs when something interferes with the passage of sound to the inner ear.

congenital disability

A condition that is present at birth.

consumer

A term sometimes used for people with disabilities instead of patient or client to suggest their entitlement to an active role and quality service.

criterion referenced test

When a criterion references test is used, the person being tested is evaluated according to their own performance, not in comparison to others.

D**deaf/blindness**

The combination of vision and hearing disabilities (i.e. some mix of blindness, deafness, low vision and/or hearing loss). It is sometimes called dual sensory impairment. Most people who are deaf/blind have some useful vision and/or hearing.

deafness and hearing loss

A condition that affects a person's ability to hear. Deafness is a severe to profound hearing disability, with little or no residual hearing. Many deaf people communicate using sign language. People with hearing loss, often called hard of hearing, generally use their residual hearing and speech to communicate. Many people with hearing loss can understand some speech sounds with or without a hearing aid. Deafness can be the result of genetics, an accident, environmental factors, or an illness. Many people who are deaf do not consider themselves to be disabled.

depression

A mental health condition that may be characterized by sadness, fatigue, anorexia, lack of emotional expression, indifferent attitude, and social withdrawal. Common types of depression are major depression, dysthymia, and bipolar disorder.

developmental disability

Defined in law as a "severe and chronic disability" which is attributed to a mental or physical impairment or combination; is manifested before age 22; and results in substantial functional limitation in at least three major life activities.

developmentally delayed

A child who acquires skills after the expected age.

diabetes

A disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life.

- **Type 1**—also known as juvenile diabetes, type 1 diabetes is a condition in which a person's pancreas produces little or no insulin. People with type 1 diabetes must take insulin injections daily and test their blood sugar several times each day.
- **Type 2**—the most common form of diabetes, type 2 diabetes results from insulin resistance (a condition in which the body fails to make enough or properly use insulin), combined with relative insulin deficiency. Type 2 diabetes is generally controlled through diet, exercise, and weight-loss.

disability

The definition of disability according to the Americans with Disabilities Act refers to any physical and/or mental impairment that substantially limits one or more of the major life activities (including, but not limited to walking, seeing, hearing, speaking, breathing, working, and caring for oneself), a record of such impairment, or being regarded as having such an impairment. But be aware that there is no list of physical or mental conditions that “qualify” a person as being disabled under the law.

disability rights movement

The collective effort to secure equal rights, equal opportunities, and a barrier-free environment for people with disabilities.

Down's syndrome

A person born with chromosomal differences that often results in developmental disabilities.

dwarfism

Having short stature means being significantly below average in height (i.e. in the fifth percentile) compared to others of the same age and gender. It can be caused by a range of conditions such as achondroplasia (also known as dwarfism, although this is not a preferred term), osteogenesis imperfecta (OI), Noonan syndrome, and congenital hypothyroidism. However, short stature is not always caused by a medical condition—sometimes it is simply a person’s inherited height. People of short stature may benefit from adaptations to their home and workplace, such as lowered light switches and strategically placed stools.

dyscalculia

A learning disability in which a child is unable to do math problems.

dysfluency

A break in the smooth flow of speech.

dysgraphia

A learning disability that impairs a person’s ability to write.

dyslexia

Inability or difficulty in reading, including word-blindness and a tendency to reverse letters and words in reading and writing.

E**echolalia**

The immediate and sometimes pathological repetition of the words of others, often found in autistic children. In delayed echolalia, this inappropriate echoing takes place hours or weeks later.

electroencephalogram (EEG)

A graphic recording of electrical activity of the brain, recorded from electrodes placed on the surface of the scalp.

environmental sensitivity

Also called environmental illness or multiple chemical sensitivity, is a chronic condition aggravated by exposure to chemicals in the environment, even at low levels that do not bother most people. These chemicals can include auto exhaust, perfumes, tobacco, detergents, and other cleaning products. The chemicals might be in the air, water or food, and can be breathed, ingested, or touched. Reactions range from mildly annoying to life-threatening. Common symptoms include headaches, dizziness, nausea, mental confusion, short-term memory loss, breathing problems, persistent flu-like symptoms, joint pains, muscle aches, depression, and fatigue.

epilepsy

See seizure disorder.

equilibrium

Balance.

etiology

The cause of a condition or the study of the causes.

F**facial difference**

Facial difference is any facial feature that varies significantly from the "norm." It can be present at birth (cleft lip/palate) or the result of illness or trauma that affects the face (third-degree burns). Support networks can be of great benefit to people with facial differences, who may struggle with self-esteem issues in a society that places great value on how we look.

fetal alcohol syndrome (FAS)

FAS consists of a set of physical, mental, and neurobehavioral birth defects associated with alcohol consumption during pregnancy. Individuals with FAS have a distinct pattern of facial differences, growth deficiency, and evidence of central nervous system dysfunction. In addition to mental retardation, individuals with FAS may have other neurological deficits such as poor motor skills and hand-eye coordination. They may also have a complex pattern of behavioral and learning problems, including difficulties with memory, attention, and judgment.

fine motor skills

Hand and finger small muscle movement.

G**grand mal seizure**

A seizure involving the entire body, usually characterized by muscle rigidity, violent rhythmic muscle contractions, and loss of consciousness, caused by abnormal electrical activity in the nerve cells of the brain.

gross motor

Coordinated movements of all body parts.

H

handicap

The loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms. See also disability.

head injury

See acquired brain injury.

hearing loss

People with hearing loss, often called hard of hearing, have some residual hearing as opposed to being severely or profoundly deaf. People with hearing loss can understand some speech sounds with or without a hearing aid, use their residual hearing and speech to communicate. Their hearing loss can be the result of genetics, an accident, environmental factors, or illness.

hemiparesis

Weakness on one side of the body.

hemiplegia

Full or partial paralysis on one side of the body caused by damage to the brain due to disease, trauma, or stroke.

hidden disability

Most disabilities are not visible. Hidden disabilities include mental and cognitive disabilities; some hearing and visual impairments; alcoholism and addiction; epilepsy; diabetes; and Attention Deficit Hyperactivity Disorder. Also referred to as an “invisible disability.”

hyperactivity

Excessive motor activity or restlessness.

hyperopia

Farsightedness—difficulty seeing near objects.

I

inclusion

The practice of acting on the belief that every person has an inherent right to participate fully in society. The goal of inclusion is for all people to lead productive lives as full, participating members of their communities. The presence of people with disabilities does not constitute inclusion unless people with disabilities are valued, contributing members with a sense of belonging.

independent living movement

Advocacy movement that views the person with a disability as an active consumer of services and advocates for personal independence; barrier removal; equal rights and opportunities; and consumer choice and control.

institutional segregation/institutionalization

Until very recently many people with disabilities were removed from communities and put into institutions where they were denied self-determination and access to the opportunities of independent living, education, and livelihood.

intellectual disability

See cognitive disability.

invisible disability

See hidden disability.

J**juvenile diabetes**

See diabetes.

K**L****language disorders**

Language and speech disorders refer to problems in communication and related areas such as oral-motor function. These delays and conditions range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some causes of speech and language disorders include hearing loss, conditions affecting neurological function, brain injury, developmental disabilities, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown.

learning disability

Central nervous system dysfunction that interferes with the brain's capacity to process information in the conventional manner. People with learning disabilities have a disorder in one or more of the basic processes involved in understanding or using spoken or written language. They may have difficulties in listening, thinking, talking, reading, writing, spelling, or arithmetic. The primary cause of the disorder is not due to visual, hearing, intellectual or physical disabilities, emotional disturbance, or environmental disadvantages. People with learning disabilities have average or above-average intelligence.

legally blind

A visual field which is not greater than 20 degrees or visual acuity of 20/200 or less in the better eye after correction.

light perception

Ability to detect presence or absence of light.

light projection

Ability to tell where light is coming from.

low vision

People who have some useful vision, but who cannot achieve clear vision by wearing glasses or contact lenses, are considered to have low vision. Low vision generally means a person's vision does not meet their needs.

M

Medicaid

A jointly-funded, federal/state health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

Medicare

Health insurance that covers some people with disabilities based on their work experience or the work experience of spouse or parent.

mental health disability

See psychiatric disability.

mental retardation

See cognitive disability (mental retardation is not a preferred term).

migraines and chronic headaches

Vascular headaches are a group of headaches thought to involve abnormal sensitivity of the blood vessels in the brain to various triggers, resulting in rapid changes in the artery size due to spasm. Other arteries in the brain and scalp then dilate and throbbing pain is perceived in the head. Migraines, which are thought to be inherited, are the most common type of vascular headache. Migraines can be accompanied by other sensory phenomena that indicate a brain dysfunction, such as flashing lights, blurred/double vision, balance problems, numbness, weakness, hearing problems, or difficulty speaking. Severe migraine headaches can be totally disabling, but once they pass they may have no impact on a person's normal state of health. They can last from a few hours to several days.

mobility issues

When people have to negotiate physical barriers to get around within a place or between places. Usually people with mobility issues have physical disabilities.

multiple chemical sensitivity

See environmental sensitivity.

multiple sclerosis

Degeneration of the central nervous system due to a progressive deterioration of the protective sheath surrounding the nerves; may be chronic or acute.

myopia

Nearsightedness—blurred vision with distant objects harder to see than near objects.

muscular dystrophy

Genetic condition that causes a gradual weakening through degeneration of muscle tissue.

N

neonatal

Period between onset of labor and several months after birth.

non-disabled

A person without a disability (preferred to “normal”).

nystagmus

Involuntary jerking of the eyes.

O

obsessions

Uncontrollable, intrusive, and recurring thoughts, images, ideas, or impulses that an individual feels intrude upon his or her consciousness, and that cause significant anxiety or distress because of the irrational nature of the obsessions.

obsessive compulsive disorder (OCD)

A neurobiological disability, classified as an anxiety disorder. It causes recurrent, intrusive thoughts (obsessions) that provoke anxiety or discomfort. The person may perform ritualistic behaviors (compulsions) to neutralize the discomfort, although the relief is only temporary. The person realizes that the obsessions are a product of his or her own mind and that the compulsions are unreasonable. Until OCD becomes moderate to severe, the compulsions are often done secretly or are well disguised. Generally, the person feels that he or she is going crazy and fears telling others about it. OCD can be associated with other disabilities such as Tourettes syndrome, Attention Deficit disorder, panic disorder, learning disabilities, and schizophrenia.

occupational injury or disease

Occupational injury and occupational disease are health problems brought on by conditions in the workplace. There are a wide variety of injuries and diseases experienced by workers from many different occupational fields. Examples include: traumatic injuries such as an accident with heavy or motorized equipment that results in amputation, spinal cord injury; or back pain; hearing loss caused by working with noisy machinery; and asthma brought on by exposure to airborne pollutants such as grain dust or animal proteins.

occupational therapy

A type of therapy that uses goal-directed activities—appropriate to each person's age and social role—to restore, develop, or maintain the ability for independent, satisfying living. An occupational therapist helps an individual with learning or re-learning developmental or physical skills that will aid in daily living; it focuses on sensory integration, coordination of movement, fine motor, and self-help skills.

ophthalmologist

A medical doctor that deals with diseases and conditions of the eye.

optometrist

Examines eyes and prescribes corrective lenses.

orientation and mobility specialist

A certified instructor specializing in teaching the visually impaired to travel safely and efficiently.

otolaryngologist

An ear, nose and throat doctor.

P**panic attack**

Short, intense periods during which an individual experiences physiological and cognitive symptoms of anxiety, characterized by intense fear or discomfort.

paralysis

Complete or partial loss of feeling or movement.

paraplegia

Paralysis of the lower half of the body involving the partial or total loss of function of both legs.

paratransit

The “comparable service for people with disabilities who cannot use the regular service” that public entities that operate fixed-route services are required to provide. Whether or not the services provided are comparable determines whether paratransit is considered an effective accommodation or another barrier.

personal assistance services (PAS)

Consumer-directed basic ancillary services which enable a person with a physical, mental, or sensory disability to live in their home and community and carry out functions of daily living, self-care, and mobility.

petit mal seizures

A type of seizure involving a momentary alteration in consciousness, more frequent in children than adults.

phobia

An unrealistic but very severe fear of any object or environment; for example, claustrophobia (a fear of enclosed spaces).

physical therapy

Treatment of physical injuries or disabilities given by a trained physical therapist (under doctor's orders) that includes the use of massage, exercise, etc. to help the person improve the use of bones, muscles, joints, and nerves.

prosthesis

Artificial device that replaces a missing body part.

psychiatric disability

Mental health disability, also called psychiatric disability or mental illness, covers a broad range of disorders. It is generally considered a disability when it interferes with someone's ability to cope or function on a day-to-day basis, or causes behavior that becomes a concern for others. However, many people find ways of managing their mental health disabilities and are able to lead fulfilling and active lives. A mental health disability can be organic (resulting directly from an identifiable brain

malfunction) or functional (not explained by a simple structural abnormality of the brain). It can be a neurosis (e.g. one of various forms of anxiety and depression that can be regarded as severe forms of normal experiences), a psychosis (involving distortion of a person's perception of reality, often accompanied by delusions and/or hallucinations), or a personality disorder, or there can be some overlap across these types (e.g. post-traumatic stress disorder).

Q

quadriplegia

Paralysis of the body involving partial or total loss of function in both arms and both legs.

R

range of motion

The structure of a joint allows it to make certain movements. These movements are called the range of motion and are limited by the structure of the joint. These movements do not include overextending or stressing the joint.

receptive language

The understanding of spoken and written communication, as well as gestures.

S

scleroderma

A chronic, autoimmune disease of the connective tissue generally classified as one of the rheumatic diseases; also known as systemic sclerosis. Scleroderma is a condition in which the symptoms may either be visible, as when the skin is affected, or invisible, as when only internal organs are involved. It is a highly individualized disease; involvement may range from mild symptoms to life threatening.

seizure disorder

A chronic medical condition produced by temporary changes in the electrical function of the brain, causing seizures which affect awareness, movement, or sensation. Also known as epilepsy.

self-advocacy

The movement within the disability community that emphasizes the right and responsibility of a person with a disability to speak up for themselves and others. By letting individuals tell others how they feel about issues that affect their lives, they can educate the public about persons with disabilities and how they can be included in all aspects of community life.

self-determination

While there is no national consensus on an exact definition of the term, the idea of self-determination generally rests on four core principles: 1) the freedom to develop a personal life plan, 2) the authority to control a targeted sum of resources, 3) the support to achieve personal goals, and 4) the responsibility for contributing to one's community and using public dollars wisely.

sensorineural hearing loss

A hearing impairment that is usually permanent results when the inner ear or nerves that carry the sound waves to the brain are damaged.

sign language

Sign languages are highly-developed visual-gestural-spatial communication methods. Examples include American Sign Language (ASL) and Signed English.

spasticity

Having sudden, involuntary muscle spasms or tense, contracted muscles. Muscles are spastic, people are not.

speech disorders

See language disorders.

speech/language pathologist

A person qualified to diagnose and treat speech and language disorders.

spina bifida

Genetic condition in which a portion of an infant's spinal cord fails to develop completely or develops incorrectly.

spinal cord injury (SCI)

Damage to the spinal cord that results in a loss of function such as mobility or feeling. Causes of damage include trauma (car accident, gunshot, falls, etc.), disease (polio), or genetic condition (spina bifida). The spinal cord does not have to be severed in order for a loss of functioning to occur. In fact, in most people with SCI, the spinal cord is intact but the damage to it results in loss of functioning.

Social Security Disability Income (SSDI)

Available to individuals have a work history (or are the child or widow of insured) and are no longer able to work due to disability.

Supplementary Security Income (SSI)

A nationwide federal assistance program administered by the Social Security Administration that guarantees a minimum level of income for adults and children with a disability who have no work history since childhood.

stuttering

Speech characterized by hesitations, prolongations, and repetitions which are developmentally inappropriate for the age or mental ability of the speaker.

strabismus

More commonly known as crossed-eyes, strabismus is a vision condition in which a person can not align both eyes simultaneously under normal conditions. One or both of the eyes may turn in, out, up, or down.

T

tremor

Consistent and uncontrolled movements.

total communication

Communication method that uses a combination of speech and sign language.

U

universal design

Extends the idea of barrier-free design to cover the needs of all members of society, including children and seniors.

V

visual discrimination

Ability to detect differences in objects, forms, letters, or words.

visual memory

The ability to remember visual stimuli by significant features on a short- and long-term basis.

W

work incentives program

Includes a variety of Social Security programs for people who are receiving disability benefits and want to enter the work force without immediately losing all their financial security. For more information see Chapter 7 or contact the Social Security Administration.

X

Y

Z