

Resource Guide for Serving Refugees with Disabilities

United States Committee for Refugees and Immigrants

Assisting Refugees with Disabilities



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1 INTRODUCTION

Letter from USCRI President

Acknowledgments

Introduction



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July 9, 2007

Dear Colleague:

The U.S. Committee for Refugees and Immigrants (USCRI) is pleased to announce the release of a new *Resource Guide for Serving Refugees with Disabilities*. Among the tens of thousands of refugees resettled each year, many have lived in poorer regions of the world where there is a higher rate of disabilities, and many have fled situations where armed conflict and related injuries are common. Upon arrival in the U.S., they face enormous challenges in understanding and accessing services in a complex health care and social service system.

Funded through the U.S. Department of Health and Human Services, Office of Refugee Resettlement, the Resource Guide is the product of the USCRI newly initiated program: Meeting the Challenge: Assisting Refugees with Disabilities. The Resource Guide was developed in an effort to improve access to services for newly arrived refugees with disabilities. With an increasing number of refugees with disabilities resettled in the U.S., there is a greater need for effective and coordinated care. This guide is written as a how-to for caseworkers and advocates who serve refugees with disabilities.

The U.S. Committee for Refugees and Immigrants (USCRI) is a non-profit refugee resettlement, immigrant service, and public education organization dedicated to addressing the needs of refugees and immigrants through a network of 35 partner agencies in the United States and through advocacy to improve conditions for refugees worldwide.

We hope this resource guide serves as a useful tool enabling service providers to more effectively assist refugees as they adjust to their new life and become productive citizens.

Should you have any questions or need further information, please contact Dawn Blankenship at the U.S. Committee for Refugees and Immigrants (202)347-3507 ext. 3006 or at dblankenship@uscridc.org.

Sincerely,

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INTRODUCTION

This resource guide is intended for those serving refugees with disabilities: refugee resettlement staff, Mutual Assistance Agency staff, community advocates and social service providers. Many existing resource guides contain information about disabilities; however, this is one of the first developed specifically with refugees in mind. It was created in an effort to increase understanding and exposure to the various services and programs available for those serving refugees with disabilities. For the sake of brevity and ease of use, the information is general wherever possible. We hope you find the resources and information practical and useful.

The guide is divided into sections: services for adults with disabilities, services for refugee children with disabilities, housing, assistive technology and more. Information included was based on input from focus groups, technical assistance requests, and surveys. Scenarios and stories about refugees with disabilities are included to illustrate individual experiences. The names and details have been altered for confidentiality reasons. To help you locate service in your local area, a web address with a small map are featured in most sections.

Information in this guide includes original work as well as materials contributed with permission by various organizations and agencies. Acknowledgement and references are provided to contributors whenever applicable and any omissions are unintended and will be corrected when brought to our attention. The guide has been a collaborative effort, involving experts from their respective fields to provide input and edit the materials. We greatly appreciate their contribution to this endeavor.

This is a working document; therefore, if you have additional suggestions, input or resources which would add to the guide, please contact Dawn Blankenship at 202-347-3507 ext. 3006 or dblankenship@uscrdc.org.

Organizations listed in this guide are not endorsed by USCRI but are included for informational purposes. The resource lists of financial resources are not all-inclusive. Any omissions are unintended and regretted. We will strive to keep the information in this guide accurate and up-to-date, but changes may occur without our knowledge. If you find any incorrect information, please bring it to our attention. Please call 202-347-3507 to report changes.

July 2007

*** Pictured on the front page are an Adult Basic Education class for Deaf refugees and immigrants and an award-winning group of Deaf refugee and immigrant high school students. Student were recognized for their service learning project which raised money to assist Pakistani earthquake survivors.*



2 DISABILITY IN AMERICA:

Checklist for serving refugees with disabilities

Serving refugees with disabilities

Disability in the U.S.

Disability definitions

Suggested web sites on disabilities

Creating inviting and accessible places for
people with disabilities

Disability awareness resources

Myths and facts about people with disabilities

Tips for disability etiquette

Celebrities with disabilities

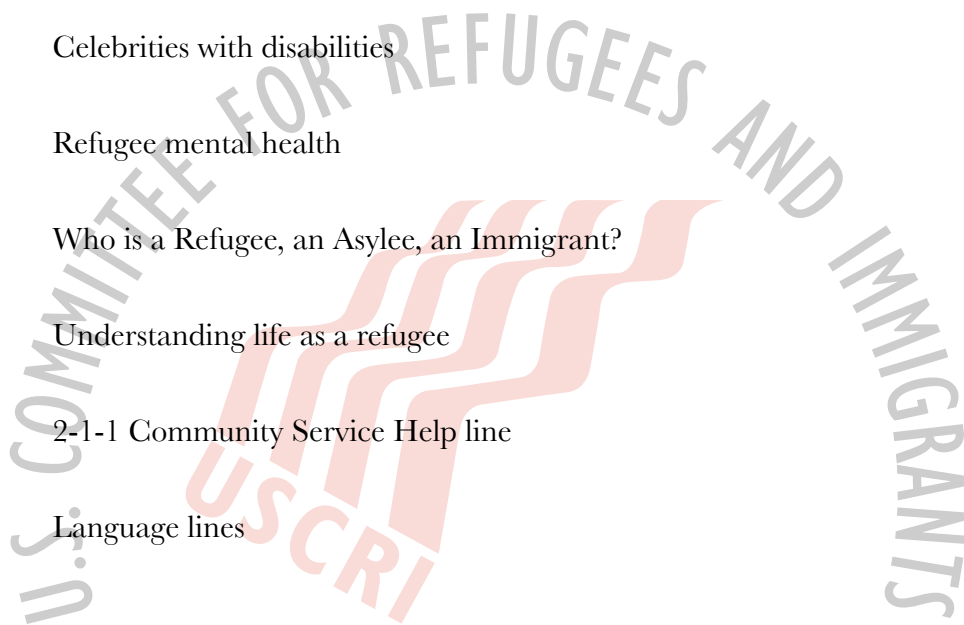
Refugee mental health

Who is a Refugee, an Asylee, an Immigrant?

Understanding life as a refugee

2-1-1 Community Service Help line

Language lines



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CHECKLIST FOR SERVING REFUGEES WITH DISABILITIES

Below are some services and resources to consider when serving refugees with disabilities. These do not apply to all refugees. The list can be used as a guide for making referrals.

BENEFITS:

- SSI
- Food Stamps
- Medicaid/Medicare
- State supplemental assistance for people with disabilities (not all states)
- Refugee cash assistance
- TANF

HOUSING:

- Accessible
- Adaptive equipment
- Modifications made
- Applications for public housing, Housing Choice Vouchers (Section 8)
- Group home or Assisted Living facilities
- Phone assistance programs
- Energy assistance programs

INDEPENDENT LIVING:

- Local Center for Independent Living: assessment of needs
- Waiver services
- Benefits assistance (see section on Social Security-WIPA)
- Budgeting
- Training in public transportation
- Recreational activities
- Home modifications
- Equipment repair
- Assistive technology (see next page)

TRANSPORTATION:

- State ID/drivers license (Discount for people with disabilities)
- Drivers education for people with disabilities
- How to use bus system (Discount for people with disabilities)
- Adaptations for cars
- Medicaid reimbursement for medical transportation
- Paratransit (door-to-door transportation service)

EMPLOYMENT:

- Rehabilitation Services/State Services for the Blind
- One-Stop Career Centers (formerly unemployment agencies)
- Job placement agency

-
- Job Coach
 - Social Services (ie waiver)
 - SSI Work Incentive Programs: Ticket to Work, PASS and WIPA

Education:

- Early Intervention for children before the age of 5 with a suspected disability
- Special Education for children under age 21 with disabilities that interfere with education
- Adult Basic Education classes

Service Providers:

- Occupational Therapist
- Physical Therapist
- Mental Health Therapist (Counselor, Psychologist)
- Psychiatrist
- Psychologist
- County Social Worker/Case Manager

Resources for food:

- Meal delivery for elderly or disabled
- WIC (Women, Infants, Children)
- Local Food Shelf

Assistive Technology:

- Rehabilitation Services for assessment
- Medicaid
- State assistive technology services
- Hearing Aids

Recreation & Leisure:

- Local parks and recreation programs
- Community education
- Discounted gyms/programs
- Adaptive recreation programs

Advocacy and Support:

- Parent Assistance Centers (special education)
- Legal assistance: Legal Aid or Pro Bono lawyers
- Americans with Disabilities Act
- Disability rights: Protection + Advocacy

Citizenship:

- Disability waiver application
- Request for accommodation for naturalization exam

SERVING REFUGEES WITH DISABILITIES

Scenario: A refugee resettlement case manager is meeting with a refugee family who just arrived. When the agency staff met the family at the airport, they noticed one of the children appeared to have some problems walking and a noticeable speech impediment. The medical information they received about the family did not mention these issues. The case manager is new and is unfamiliar with services for refugees with disabilities. Where do they start?

This resource guide was created to provide suggestions to a variety of questions that may arise in your work with refugees with disabilities. It has the potential to assist you with finding providers or resources you may be either unfamiliar with or unaware. Consideration should be given to the fact that services, benefits and laws vary by state and frequently by county; therefore, information contained within guide is general.

Service providers across the country consistently report that assisting refugees with disabilities requires more case coordination. Resettlement services are time limited; therefore, it is important to enlist others to help you provide effective services for refugees who enter the country with a disability. There are a multitude of services for people with disabilities and professionals trained and funded to provide those services. It can be difficult to navigate the complex systems of eligibility rules, reporting requirements, waiting lists and so on. The first step is to figure out where and how to refer a person.

As the initial service provider for refugees, you will need to prepare clients for accessing disability services in the U.S. Explaining the application process, the time line for services to begin, the limitations of the services offered, legal rights, the need to advocate on behalf of oneself (or on behalf of a child), and the importance of being diligent in the pursuit of help are important.

As you begin to serve refugees with disabilities, it is imperative that consideration be given to the client's recent history, their life in the country of origin or host country and individual, family and cultural perceptions of disability.



Recent history

Q: Where did the client come from and how did they arrive in your community?

Relevance: Depending on where refugees migrate from, they may have been exposed to violence, starvation, illnesses and etc. Understanding more about their migration experience will be helpful in understanding cultural perspectives and religious practices. Perhaps they experienced traumatic events in the process of immigrating to the U.S. Perhaps their disability is the result of their migration experience. Immigration status also determines eligibility for services and programs.

Q: With whom does the person reside? What is their support system?

Relevance: If the family was accustomed to an extended family network in their home country, the individual and family may experience stress from having less help to assist the person with a disability. This information is also important for determining financial resources, knowing who is available to provide assistance for physical care, and helpful in understanding the decision-making structure within the family.

Q: Is their disability the result of the war or did it exist prior to the war?

Relevance: If the disability was recently acquired, rather than a disability they were born with, the individual may be experiencing grief or adjustment to the disability. If it is an acquired disability, the individual is more likely to have attended school and have work experience than someone who is born with a disability. They may benefit from physical rehabilitation and employment retraining. They may also need an assistive technology evaluation so they may find tools to assist them with activities of daily living.

Life in the host country

Q: What were the educational experiences in the host country?

Relevance: Recent UNESCO studies suggest that only 1-2% of children with disabilities in developing countries receive an education. Boys with disabilities attend school more frequently than do girls with disabilities.¹ As mentioned previously, individuals who have acquired a disability through war, disease, or other factors, may have received an education. This will be important to know prior to referring them for Adult Basic Education or special education for children under age 21. When asking about educational experiences, pay special attention to comments about a family member being a “slow learner” or “not good in school” which may indicate possible learning disabilities or cognitive impairments.

Q: Is the person proficient in their first language

Relevance: People with disabilities from developing countries are even less likely to have had formal language training than the general population. UNICEF estimates that only around 1% of girls with disabilities are literate (1999). Refugees may have not had the opportunity to attend school and may be illiterate. Language development is also a factor considered when assessing for disabilities. Some states have developed English as a Second Language or Adult Basic Education classes for learners with disabilities. Please see the section entitled “ABE” for resources.

Q: Does the person have a history of employment experiences or training in their host country?

Relevance: A recent report notes that approximately 80% of people with disabilities are unemployed (The International Labor Organization). This is often the result of a lack of education, vocational training and opportunities available for people with disabilities. Identifying skills, training, and interests will be important for preparing the person for employment.

James, an 18 year old deaf Liberian man, arrived in the U.S. with no prior formal education experience. He received some tutoring as a child and can read lips in his first language. He did not know formal sign language prior to arriving in the U.S. He is profoundly deaf as a result of an illness he contracted during the family's migration from their home country to the refugee camp.

Upon arrival, his parents contacted the local school district to enroll their other children, unaware that James was still eligible for special education services until the age of 21. James was evaluated and then placed in a transition program where he learned functional life skills, English, and employment skills. He began learning American Sign Language so he could communicate with his peers. Both he and his parents were interested in any services that supported his goal of finding employment and integrating into the U.S. James applied for and began working with a county social worker and a Rehabilitation Counselor. He also applied for and began receiving SSI.

For those refugees with disabilities who lack work experience, they may be unaware of their skills and abilities and could benefit from employment counseling. They may also be unfamiliar with their rights under the various disability laws. Finding people to help them develop skills, understand their rights and resources, will require time. Contacting the local Rehabilitation Services office to request services is often an initial step.

Q. What care was given in the past for medical conditions?

Relevance: As people start applying for benefits and services, developmental histories and medical histories are important for those determining eligibility. Knowing about previous interventions and medical care will be helpful in determining course of treatment for doctors and other professionals who care for the person here in the U.S.

¹C. Lewis and S. Sygall (eds). Loud, Proud and Passionate: Including Women with Disabilities in International Development Programs, MIUSA 1997.

Perception of Disability

Introduction

Many refugees come from countries which lack basic social services, education for children with disabilities and health care.

When refugees with disabilities arrive in the U.S., they may be altogether unfamiliar with the concept of requesting and receiving assistance for their child or themselves. They may not know the questions to ask or how to get started.

Complex System

The U.S. social service system can be overwhelming. There are programs to help people learn how to use a bus, help find a job, provide personal care services, special education and so much more. Rarely are all the services needed provided by one person or agency, resulting in numerous social service providers involved with the family/individual. This can be difficult for refugees who may feel uncomfortable talking about their disability. In order to access services, they may be asked to share their story and experiences with each agency they request assistance. It's important to consider how this may make them feel: exposed, vulnerable, or uncomfortable.

Process of Diagnosis

Diagnosing a disability can sometimes be difficult, confusing and time consuming. Often there are numerous appointments, conflicting or changing information from professionals, and cultural differences in perception.

Stigma

In some countries, there may not even be words to describe a disability. In others, having a disability carries a great deal of stigma so people may not

feel comfortable identifying themselves as having a disability. For newly arrived refugees, it may be helpful for them to know that admitting a disability and the extent to which it affects them may actually help them receive more services.

It is important for service providers to consider the perspective of the individual, the family and the culture before setting up or referring for services. Understanding perceptions may help you determine

where to refer them, how quickly to proceed, and how many resources to request.

The following section is divided into three parts:

- considering the individual's perception
- family's perception
- community perception.

The questions are merely things to consider when talking with families/individuals. The questions are not intended to be used

directly with refugees, rather they are to assist you in understanding those you serve. It is important to consider if a person wants services and whether they are ready to access help. Perhaps they are not ready to make many changes but need help with starting the process. For instance, a refugee may want a job but they do not know how to request accommodations for their disability or what types of things to say in an interview to discuss their disability. They may benefit from some job training and developing work skills.

Chao is a 25 year old Hmong man who presents with some cognitive impairment. He immigrated to the U.S. with his family 12 years ago. He graduated from a local school where he attended special education classes until the age of 21. School staff were eager to assist him with finding permanent employment in the community due to his strong work skills.

His parents spoke very little English and were not interested in pursuing employment for their son because he would lose his monthly SSI check. The family depended on the income and had negative experiences when Chao worked part-time in the past. His monthly check was reduced causing a number of problems for the family. They did not feel it was worth the hassle for him to have a job. They preferred that he stay home and care for his siblings' children



Individual's perception of disability:

This section is designed to help you gauge the person's attitudes about self-sufficiency, dependence, and comfort in receiving benefits.

- What are their interests (working, studying, learning English or other)?
- Person is interested in: _____
- Person does not have any interest in becoming self-sufficient
- Person prefers to let others do things for them
- Person is comfortable receiving public benefits and staying at the home
- Person is comfortable discussing their disability
- Person is uncomfortable talking about their disability

Family's perception of disability:

- Understands the person's disability
- "Hides" the person with a disability from the community
- Includes the person with a disability in family and community activities
- Has adapted or is adapting to the person's disability
- Encourages the person to become self-sufficient (study, get a job, take care of themselves)
- Needs to or would like to learn more about the person's disability
- Prefers the person with a disability receive public benefits and stay in the home
- Believes they are solely responsible for the person
- Does everything for providing care for the person with a disability
- Expresses shame about the person's disability
- Denies the person has a disability

Cultural perception:

- Believes the disability is a curse
- Believes the disability is the parent's fault
- Believes it is a fact of life
- Believes the person may be cured through medicine, religion or etc.
- Believes it is possible for people with disabilities to contribute and lead fulfilling lives.



Identifying a disability

As a professional familiar with serving refugees, you may encounter individuals who, despite your best efforts, do not seem to be integrating or benefiting from services. While their records may not specify a disability, your experiences working with the person may indicate the need for additional evaluation. Doing an initial screening is helpful so you may direct them to the appropriate agency for services. You are not expected to provide a diagnosis or conduct a thorough evaluation, rather, try to determine possible areas of need for an individual. Below is one tool for working with refugees with possible disabilities. The tool may be used to assess an individual's functioning or indicate area a person is struggling.

Tools for working with refugees:

Screening Tool for Refugee Functioning: The Current Adaptive Functioning Index—Cross-Cultural Version (CAFI-XC) developed by the Center for Multicultural Human Services (CMHS) is a professional-rating tool for assessing the functional needs and progress of immigrants and refugees. Eight functional domains, rated on a five-point scale, measure abilities to meet basic needs, risks in the environment, family and social support, educational achievement, emotional health, and language and other cultural barriers. It is a brief instrument requiring minimal time, resources, and training. CMHS' 25 years of experience working with the immigrants and refugees provided the basis for the instrument, and it is being tested for scientific validity. To order, go to: <http://cmhs.or/about/store/index.html>

DISABILITY IN THE U.S

Equal rights

Over the course of the past 30 years, the disability rights movement has worked for equal rights for people with disabilities and their families. Underscoring this work has been a campaign to change negative attitudes and perceptions of people with disabilities. As public awareness has changed, more opportunities have become available for people with disabilities in the work place, education, and community. Disability activists have focused on increasing the choices available to individuals with disabilities while also improving the types of services available. Through the disability movement, laws to recognize and protect the rights of people with disabilities have been implemented.

Diversity

While diversity exists in the disability movement, much of it is related to the types of disabilities. There is a need to recognize and address the unique issues presented by the culturally and linguistically diverse individuals with disabilities living the U.S.

Self-advocacy

Core to this movement is respect for human dignity and self-determination, a person's right to choose. Self-advocacy, or asking for what you want or need, is fundamental to this movement and is referenced often in the literature and by service providers. It is also a concept which may be foreign to refugees with disabilities. As you begin to work with newly arrived refugees with disabilities, consider that you have the opportunity to model advocacy through your every day work with refugees. Prepare them by teaching:

- ✓ what is available
- ✓ their rights and responsibilities
- ✓ the process to get what they need (self-advocacy)
- ✓ what to expect
- ✓ where to go if they are denied ("no" doesn't always mean "no")



DISABILITY DEFINITIONS

Definitions are important as disability prevalence is frequently measured by the number of individuals who meet the definitions. Most definitions for disabilities are from a medical perspective, focused on what needs to be “treated” or “improved” with a person rather than considering changing societal perceptions to accommodate all individuals regardless of disability, age, gender, or ethnicity.

World Health Organization (WHO):

The term “disability” summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

The term “handicap” means 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.¹

Americans with Disabilities Act (ADA):

1. Has a physical or mental impairment that substantially limits one or more major life activities (Major life activities include: walking, seeing, hearing, speaking, breathing, learning, working, Caring for oneself, and performing manual tasks.)
2. Has a record of such impairment
3. Is regarded as having such an impairment.

Section 504 of the Rehabilitation Act of 1973:

Follows the same standards as the ADA and applies to the U.S. government and agencies that receive federal

funding.

Individuals with Disabilities Education Act (IDEA):

This Act identifies disabilities for the purpose of determining eligibility for special education services. These categories include: autism, deafness, deaf-blindness, hearing impairments, mental retardation, multiple disabilities, orthopedic impairments, other health impairments, serious emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury, and visual impairments.

Social Security Supplemental Income (SSI):

1. If you are not working, or your monthly earnings average a certain amount or less, the state agency then looks at your medical condition.
2. Your medical condition must significantly limit your ability to do basic work activities—such as walking, sitting and remembering—for at least one year.
3. The state agency has a List of Impairments that describes medical conditions that are considered so severe that they automatically mean that you are disabled, as defined by law. If your condition (or combination of medical conditions) is not on this list, the state agency looks to see if your condition is as severe as a condition that is on the list. If the severity of your medical condition meets or equals that of a listed impairment, the state agency will decide that you are disabled.
4. At this step, the state agency decides if your medical condition prevents you from being able to do the work you did before. If it does not, the state agency will decide that you are not disabled.
5. If you cannot do the work you did in the past, the state agency looks to see if you would be able to do other work. It evaluates your medical condition, your age, education, past work experience and any skills you may have that could be used to do other work. If you cannot do other work, the state agency will decide that you are disabled. If you can do other work, the state agency will decide that you are not disabled.

¹ United Nations (December, 1993). Standard Rules on the Equalization of Opportunities for Persons with Disabilities. <http://www.un.org/esa/socdev/enable/dissre01.htm>

SUGGESTED WEB SITES

General

Council on Disability Rights
<http://www.disabilityrights.org/>

Institute for Community Inclusion
<http://www.communityinclusion.org/>

National Dissemination Center for Children with Disabilities
<http://www.nichcy.org/>

Center for International Rehabilitation Research Information and Exchange
<http://cirrie.buffalo.edu/monographs/index.html>

World Institute on Disability
<http://www.wid.org/>

Proyecto Vision
<http://www.wid.org/programs/#pv>

Institute for Community Integration
<http://www.ici.umn.edu/>

La Clinica
<http://www.laclinica-stl.org/links.html>

Deaf Census
<http://www.deafcensus.org/coMission.php>

National Conference of State Legislatures
http://www.vdh.state.va.us/ohpp/clasact/documents/clasact/1anguage/Language_Access.pdf

Tools for Life
<http://www.gatfl.org/ldguide/terms.htm>

National Center for Independent Living
www.NCIL.org

Department of Health and Human Services
<http://www.hhs.gov/od/topics/healthandhumanservices/healthandhumanservices.html>

New Freedom Initiative
<http://www.hhs.gov/newfreedom/>

Agency for Health Care Research and Quality
<http://www.ahrq.gov/populations/disabix.htm>

Legal

ADA Technical Assistance Program
<http://www.dbtac.vcu.edu/>

National Disability Rights Network
www.ndrn.org

U.S. Department of Justice
<http://www.usdoj.gov/coir/probono/states.htm>

Employment

U.S. Social Security Administration
<http://www.ssa.gov/work/>

Job Accommodation Network
www.jan.edu

Equal Employment Opportunity Commission
www.dol.gov

Transportation

National Institute on Disability Rehabilitation and Research
<http://www.dbtac.vcu.edu/transport.aspx>

DisabilityInfo.gov
<http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=135>

The Association for Driver Rehabilitation Specialists
<http://www.driver-ed.org/custom/directory-cdrs?pageid=320&showTitle=1>

Education

Center for Applied Linguistics
<http://www.cal.org/resources/archive/digest/1988speialed.html>

Literacy Support Staff
http://www.aelweb.vcu.edu/links/adult_learner/links



CREATING INVITING AND ACCESSIBLE PLACES FOR PEOPLE WITH DISABILITIES

During a tour of a local crisis center, I inquired about the TTY machine sitting on the desk. The power appeared to be off. I asked the staff if they publicized the crisis number to the TTY and they confirmed they did. I asked if anyone knew how to use the machine itself or how to communicate with a deaf person calling on a TTY? They admitted they did not know how to use it and were unsure if anyone else at the agency knew either. They did receive calls on the voice phone lines with the help of the telephone relay service.

How does your office/agency rate?

Equipment:

- Does your office have a TTY?
- Have staff been trained how to answer it?

Environment:

- How is the lighting in your office?
(For people with hearing loss or vision problems, good lighting is very important.)
- Is there accessible parking spaces near the entrance?
- Is the front door accessible to a person with a disability?
- If not, have you posted a map of an alternative route?
- Is there a bathroom on your floor that is accessible?
- How is the layout of the office itself?
- Is there enough room for a person in a wheelchair to move about?
- Are there boxes or waste baskets obstructing the aisle?
- Is the front desk at eye level?

Agency Culture:

- Does your agency hire people with disabilities?
- Is there a designated person who is responsible for responding to accommodation requests from consumers?
- Do you have agency materials available in alternate formats such as large print or Braille?

- When you hold an event, training or class at the agency, do you indicate your willingness to provide reasonable accommodations?

Web sites for additional information:

- Ball State University recommendations (<http://www.bsu.edu/dsd/accesschecklist/>)
- United Spinal Association recommendations (<http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>)



DISABILITY AWARENESS RESOURCES

1. Emmanuel's Gift: Video

The story of Emmanuel, a young man born in Ghana with a deformed leg. The video, narrated by Oprah Winfrey, shares his journey around the country of Ghana riding his bike in an effort to raise awareness of the plight of people living with disabilities in the country of Ghana. This is an excellent tool for teaching about the experiences of people with disabilities in other countries. Available for purchase on-line or for rent at local video stores.

2. National Dissemination Center for Children with Disabilities (NICHCY)

(www.nichcy.org). Provides a list of disability awareness products are available. Includes curriculum, books, children's books, and posters. The list also gives a brief summary of each resource, where it is located, and the age range of the resource for whom the product is geared. Most of these products come with a cost involved. The list is located at <http://www.nichcy.org/pubs/bibliog/bib13txt.htm>.

WEB SITES ON STIGMA AND DISABILITIES

Article focusing on the changing definition of "disability" and self-stigma
<http://www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm>

Large collection of articles on stigma and mental health
<http://bipolarworld.net/Disability/Stigma/stigma.htm>

Guide to letter writing and anti-stigma activism
<http://bipolarworld.net/pdf/SMA01-3513.pdf>

Article dealing with both public and self-stigma and methods to reduce it
<http://bipolarworld.net/pdf/stigma.pdf>

Large collection of articles and links on stigma
<http://community-2.webtv.net/stigmanet/STIGMAHOMEPAGE/>

Guide to "Developing a Stigma Reduction Initiative"
<http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4176/>

MYTHS AND FACTS ABOUT PEOPLE WITH DISABILITIES

(Reprinted with permission from Easter Seals)

Everybody's fighting some kind of stereotype, and people with disabilities are no exception. The difference is that barriers people with disabilities face begin with people's attitudes — attitudes often rooted in misinformation and misunderstandings about what it's like to live with a disability.

Myth 1: People with disabilities are brave and courageous.

Fact: Adjusting to a disability requires adapting to a lifestyle, not bravery and courage.

Myth 2: All persons who use wheelchairs are chronically ill or sickly.

Fact: The association between wheelchair use and illness may have evolved through hospitals using wheelchairs to transport sick people. A person may use a wheelchair for a variety of reasons, none of which may have anything to do with lingering illness.

Myth 3: Wheelchair use is confining; people who use wheelchairs are "wheelchair-bound."

Fact: A wheelchair, like a bicycle or an automobile, is a personal assistive device that enables someone to get around.

Myth 4: All persons with hearing disabilities can read lips.

Fact: Lip-reading skills vary among people who use them and are never entirely reliable.

Myth 5: People who are blind acquire a "sixth sense."

Fact: Although most people who are blind develop their remaining senses more fully, they do not have a "sixth sense."

Myth 6: People with disabilities are more comfortable with "their own kind."

Fact: In the past, grouping people with disabilities in separate schools and institutions reinforced this misconception. Today, many people with disabilities take advantage of new opportunities to join mainstream society.

Myth 7: Non-disabled people are obligated to “take care of” people with disabilities.

Fact: Anyone may offer assistance, but most people with disabilities prefer to be responsible for themselves.

Myth 8: Curious children should never ask people about their disabilities.

Fact: Many children have a natural, uninhibited curiosity and may ask questions that some adults consider embarrassing. But scolding curious children may make them think having a disability is “wrong” or “bad.” Most people with disabilities won’t mind answering a child’s question.

Myth 9: The lives of people with disabilities are totally different than the lives of people without disabilities.

Fact: People with disabilities go to school, get married, work, have families, do laundry, grocery shop, laugh, cry, pay taxes, get angry, have prejudices, vote, plan and dream like everyone else.

Myth 10: It is all right for people without disabilities to park in accessible parking spaces, if only for a few minutes.

Fact: Because accessible parking spaces are designed and situated to meet the needs of people who have disabilities, these spaces should only be used by people who need them.

Myth 11: Most people with disabilities cannot have sexual relationships.

Fact: Anyone can have a sexual relationship by adapting the sexual activity. People with disabilities can have children naturally or through adoption. People with disabilities, like other people, are sexual beings.

Myth 12: People with disabilities always need help.

Fact: Many people with disabilities are independent and capable of giving help. If you would like to help someone with a disability, ask if he or she needs it before you act.

Myth 13: There is nothing one person can do to help eliminate the barriers confronting people with disabilities.

Fact: Everyone can contribute to change. You can help remove barriers by:

- Understanding the need for accessible parking and leaving it for those who need it
- Encouraging participation of people with disabilities in community activities by using accessible meeting and event sites
- Understanding children’s curiosity about disabilities and people who have them
- Advocating a barrier-free environment
- Speaking up when negative words or phrases are used about disability
- Writing producers and editors a note of support when they portray someone with a disability as a “regular person” in the media
- Accepting people with disabilities as individuals capable of the same needs and feelings as yourself, and hiring qualified disabled persons whenever possible



TIPS FOR DISABILITY ETIQUETTE

People with disabilities are entitled to the same courtesies you would extend to anyone, including personal privacy. If you find it inappropriate to ask people about their sex lives, or their complexions, or their incomes, extend the courtesy to people with disabilities.

- If you do not make a habit of leaning or hanging on people, do not lean or hang on someone's wheelchair. Wheelchairs are an extension of personal space.
- When you offer to assist someone with a vision impairment, allow the person to take your arm. This will help you to guide, rather than propel or lead, the person.
- Treat adults as adults. Call a person by his or her first name only when you extend this familiarity to everyone present. Do not patronize people who use wheelchairs by patting them on the head. Reserve this sign of affection for children.

In conversation...

- When talking with someone who has a disability, speak directly to him or her, rather than through a companion who may be along.
- Relax. Do not be embarrassed if you happen to use common expressions, such as "See you later" or "I've got to run", that seem to relate to the person's disability.
- To get the attention of a person who has a hearing disability, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not everyone with hearing impairments can lip-read. Those who do will rely on facial expressions and other body language to help understand. Show consideration by facing a light source and keeping your hands and food away from your mouth when speaking. Keep mustaches well-trimmed. Shouting will not help, but written notes will.

- When talking with a person in a wheelchair for more than a few minutes, place yourself at the wheelchair user's eye level to spare both of you a stiff neck.

- When greeting a person with a severe loss of vision, always identify yourself and others who may be with you. Say, for example, "On my right is Andy Clark". When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cue. Speak in a normal tone of voice, indicate when you move from one place to another, and let it be known when the conversation is at an end.

- Give whole, unhurried attention when you are talking to a person who has difficulty speaking. Keep your manner encouraging rather than correcting, and be patient rather than speak for the person. When necessary, ask questions that require short answers or a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Repeat what you understand. The person's reaction will guide you to understanding.

Common courtesies...

- If you would like to help someone with a disability, ask if he or she needs it before you act, and listen to any instructions the person may want to give.
- When giving directions to a person in a wheelchair, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills.
- When directing a person with a visual impairment, use specifics such as "left a hundred feet" or "right two yards".
- Be considerate of the extra time it might take a person with a disability to get things done or said. Let the person set the pace in walking and talking.
- When planning events involving persons with disabilities, consider their needs ahead of time. If an insurmountable barrier exists, let them know about it prior to the event.

Preferred language includes the use of:

- “Has” or “with” instead of “crippled with,” “suffering from,” “afflicted with.” For example, say “John has epilepsy” rather than “John is suffering from epilepsy.”
- Congenital disability rather than “birth defect.”
- Non-disabled rather than “normal,” “healthy” or “able-bodied.”
- “Condition” rather than “disease” or “defect.”
- Other offensive terms and phrases include “victim,” “cripple,” “crippling,” “unfortunate,” “dumb,” “deaf mute,” “mute” “deformed,” “blind as a bat,” “invalid,” “pitiful,” “poor,” “deaf and moron” and “feeble-minded.”

Stereotypes of individuals with disabilities as “courageous,” “brave,” “inspiration” or as “sensitive,” “bitter” and “full of self-pity” also are offensive. Other etiquette tips that might help are:

- A speech impairment does not indicate that the person also has a hearing impairment or intellectual limitations. Someone with a speech impairment should be allowed to finish his or her own sentences.
- When talking to a person who is lip reading, use gestures and speak clearly, but do not exaggerate lip movements or shout. An interpreter may be helpful for group meetings, even if the deaf person reads lips.
- Avoid any tendency to shout while speaking to someone who is visually impaired. There is no need to avoid the use of verbs like “see”. When walking with a person who is visually impaired, allow that person to set the pace.

- Language should emphasize the person first, the disability second. For example, rather than refer to someone as an epileptic, say “person with epilepsy” or “John, who has epilepsy...” Avoid language that is negative and inaccurate. For example, people who use wheelchairs are not “bound” or “confined” to their chairs. And, while a person may have spastic muscles, he or she is not spastic.

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(http://www.easterseals.com/site/PageServer?pagename=ntl_etiquette) and the University of Arizona (<http://ag.arizona.edu/agdiv/etiquette.html>).



CELEBRITIES WITH DISABILITIES

Amputee•Daniel Inouye—Senator/Hawaii•Larry Wynn—Representative/Kansas•Amyotrophic Lateral Sclerosis•Stephen Hawking—Physicist•**Blind**•Ray Charles—Entertainer•Jose Feliciano—Entertainer•Homer—Epic Poet•John Milton—Poet•George Shearing—Entertainer•Stevie Wonder—Composer•**Blind and Deaf**•Helen Keller—Social Activist•**Born Without a Right Hand**•Jim Abbott—Baseball Player•**Cataracts**•Johann Sebastian Bach—Composer•George Fredrick•Handel—Composer•Claude Monet—Artist•**Diabetes**•Mary Tyler Moore—Actress•**Down's Syndrome**•Chris Burke—TV Star•**Dyslexia**•Tom Cruise—Actor•**Epilepsy**•Tony Coelho—Former Representative/California•**Hearing Impaired**•Alexander Graham Bell—Inventor•Nanette Fabray—Actress•**Learning Disability**•Cher—Actress•Agatha Christie—Mystery Writer•Winston Churchill—Prime Minister•Thomas Edison—Inventor•Albert Einstein—Physicist•Whoopi Goldberg—Actress•Mike Gravel—Former Senator/Alaska•Bruce Jenner—Olympic Runner•Magic Johnson—Basketball Player•Greg Louganis—Olympic Diver•Lindsay Wagner—Actress•Henry Winkler—Actor•**Mobility Impaired**•Sarah Bernhardt—Actress•Toulouse-Lautrec—Artist•Cole Porter—Composer•**Multiple Sclerosis**•Annette Funicello—Actress•**Muscular Dystrophy**•Evan J. Kemp, Jr.—EEOC Chairman•**Paraplegic**•George Wallace—Former Governor/Alabama•**Parkinson's Disease**•Michael J. Fox—Actor•Katherine Hepburn—Actress•**Partial Paralysis**•Louis Pasteur—Scientist•Walt Whitman—Poet•**Physical Disability**•Robert Dole—Senator/Kansas•**Polio/Paraplegic**•Franklin D. Roosevelt—President•**Progressive Deafness**•Ludwig von Beethoven—Composer•**Quadriplegic**•Freddie Pedergrass—Entertainer•**Seizure Disorder**•Vincent van Gogh—Artist•**Stroke**•Betty Davis—Actress•Patricia Neal—Actress•**Visually Impaired**•Sandy Duncan—Actress•James Joyce—Novelist, Poet¹

¹ Prepared by Jeannette Turchi, EASE Director at Duluth Community College Center.

REFUGEE MENTAL HEALTH

While mental health issues are the most common disability reported by those serving refugees, this guide focuses almost exclusively on disabilities other than mental health: developmental, cognitive, sensory, learning and mobility. The experiences of refugees prior to arrival, including traumatic events, atrocities, and personal losses can have significant impact on a person's mental health and ability to function. Resources and materials to address refugee mental health are essential and have been undertaken by a number of programs specialized in this area, including the former National Alliance for Multicultural Mental Health through U.S. Committee for Refugees and Immigrants. helpful web sites and resources are listed:



Web sites

<http://www.cvt.org/main.php>

Office of Refugee Resettlement: Center for Victims of Torture/National Capacity-Building Project.

<http://www.cmhs.org/index.html>

Center for Multicultural Human Services

<http://www.mentalhealth.harpweb.org/>

Website designed to help health professionals in assisting asylum seekers and refugees with mental health issues.

<http://www.rsc.ox.ac.uk/>

Graduate program in Refugee Studies

<http://www.yorku.ca/crs/>

Graduate program in Refugee Studies

<http://www.hpri-cambridge.org>

Graduate program in Refugee Trauma

References

http://www.refugees.org/uploadedFiles/Participate/Resources/Books_and_Publications/lessons_field.pdf

Lessons from the Field. Paper written about issues and resources in refugee mental health. United States Committee for Refugees and Immigrants.

<http://www.refugees.org/article.aspx?id=1106>

Other publications by USCRI: Connections (includes best practices in refugee mental health) and Mental Health in the ESL Classroom

http://www3.baylor.edu/~Charles_Kemp/refugee_mental_health.htm

Research paper including information on War/Trauma Experience, Displacement, Consequences of War/Trauma Experience and Displacement, Posttraumatic Stress Disorder, Grief, Suicide, Addressing Mental Health Problems of Refugees, Assessment, Interventions, and the Tasks of Bereavement Applied to Refugees. It also lists relevant web links.

http://ethnomed.org/clin_topics/depression/som_depression_profileMar06.htm

Depression among Somali refugees, including treatment options/strategies, a list of relevant Somali terminology along with their English definitions, and cultural knowledge and traditional treatments.

From the Center for Transcultural Mental Health:

1. Ater, Richard, RN, "Mental Health Issues of Resettled Refugees," November 1998. University of Washington. http://ethnomed.org/ethnomed/clin_topics/mental_health.html
2. Bhugra, Dinesh and Peter Jones. "Migration and Mental Illness" in *Advances in Psychiatric Treatment* (2001), vol. 7, pp. 216-223.
3. Carballo, Manuel and Aditi Nerukar. "Migration, Refugees, and Health Risks." *Emerging Infectious Diseases*, Vol. 7, No. 3 Supplement, June 2001, pp. 556-560.
4. Dusevic, Neda, Pierre Baume, Abd-Elmasih Malak. *Cross Cultural Suicide Prevention: A Framework*. Transcultural Mental Health Centre and the NSW Health Department Centre for Mental Health. 2002.
- Kemp, Charles. "Mental Health" Refugee Health - Immigrant Health. Baylor School of Nursing, Houston, Texas. http://www3.baylor.edu/~Charles_Kemp/refugee_mental_health.htm
5. Psychosocial and Mental Well-Being of Migrants. International Organization for Migration Position Paper. November 2003.
6. World Health Organization. "Mental health of Refugees, Internally Displaced Persons and Other Populations Affected by Conflict." http://www.who.int/hac/techguidance/pht/mental_health_refugees/en/print.html
7. The Infinite Mind Radio. "In Any Language: Mental Health Care for Immigrants." Interviews with leading experts, including Dr. Arthur Kleinman. <http://www.lcmedia.com/mind380.htm>
8. Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs. National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Georgetown University Medical Center. Spring/Summer 2004. http://www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf
9. Galanti, Geri Ann. "An Introduction to Cultural Differences" in *Western Journal of Medicine* 2000;172:335-336.
10. Giorgis, Tedla W. "Multicultural Counseling: Training Manual for Counselors of Refugee Clients" Second Edition. Washington, D.C. Office of Refugee Resettlement, 2004. For copies, contact: District of Columbia Office of Refugee Resettlement, 2146 24th Place, N.E., Washington, D.C. 20018.
11. Greene, Pamela. "The Cultural Adjustment and Mental Health of Japanese Immigrant Youth" in *Adolescence Magazine*. 9/22/2003.



WHO IS A REFUGEE?...AN ASYLEE?...AN IMMIGRANT?

Terminology used to discuss about culturally and linguistically diverse individuals living in the United States can be confusing. However, because the terms are important insofar as immigration status affects the benefits and services a person may be eligible for, it is necessary to define them.

Refugee:

Refugee generally refers to someone who has arrived through the refugee resettlement program. Under the 1951 Refugee Convention, a refugee is someone who has fled their country “owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.” This generally means they’ve fled their country and received refugee status in another country and then were accepted for resettlement by the US. Refugees are eligible for employment through their status

Asylum Seeker:

These individuals arrive in the U.S. with non-immigrant status and apply for asylum as they are considered in need of protection. Once they are granted asylee status, they are eligible for the same services and benefits as a refugee.

Immigrant:

Generally, this term is used to refer to someone who voluntarily enters a new country with the intent to live and work there for an extended period of time. This includes those who enter legally (such as refugees) or illegally (undocumented individuals). An immigrant may be a student, a refugee, or an undocumented migrant farm worker.

UNDERSTANDING LIFE AS A REFUGEE

A number of resources are available to help those interested in developing a better understanding of life as a refugee.

The Refugee Experience: Psychosocial Training Module by Oxford Refugee Studies Centre.

This on-line module provides detailed information compiled by experts working at Oxford University.

<http://earlybird.qeh.ox.ac.uk/rfgexp/start.htm>

Culture Profiles by Center for Applied Linguistics (CAL):

- These profiles are developed for refugee service providers and others assisting newcomers to the United States.
- Each one contains a basic introduction to the people, history, and culture of the group concerned and includes topics such as history, geography, economy, social structure, gender roles, language and literacy, education, religion, art and song, food and dress, festivities, names, and features of the language.
- \$7.00 each and can be ordered from the CAL store. cultures available are: the Bosnians, the Haitians, the Iraqis, the Iraqi Kurds, the Somali Bantu, the Somalis, the Hmong, the Liberians, and Muslim refugees in the United States. <http://www.cal.org/index.html>

Refugee Backgrounder by CAL:

- Provide key information about new refugee groups for U.S. resettlement workers but in a smaller digest format.
- Includes sections on the need for resettlement of the group to the United States, cultural attributes of the group, resettlement considerations, as well as a one page statistical summary.
- Two Backgrounders available for free download on the Banyamulenge Tutsi and the 1972 Burundians. <http://www.cal.org/index.html>

Children of War: A Video for Educators

A videotape designed for use as a ‘hands-on’ instructional tool for educators, school administrators and other professionals dealing with refugee/immigrant children. It opens with highlights from the play, Children of War, in which five seemingly ordinary adolescent refugees from Afghanistan, El Salvador, Iraq, Sierra Leone, and Somalia tell their extraordinary stories of war, traumatic loss, and displacement. Behavioral health practitioners with in-depth expertise in treating traumatized refugee children go on to describe the scope of refugee trauma and its manifestations in school-aged refugee youth. The accompanying practical Resource Guide contains discussion questions, and suggestions as to how teachers and administrators can identify and help support traumatized refugee/immigrant children in their schools. VHS: 30 min. Cost: \$40. To order:

<http://www.cmhs.org/index.html>

Refugee Health/Immigrant Health

This personal website has information on country specific refugees—from language to culture to how they interact with community leaders. It provides a good understanding of population-specific refugees.

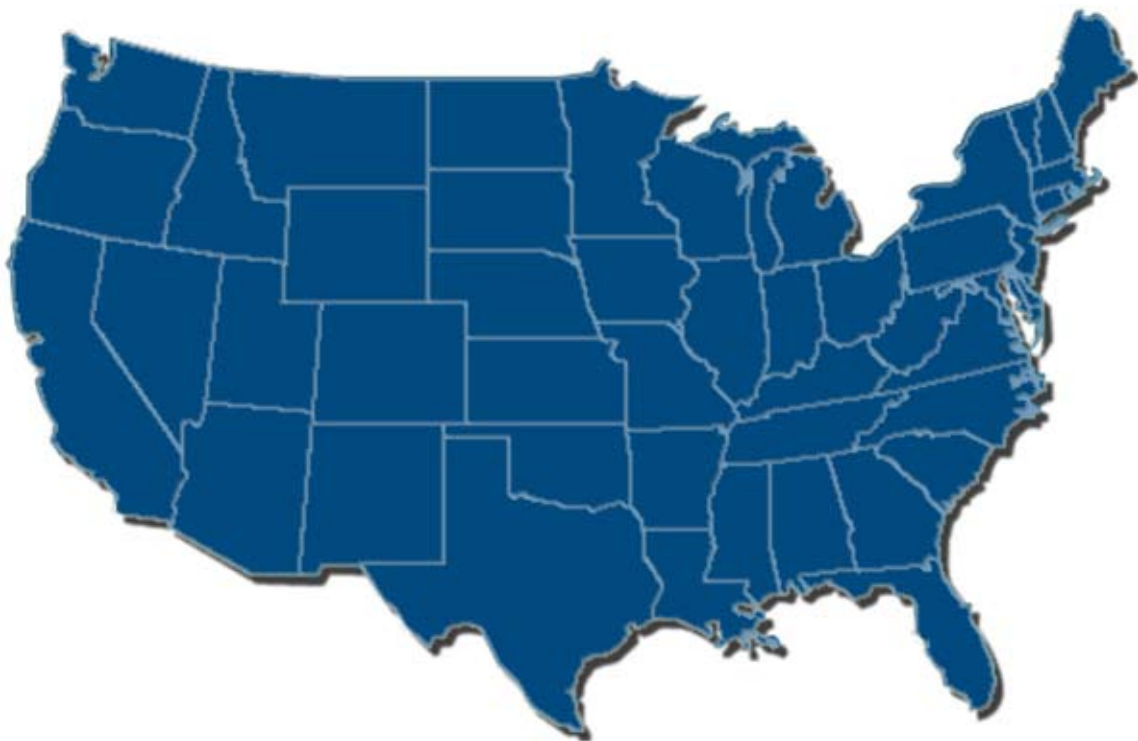
http://www3.baylor.edu/~Charles_Kemp/refugees.htm

2-1-1 COMMUNITY SERVICE HELPLINE

The 2-1-1 helpline provides assistance in local communities about a variety of resources:

- physical and mental health services
- employment supports
- housing
- food assistance
- services for elderly
- persons with disabilities
- children, youth, and families
- volunteer opportunities
- donations

More than 20 states have implemented this referral service.



For more info: go to www.211.org or call 2-1-1

LANGUAGE LINES

Telephonic Interpretation

Benefits:

With the introduction of language lines, contacting individuals with limited English proficiency has become easier. Language lines offer new communication access for education staff, medical personnel, social service providers and so on. Whereas in the past, providers had to hire an interpreter for something as simple as setting up a doctor appointment, they now have the option of using an interpretation service at any time for a small fee. This service reduces the language barriers and has the potential to significantly improve services to culturally and linguistically diverse individuals.

Service Provided:

Telephonic interpretation is an interpretation service provided entirely over the phone. Most companies providing this service have someone available in the language of your choice 24 hours a day, 365 days a year. Most claim to offer every language or more than 150 of the most popular. Some offer specialized medical interpretation training in several languages.

How to use:

The most common way to access the services is to call the company's phone number and request to speak with a translator for a specific language. It is helpful to have a phone with a speakerphone option. Some companies offer phones with dual receivers to aid in interpretation.

Tips for using telephonic interpretation:

- ◇ Speak plainly, clearly and in short sentences.
- ◇ Have the interpreter “ask back” to ensure understanding.

Fees:

When language lines were first introduced, fees to use the services were high and a contract or minimum fee was required. These days, most companies do not have a monthly fee, set-up charges, or equipment required for interpretation. **Prior to using a language line, contact the provider you want to use and get a rate quote so you are not surprised with unexpected fees.** Most companies also offer document translation, on-site interpretation, subtitling, and a variety of other translation and interpretation services.

Some questions to ask before signing a contract:

- What is the connection method?
- What is the time to connect?
- Where are the call centers based?
- How do they train employees?
- Are there medical specialists?
- Can a ‘third’ party be added at any time during the call?
- What type of reporting is offered and how substantial is it?
- How many languages are available?

Resource:

“Health Care Language Services Implementation Guide”

The Office of Minority Health at the U.S. Department of Health and Human Services has developed an interactive Web-based learning tool designed to help health care professionals plan, implement and evaluate language access services (LAS) within their organizations. It is available at no cost to health care providers at <http://thinkculturalhealth.org/>, or directly at <https://hclsig.thinkculturalhealth.org/user/home.rails>

TELEPHONIC LANGUAGE PROVIDERS

(not endorsed by USCRI)

CTS LANGUAGELINK™

- Accessible 24 hours a day, seven days a week, 365 days a year
- Every language is available
- Available on any phone
- No set-up costs, no monthly fees, no minimum use charges. Charged by the minute
- Process:
 - Dial 1-800-208-2620
 - Indicate desired language for interpretation
- Also available: on-site interpreting, document translation, subtitling, video interpreting, multilingual voice over, and conference interpreting
- Locations:
Portland, Los Angeles, Indianapolis, Spokane, Washington DC/Baltimore, Seattle, Vancouver



CERTIFIED LANGUAGES INTERNATIONAL

- Accessible 24 hours a day, seven days a week, 365 days a year
- Over 150 languages available
- Fee: \$1.65/minute
- Process:
 - Dial 1-800-225-5254
 - Indicate desired language for interpretation
- Also available: document translation

LANGUAGE LINE

- Accessible 24 hours a day, seven days a week.
- Every language is available (Certified medical interpreting service in 22 languages).
- Language Line® Phone—Dual-headset phone with instant access to an interpreter.
- Fees:
 - \$1.60/minute
 - Language Line® Phone also has a \$3.00 monthly maintenance fee
- Process:
 - Dial 1-800-752-0093
 - Indicate desired language for interpretation
- Also available: document translation, Language Line® University, Language Line® direct response, and Language Line® video interpreter service

CYRACOM

- Accessible 24 hours a day, seven days a week, 365 days a year
- Over 150 languages available
- Trained in medical interpreting
- ClearLink™—Dual-headset phone with pre-programmable options.

- Fees:
 - o Minimum monthly charge: \$100.00/ month (equivalent to 10 mins/week)/
 - o Account Activation fee: \$100
 - o Monthly phone lease: \$3.95/month
 - o \$2.45 min usage fee (if over 10 mins/week)
- Also available: document translation

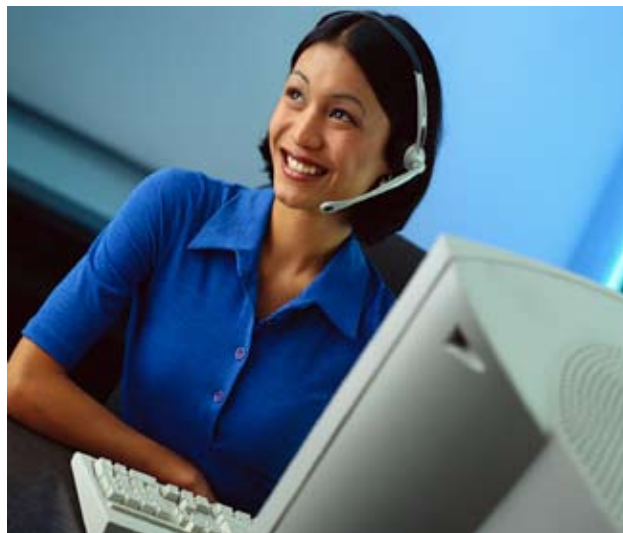
TTY Relay Services for Individuals with Hearing Loss:

Language lines are similar to Relay Services for the Deaf, a free service initiated years ago enabling hearing and Deaf people to communicate through a TTY (text telephone) utilizing the assistance of an “operator” or Communication Assistant. With new technology, additional options have become available for people with hearing loss through the Internet.

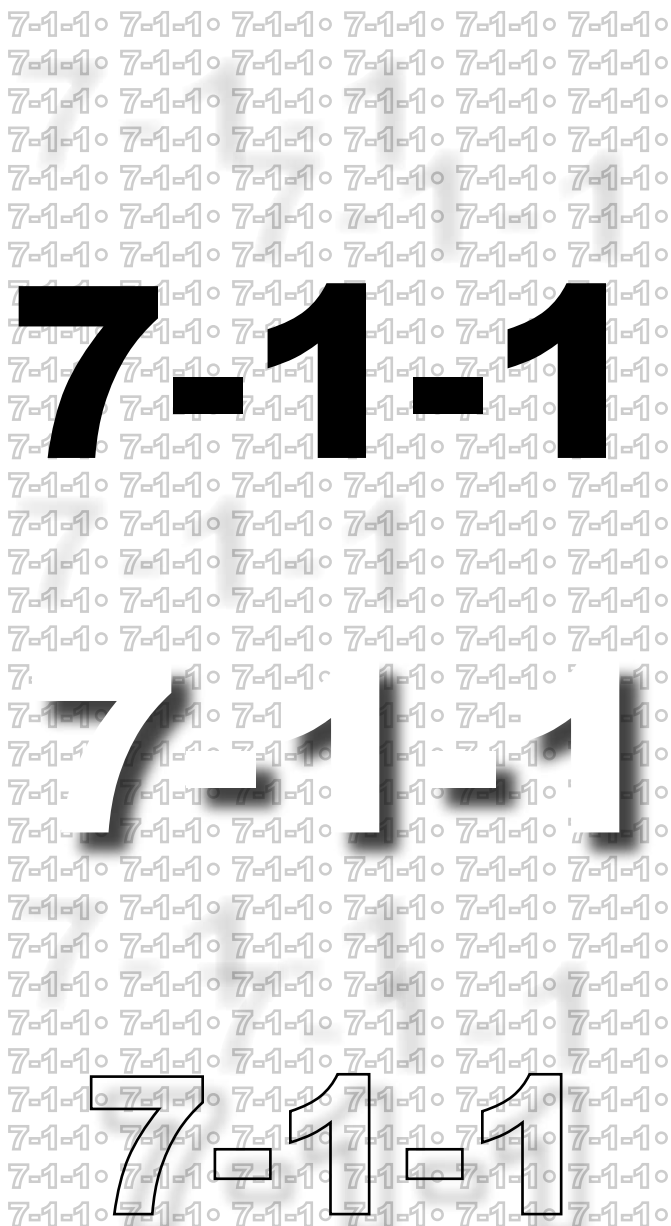
Internet Relay Service allows a Deaf person to use the Web to connect with a Relay Service. The Deaf caller is connected to a Communication Assistant (CA) who will then place a call to a hearing person. The CA read the text message from the TTY caller and will type any verbal messages to the TTY user. A hearing person may connect with the Relay Service via phone. Using a computer for Relay Service allows a Deaf person to customize the screen and make the print larger if needed.

Video Relay Services offer an advantage over other methods as it provides the opportunity for a Deaf person to give and receive messages in American Sign Language through an Interpreter Relay Service. This is done via the Web and requires a Web cam for both the Deaf caller and an Interpreter. The Interpreter calls the hearing person and interprets the message from American Sign Language to spoken English for the hearing caller and in turn converts the spoken message from the hearing person into American Sign Language for the Deaf consumer. This service allows for more fluid and natural communication for the Deaf.

For more information, go to
<http://www.consumer.att.com/relay/>



TO ACCESS THE RELAY SERVICE VIA PHONE, DIAL 7-1-1 AND A COMMUNICATION ASSISTANT WILL ASSIST YOU.



3 BENEFITS FOR REFUGEES WITH DISABILITIES

Overview of federal programs and eligibility

Assistance programs

Help with Social Security benefits



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

Overview of Immigrant Eligibility for Federal Programs

This table provides an overview of immigrant eligibility for the major federal public assistance programs. Some states provide assistance to immigrants who are not eligible for federally funded services. (TABLE UPDATED Mar. '05)

PROGRAM	“QUALIFIED” IMMIGRANTS WHO ENTERED THE U.S. BEFORE AUG. 22, 1996	“QUALIFIED” IMMIGRANTS WHO ENTERED THE U.S. ON OR AFTER AUG. 22, 1996	“NOT QUALIFIED” IMMIGRANTS
Supplemental Security Income (SSI)	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Receiving SSI (or application pending) on Aug. 22, 1996 • Qualify as disabled and were lawfully residing in the U.S. on Aug. 22, 1996¹ • Lawful permanent resident with credit for 40 quarters of work^{1,2} • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant, but only <i>during first 7 years after getting status</i> • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Certain American Indians born abroad 	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Lawful permanent resident with credit for 40 quarters of work² (but must wait until 5 years after entry before applying) • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant, but only <i>during first 7 years after getting status</i> • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Certain American Indians born abroad 	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Receiving SSI (or application pending) on Aug. 22, 1996 • Certain American Indians born abroad • Victims of trafficking and their derivative beneficiaries during the first seven years after getting status
Food Stamps³	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Are under age 18³ • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant • Have been in “qualified” immigrant status for 5 years¹ • Are receiving disability-related assistance^{1,4} • Lawful permanent resident with credit for 40 quarters of work • Were 65 years or older and were lawfully residing in the U.S. on Aug. 22, 1996¹ • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the U.S.; spouse, surviving spouse, or child of tribe member¹ • Certain American Indians born 	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Are under age 18³ • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant • Have been in “qualified” immigrant status for 5 years¹ • Are receiving disability-related assistance^{1,4} • Lawful permanent resident with credit for 40 quarters of work • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the U.S.; spouse, surviving spouse, or child of tribe member¹ • Certain American Indians born abroad 	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the U.S., spouse, surviving spouse or child of tribe member, <i>who is lawfully present in the U.S.</i> • Certain American Indians born abroad • Victims of trafficking and their derivative beneficiaries

Overview of Immigrant Eligibility for Federal Programs

PROGRAM	“QUALIFIED” IMMIGRANTS WHO ENTERED THE U.S. BEFORE AUG. 22, 1996	“QUALIFIED” IMMIGRANTS WHO ENTERED THE U.S. ON OR AFTER AUG. 22, 1996	“NOT QUALIFIED” IMMIGRANTS
Temporary Assistance for Needy Families (TANF)	Eligible ¹	Eligible only if: <ul style="list-style-type: none"> • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant² • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Have been in “qualified” immigrant status for 5 years or more^{1,5} 	Eligible only if: <ul style="list-style-type: none"> • Victims of trafficking and their derivative beneficiaries
Emergency Medicaid (includes labor and delivery)	Eligible	Eligible	Eligible
Full-Scope Medicaid	Eligible ⁵	Eligible only if: <ul style="list-style-type: none"> • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant⁷ • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Have been in “qualified” immigrant status for 5 years or more⁷ 	Eligible only if: <ul style="list-style-type: none"> • Were receiving SSI on Aug. 22, 1996 (in states that link Medicaid to SSI eligibility) • Certain American Indians born abroad • Victims of trafficking and their derivative beneficiaries
State Children’s Health Insurance Program (SCHIP) ⁸	Eligible	Eligible only if: <ul style="list-style-type: none"> • Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, or Amerasian immigrant • Veteran, active duty military; spouse, unremarried surviving spouse, or child¹ • Have been in “qualified” immigrant status for 5 years or more¹ 	Eligible only if: <ul style="list-style-type: none"> • Victims of trafficking and their derivative beneficiaries
Medicare “Premium Free” Part A (hospitalization) (eligibility based on work history)	Eligible	Eligible	Eligible only if: <ul style="list-style-type: none"> • Lawfully present, and eligibility for assistance is based on authorized employment
Premium “Buy-in” Medicare	Eligible only if: <ul style="list-style-type: none"> • Lawful permanent resident who has resided continuously in the U.S. for at least 5 years 	Eligible only if: <ul style="list-style-type: none"> • Lawful permanent resident who has resided continuously in the U.S. for at least 5 years 	Not Eligible

(rev. 03/05)

table continued next page ➤

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Overview of Immigrant Eligibility for Federal Programs

PROGRAM	“QUALIFIED” IMMIGRANTS WHO ENTERED THE U.S. BEFORE AUG. 22, 1996	“QUALIFIED” IMMIGRANTS WHO ENTERED THE U.S. ON OR AFTER AUG. 22, 1996	“NOT QUALIFIED” IMMIGRANTS
HUD Public Housing and Section 8 Programs	<p>Eligible except:</p> <ul style="list-style-type: none"> • Certain Cuban/Haitian entrants and “qualified” abused spouses and children <p>Note: If at least one member of the household is eligible based on immigration status, the family may reside in the housing, but the subsidy will be pro-rated.</p>	<p>Eligible except:</p> <ul style="list-style-type: none"> • Certain Cuban/Haitian entrants and “qualified” abused spouses and children <p>Note: If at least one member of the household is eligible based on immigration status, the family may reside in the housing, but the subsidy will be pro-rated.</p>	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Temporary resident under IRCA general amnesty, or paroled into the U.S. for less than 1 year • Victims of trafficking and their derivative beneficiaries • Citizens of Micronesia, the Marshall Islands, and Palau <p>Note: For other immigrants, eligibility may depend on the date the family began receiving housing assistance, the immigration status of other household members, and the household composition.</p> <p>Also note: If at least one member of the household is eligible based on immigration status, the family may reside in the housing, but the subsidy will be pro-rated.</p>
Title XX Block Grants	Eligible	Eligible	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Victims of trafficking and their derivative beneficiaries • Program or service funded by the block grant is exempt from the welfare law’s restrictions
Social Security	Eligible⁹	Eligible⁹	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Lawfully present⁹ • Were receiving assistance based on an application filed before Dec. 1, 1996 • Eligibility required by certain international agreements
Other Federal Public Benefits Subject to welfare law’s restrictions	Eligible	Eligible	<p>Eligible only if:</p> <ul style="list-style-type: none"> • Victims of trafficking and their derivative beneficiaries
Benefits Exempt from welfare law’s restrictions	Eligible	Eligible	Eligible

(rev. 3/05)

Notes appear on next page ➤

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KEY TERMS USED IN TABLE (*IMMIGRANT ELIGIBILITY FOR FEDERAL PROGRAMS*)

“Qualified” immigrants are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/

suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also “qualified.” Victims of trafficking (who are not included in the “qualified” immigrant definition) and their derivative beneficiaries are eligible for benefits funded or administered by federal agencies, without regard to their immigration status. *“Not qualified” immigrants* include all noncitizens who do not fall under the “qualified” immigrant categories.

ENDNOTES

- 1 Eligibility may be affected by deeming: a sponsor’s income/resources may be added to the immigrant’s in determining eligibility. Exemptions from deeming may apply.
- 2 LPRs are eligible if they have worked 40 qualifying quarters in the U.S. Immigrants also get credit toward their 40 quarters for work performed (1) by parents when the immigrant was under 18, and (2) by spouse during the marriage (unless the marriage ended in divorce or annulment). No credit is given for a quarter worked after Dec. 31, 1996, if a federal means-tested public benefit (SSI, food stamps, TANF, Medicaid, or SCHIP) was received in that quarter.
- 3 Children are not subject to sponsor deeming in the food stamp program.
- 4 Disability-related benefits include SSI, Social Security disability, state disability or retirement pension, railroad retirement disability, veteran’s disability, disability-based Medicaid, and disability-related General Assistance if the disability determination uses criteria as stringent as those used by federal SSI.
- 5 In Indiana, Mississippi, Ohio, South Carolina, and Texas, TANF is available only to immigrants who entered the U.S. on or after Aug. 22, 1996, who are: (1) LPRs credited with 40 quarters of work; (2) veterans, active duty military (and their spouse, unmarried surviving spouse, or child); or (3) refugees, asylees, persons granted withholding of deportation/removal, Cuban/Haitian entrants, and Amerasian immigrants during the five years after obtaining this status. Indiana provides TANF to “refugees” listed in (3) regardless of the date they obtained that status. Mississippi does not address eligibility for Cuban/Haitian entrants or Amerasian immigrants.
- 6 In Wyoming, only LPRs with 40 quarters of work credit, abused immigrants, parolees, veterans, active duty military (and their spouse, unmarried surviving spouse, or child), refugees, asylees, persons granted withholding of deportation/removal, Cuban/Haitian entrants, and Amerasian immigrants who entered the U.S. prior to Aug. 22, 1996, are eligible for full-scope Medicaid.
- 7 In Alabama, Mississippi, North Dakota, Ohio, Texas, Virginia, and Wyoming, full-scope Medicaid is available only to immigrants who entered the U.S. on or after Aug. 22, 1996, who are: (1) LPRs credited with 40 quarters of work; (2) veterans, active duty military (and their spouse, unmarried surviving spouse, or child); or (3) refugees, asylees, persons granted withholding of deportation/removal, Cuban/Haitian entrants, and Amerasian immigrants during the seven years after obtaining this status. Wyoming provides full-scope Medicaid to “qualified” abused immigrants and persons paroled into the U.S., regardless of their date of entry. In Texas, Amerasian immigrants are eligible only during the five years after obtaining this status; Mississippi, and North Dakota do not address eligibility for Cuban/Haitian entrants or Amerasian immigrants.
- 8 In states that opt to cover fetuses, SCHIP provides prenatal care regardless of the mother’s immigration status. The scope of coverage depends in part on how the option is implemented.
- 9 For applications based on Social Security numbers issued on or after Jan. 1, 2004: must have been assigned a Social Security number that was, at the time assigned or at any later time, valid for work purposes. Alternatively, must have been admitted to the U.S. temporarily for business or as a crewman when the relevant work quarters were earned.

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ASSISTANCE PROGRAMS

Refugee Assistance

Regardless of which state a refugee resettles, there are a variety of programs refugees will be eligible for.

1. Transitional Cash Assistance is available for newly arrived refugees. Family composition determines the length of time and amount of money distributed.
2. Each state has a program for health care (one of which is the Medicaid program) and food stamps.
3. There is a five-year eligibility for refugee cash, medical, and food assistance. After five years they must become citizens to continue benefits.
4. Elderly and disabled refugees are also eligible to receive Social Security payments for **the first seven years after arrival after which they must become citizens to continue receiving benefits.**

Local, state and federal funds are designated to provide assistance for a variety of programs for individuals with low-income. These resources may provide additional financial resources for those with low-income. Eligibility depends on where a person resides and income.

Supplemental State Aid for SSI Recipients:

In some states, individuals receiving SSI may be eligible for additional state supplemental funds. The availability of funds and the name of the program will vary depending on the state. Refugees apply through their county financial worker.

Low-Income Energy Assistance

Every state, including the District of Columbia, has at least one low-income energy assistance plan. Programs provide subsidies to those who are eligible. These programs may provide either partial funding or full funding for energy related costs. These funds are directed to bringing utilities such as heat, water,

electricity, natural gas, and other such resources to people in low-income households.

For information on state-specific programs, as well as how to apply and eligibility requirements, please consult <http://www.sustainable.doe.gov/sp.htm> and choose your state.



Meals on Wheels:

For refugees living alone and who need assistance with meal preparation, Meals on Wheels may be a resource. Meals on Wheels is found in many communities throughout the country, however, each local Meals on Wheels has its own regulations and policies. In general, clients are senior citizens who have a disability that leaves them homebound and unable to prepare meals. There is usually no one who lives with them available to make meals.

Fees can range from voluntary contributions up to a standardized fee. Generally fees will be determined based on income. The meal options will also vary between the individual Meals on Wheels. The Meals on Wheels programs will also vary from those that offer only one meal option, regardless of preference, requirements, or restrictions, to those that offer several meal choices that take these factors into account. To find the local Meals on Wheels, contact 2-1-1 or use your local phone book. They will have all information about fees, meals, and the application process.

Title V Children with Special Healthcare Needs (CSHCN) Programs:

Title V are state-run programs intended to provide medical assistance to Children with Special Healthcare Needs (CSHCN), parents, and other providers for CSHCN. Medical treatments, eligible conditions, and residency restrictions will vary from state to state.

Information on each state's process for application, as well as co-pays and deductibles can be obtained by contacting the state Department of Health. Also, please check: <http://www.championsforprogress.org/main/state/stateTitleVDirectory.cfm?CFID%D453884%26CFTOKEN%3D83116229> for further information.

HELP WITH SOCIAL SECURITY BENEFITS

Social Security can be a difficult system to navigate. The paperwork required can be tedious and the application process, time-consuming. With new assistive technologies and more awareness about work place accommodations, people who acquire a disability are returning to the work force in greater numbers.

In recent years, initiatives have begun to assist people with disabilities in transitioning back into the work force with appropriate accommodations and support. These are referred to as work incentive programs. There are number of new resources that may help you and your clients. For refugees who are interested in going to work but are concerned about the financial impact on their benefits, there is assistance available.

Resource #1:

Every Social Security office has a person assigned as the contact for work incentives. Find out the person is in your area and develop a working relationship.

Resource #2:

Work Incentive Planning and Assistance (WIPA)

What is a WIPA?

- Local organizations that have arranged with Social Security to provide work incentive and planning services for Social Security and SSI beneficiaries
- These local organizations have staff who have been specially trained to help you-- Community Work Incentive Coordinators (CWICs)
- There are local organizations in most of the 50 states, DC and the U.S. territories
- In areas where a local organization is not yet available, you can get services through a toll-free number—see below

What can they do for me?

- Answer questions about the SSA work incentives
- Help you create a PASS plan (this allows you to save money for an approved plan such as purchasing a car which will enable you to get to work or saving money to receive more training)
- Answer your questions about the Ticket to Work
- Plan how work incentives and other federal, state, and local assistance plans can help you return to work
- Help you find an Employment Network

How do I get in touch with the project close to me?

In many states these services are provided by one organization, in others, there are several providers

Select your state at <http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html>.

Project are listed by county.



What if there are no local organizations in my area?

- SSA has arranged for work incentives planning and assistance services for beneficiaries who reside in the areas where there is currently no WIPA project and for beneficiaries who reside in areas where the WIPA does not have staff trained under the Benefits Planning, Assistance and Outreach program.
- This service will be provided by an experienced WIPA project, Imagine Enterprises, in Texas (known as the “Transitional WIPA”), via a toll-free telephone line.
- The toll-free number is 866-426-1132. It is now in operation; the hours are 9 a.m. to 7 p.m. E.T.

“When I came to America, I was told I could get two things: SSI and public housing. I want to do more for myself. I want to work”. -- Refugee with a disability, 02/07

Resource #3: Benefits to Work Calculator

Benefits Planning Query: If a client receives Social Security's SSI or SSDI benefits, the Calculator will be much more helpful when they put in current, accurate information about their benefits and their work history. They can get this history and information by ordering a free statement from Social Security called the Benefits Planning Query, or BPOY. They can request your BPOY at the local Social Security office, or by calling 1-800-772-1213.

Here's how the Benefits to Work Calculator works:

- First, a client would gather as much information as they can. A BPOY will be very helpful. They should gather recent bank statements and letters from Social Security. They will also want pay stubs or income records if they have worked since they have been using benefits.
- When they start the Calculator, they will tell us about your current and recent benefits.
- Next, you'll enter information about possible "earnings scenarios" - different jobs that you might want to consider.
- At the end, the Calculator will make some predictions about what may happen to your benefits if you take those jobs.

Important: The Calculator is a strong tool for helping a person plan; however, it cannot take into account all the variables that may affect a person's benefits. The results in the Calculator may vary from what really happens. If a person is considering getting a job, it is recommended that they use this tool and visit a trained Benefits Planner to discuss the estimates the tool gives them.

Go to: [http://www.disabilitybenefits101.org/planning/\(pmcmbb554dvxjh45lesv3bzu\)/b2w_start.aspx?screen=start&l=b2w](http://www.disabilitybenefits101.org/planning/(pmcmbb554dvxjh45lesv3bzu)/b2w_start.aspx?screen=start&l=b2w)

Additional tips for working with the SSA:

- Document, document, document! It will make your work a lot easier if you and your client keep track of who you spoke with and what was said.
- Never send an original without making a copy.
- It is a good idea to make a copy of the forms you submit so the client may use them as a guide to fill out future forms.



4 HOUSING

Housing for people with disabilities

Terminology

Anti-discrimination laws

How to address discrimination

Accessibility Law

Reasonable accommodations and modifications

Guidelines or modifications

Who pays for modifications?

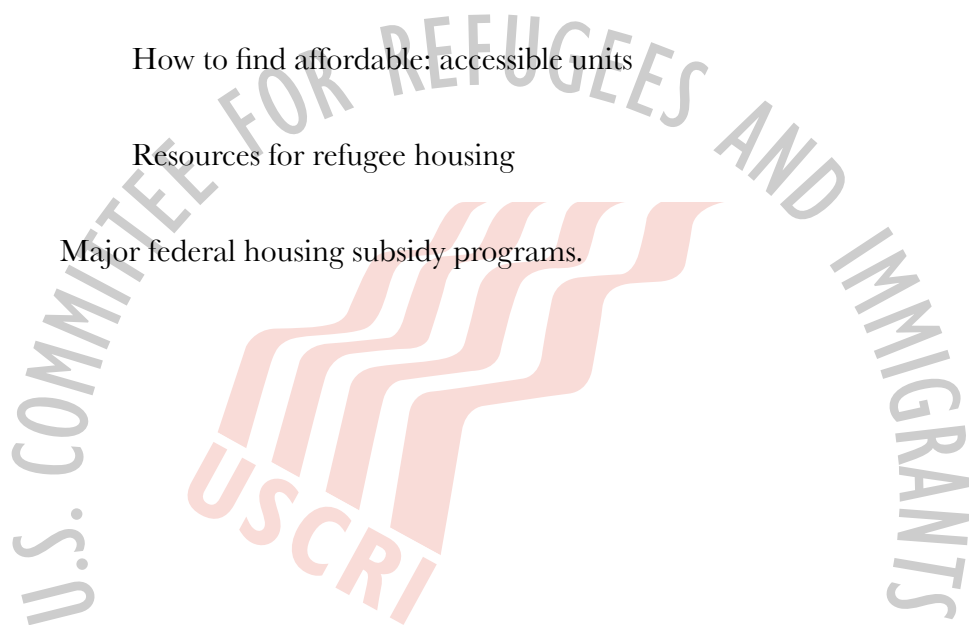
Resources for modifications for privately owned units

Where to buy equipment and modifications

How to find affordable: accessible units

Resources for refugee housing

Major federal housing subsidy programs.



www.refugees.org

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HOUSING FOR PEOPLE WITH DISABILITIES

According to a report to HUD in 2004, disability discrimination has become the one of the most common types of fair housing complaint since discrimination based on disability was added to the Fair Housing Act in 1998.¹

Securing quality, affordable housing is important to establishing life in a new country. Unfortunately, in many housing markets across the United States, finding high-quality, affordable housing is difficult even for many native-born Americans without disabilities. In addition to the general challenges in the current American housing market, refugees with disabilities often face a number of unique challenges including:

- They tend to have more challenges in finding employment which makes it difficult to meet the income guidelines for rental housing
- Many of the accessible units are small studios or one-bedrooms, unfit for accommodating large families
- Some accessible units have age requirements and other restrictions that may prevent families from living together.
- They may not understand the system of laws designed to prevent housing discrimination.



Included in this chapter:

- ✓ housing terminology
- ✓ laws that protect refugees with disabilities from housing discrimination
- ✓ federal legislation enacted to promote accessibility of housing
- ✓ rights and responsibilities involved in adaptive housing modifications
- ✓ how the rules and regulations apply in the real world to help refugees with disabilities locate affordable, accessible housing.
www.hud.gov/offices/fheo/library/dss-download.pdf

Housing Terminology:

U.S. Department of Housing and Urban Development (HUD):

The department within the federal government with the mission of increasing access to affordable housing, supporting community development and increasing homeownership. HUD has many programs to meet its goals, including administration of a variety of housing subsidies and maintaining its Office of Fair Housing and Equal Opportunity (FHEO). Learn more about HUD's programs to help both renters and homeowners at www.hud.gov.

Subsidized housing:

Housing in which tenants pay less than the fair market rent (FMR) because the balance of the cost of the housing unit is made up through financial assistance from the government or other entity. People who meet household-income guidelines are eligible to live in subsidized housing.

Public Housing Agency:

The PHA's receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the Housing Choice Voucher Program. The PHA's provide localized public housing assistance, including housing rehabilitation and home loans.

1. Turner, M.A. et al (2004). "Discrimination Against Persons with Disabilities: Barriers at Every Step"

Public housing:

Housing owned and operated by a public housing agency (PHA) and for rent by low-income people. Established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities, public housing comes in all types and sizes, from scattered single family houses to high rise apartments for elderly couples and the disabled.

State Housing Finance Authority (Agency) (HFA):

A state agency which is responsible for the financing of housing and the administration of subsidized housing programs. HFA's usually have housing search engines to locate housing subsidized with low income housing tax credits (LIHTCs) and publicly administered property-based subsidized housing programs. You can find your HFA by going to <http://www.ncsha.org>

Section 8:

A federal, subsidized housing assistance program for low- and very-low income households, typically administered by public housing agencies/authorities. Under this program, HUD pays a landlord the difference between 30% of a family's adjusted gross income and the HUD approved fair market rent (FMR) for the area. HUD habitability standards apply. There are two types of Section 8 subsidies.

Housing Choice Vouchers:

A family applies for a voucher through their PHA. Some local PHAs designate vouchers for certain populations, like large families or people with disabilities; contact your PHA to find out about local preferences. If approved for a voucher, the family selects from the open market a property inspected and approved as meeting basic habitability requirements. If the family chooses a unit that rents for more than the FMR, the family makes up the difference between the FMR and the rent charged in addition to their 30% of income rent contribution. Housing Choice Vouchers are portable—that is, they can be taken to another property or even out-of-state. However, holders of vouchers must submit income verification annually to remain qualified.

Project-based Section 8:

Under this program, some or all of the units in a housing development are approved for Section 8 subsidies. Occupants of those units must meet the income requirements. Property owners receive rental assistance payments for specific units designated for households qualifying for Section 8 assistance.



ANTI-DISCRIMINATION LAWS

Despite the many challenges in finding housing, there are also several tools to assist refugees with disabilities find and keep housing. The first tool is a set of laws to protect refugees with disabilities against housing discrimination. To be an effective advocate for those you serve, it is important to know the basics about housing and disability laws.

Two primary federal laws protect the housing rights of people: Title VI of the Civil Rights Act of 1964 and the Fair Housing Act.

The **Fair Housing Act** covers almost all housing units, including privately-owned housing, housing that received federal assistance and housing owned by state and local governments. The Fair Housing Act protects people from discrimination on the basis of race, color, religion, sex, familial status, disability or national origin. The US Department of Housing and Urban Development (HUD) enforces this act.

Similar to anti-discrimination employment laws, *the Fair Housing Act restricts landlords from differential treatment based on a person's disability*. A landlord is allowed to ask certain questions, as long as all applicants are asked the same questions. These questions may include information about a person's income source, their

rental history and credit history. A landlord may make decisions based on these established income guidelines, just as they would any other applicant, but they are not allowed to deny a person housing based on their disability. A landlord is not allowed to ask questions like, “What’s wrong with you?” or “May I see your medical records?” or inquire as to how a person’s disability affects their functioning, even when a person’s disability is obvious, such as when a person is missing limb or is blind.



WHAT IS DISCRIMINATION IN HOUSING?

If you work in the housing field, you may be familiar with housing laws but may not be aware of what discrimination sounds like. Below, a few examples are provided:

- 1. Example:** “I don’t want someone with a mental handicap living in my building.”

A landlord cannot refuse to rent to someone because of a disability.

- 2. Example:** “You would be much happier living near all the other folks with disabilities in our complex.”

Landlords are not allowed to make false statements about housing not being available when it is, require an extra deposit from someone with a disability or restrict a person with a disability to living on a certain floor or section of the property.

- 3. Example:** “We do not allow pets in this building.”

A landlord may not refuse to change the no-pets rule to allow a service dog for a tenant with vision loss

or prevent tenant to make reasonable modifications to a unit—at the renter’s expense—to accommodate a disability. A landlord must allow reasonable changes in rules, policies, services or practices, when these accommodations are necessary to allow a person with a disability an equal opportunity to use and enjoy the housing.²



HOW TO ADDRESS DISCRIMINATION:

If an individual believes they have been a victim of an illegal housing practice, they may file a complaint with the Department of Housing and Urban Development (HUD) or file their own lawsuit in federal or state court. You must file the complaint with HUD within one year of the incident you believe to be housing discrimination. If you choose to file your own lawsuit in federal or state court, the Act requires that you do so within two years of the incident.

To locate a private or government agency near you who assists with housing discrimination, go to National Fair Housing Advocate Online at <http://www.fairhousing.com/index.cfm?method=agency.search>

ACCESSIBILITY LAW

In addition to protecting against discrimination, the Fair Housing Act joins a number of other federal laws to assist refugees with disabilities by requiring accessibility standards.

According to the Housing and Urban Development website, the **Americans with Disabilities Act of 1990 (ADA)** requires that housing provided by state and local governments (such as housing on a state university campus) and public and common-use areas of housing developments (areas like rental offices and community rooms) are accessible.

An older law, **Section 504 of the Rehabilitation Act of 1973**, applies to all multifamily housing projects larger than four units receiving federal assistance. This Act states that for new construction, a minimum of five percent of units—not less than one unit—must be accessible to individuals with mobility impairments, and two

² Source: (National Fair Housing Advocate Online): http://www.fairhousing.com/index.cfm?method=page.display&pageName=resources_ACCESS

percent must be accessible to people with sensory impairments. A similar standard is applied for properties using federal funds to rehabilitate a unit.

The Fair Housing Act (revised in 1998)

applies to all multifamily housing complexes with more than four units built after 1991, regardless of ownership. Under this law, units are required to meet new construction requirements including accessibility features called “universal design.” Accessibility features in universal design include accessible common use areas, at least one accessible building entrance, and doors and hallways wide enough for people using wheelchairs.

For more detailed information on accessibility- and anti-discrimination laws, go to: <http://www.resna.org/taproject/goals/community/HMRG.htm#laws>

REASONABLE ACCOMMODATIONS AND MODIFICATIONS

Sometimes, housing is already in compliance with local-, state- and federal accessibility requirements, but the physical property or the housing policies still require further accommodation to allow a person with a disability an opportunity to fully use and enjoy the unit. In these cases, a person with a disability may ask their landlord for reasonable accommodations.

Reasonable accommodation was first established under Section 504 of the Rehabilitation Act. This fair housing regulation makes it unlawful for a landlord or housing provider to refuse to make reasonable accommodations to a unit so that a person with a disability may reside there. In some cases, this may mean adjusting a rule or policy, such as allowing a service dog to reside in a building that does not allow pets. In another case, it may mean designating a parking space closer to a person’s unit. In other circumstances, modifications may be necessary. A **modification** means altering the physical premises to remove barriers or obstacles which may interfere with a person with a disability living in the unit.

According to the National Fair Housing Advocate Online the following are examples of common modifications:³

³ “Frequently Asked Questions”, U.S. Department of Justice Civil Rights Division, Housing and Civil Enforcement Section, 11/03). <http://www.usdoj.gov/crt/housing/faq.htm#victimflha>

- Installing grab bars in the bathroom
- Lowering or removing kitchen cabinets
- Installing a visual door bell or fire alarm
- Removing a bathtub to install a roll-in shower
- Widening a doorway to the building laundry room



GUIDELINES FOR MODIFICATIONS:

There are three classifications of physical modifications, excluding those covered by accessibility laws mentioned earlier:

1. Modifications that will not have to be restored

Example: The doorway to a laundry room, widened to allow access, would not have to be restored since the widened doorway would not affect the use of the laundry room by other tenants.

2. Modifications that will need to be restored to their original condition, but are inexpensive enough to not require the establishment of an escrow account.

Example: An under-sink cabinet that had been removed would need to be replaced because the next tenant could want the storage space. Since the cost to replace the cabinet would not be excessive, an escrow account probably would not be needed.

3. Modifications that will need to be restored and are relatively expensive and, therefore, may require an escrow account.

Example: A roll-in shower would have to be removed and a bathtub reinstalled. Because of the cost associated with restoring the bathroom to its original condition, if paid for by an individual renter, an escrow account may be required.

WHO PAYS FOR MODIFICATIONS?

In addition to the cost of the modification, the main factor considered when determining who pays for a modification is the type of housing in which the tenant lives.

If a person with a disability is living in Federally-assisted housing, whether it is publicly- or privately-owned, the housing provider may be required to pay for the modifications and to make reasonable accommodations. Since PHA's are federally-funded, they, too, are expected to make reasonable accommodations when requested. For example, if you live in a public housing unit and you are deaf, the landlord is responsible for installing equipment to make the unit accessible (i.e. flashing fire alarm inside the apartment). Similar standards may apply for privately-owned, subsidized housing.

In privately-owned, unsubsidized housing where accommodations are made to the unit, landlords may be eligible for tax breaks, enabling them to recoup some of the costs incurred. They should consult a local tax expert to determine eligibility.

If providing an accommodation would cause an undue financial hardship for a landlord, such as significantly altering a building, and the landlord is not bound by accessibility law to make the modification, the landlord may be exempt from providing the accommodation. Deciding what is a reasonable request is sometimes where disagreements emerge. A tenant should put their request in writing.

If a landlord refuses to make an accommodation, a person may offer to pay for modifications themselves.

When tenants pay for adaptive modifications to a unit themselves, they agree to:

- Request prior approval from the landlord;
- Provide a reasonable description of the proposed modifications
- Provide documentation of the necessary accommodation if a landlord requests it. A doctor may verify the need for the modification without revealing the disability
- Restore the unit to its prior condition, except for ordinary wear and tear
- Provide reasonable assurances that the work will be done in a workmanlike manner
- Obtain all necessary building permits.

HOW TO ASK FOR AN ACCOMMODATION OR MODIFICATION:

Sample forms to request an accommodation, certify a disability or request a modification may be found at: <http://www.housingrights.com/pdfs/Requestforreasonableaccommodation-modification.pdf>

RESOURCES FOR MODIFICATION FOR PRIVATELY-OWNED UNITS:

In instances when modifications are costly, a refugee family may access public and private resources to help make housing modifications. To help with this process, contact:

1. Your state's Assistive Technology Project

(see section 6). Some of the projects have low-interest loans available to purchase needed assistive technology equipment

2. The local Public Housing Authority (PHA)

to inquire about available funds for making modifications to privately-owned units

3. Local housing and community development departments for low interest loans and grants to owners for such accommodations.

4. Your local county social service office to inquire about funds or programs available to people with disabilities for making modifications

5. Your local civic organizations or groups who are familiar with and involved in helping with refugee resettlement in a community may be approached for financial assistance to purchase needed equipment.

6. Your Department of Vocational Rehabilitation Services can assess assistive technology needs and may have funds available to help a person secure necessary equipment, especially as it relates to finding employment.

7. Local Center for Independent Living to determine the types of resources they have available to help with housing.

WHERE TO BUY EQUIPMENT AND MODIFICATIONS:

Before purchasing items or doing home modifications, consulting someone for an Assistive Technology assessment and learning about resource people in your state is strongly encouraged. Please refer to the AT section to learn about the assessment process and resources for financing AT. Contacting a local Center for Independent Living will help you identify resources in your community. Please refer to the Centers for Independent Living section to learn how to find your local agency.

HOW TO FIND AFFORDABLE, ACCESSIBLE UNITS:

While there is no magic formula for finding affordable, accessible units, there are some resources to assist you in finding affordable housing units with higher standards of accessibility. Since every community's housing situation is varied, the information provided is general.

1. Contact your local Public Housing Authority (PHA) If you already have a Housing Choice Voucher, you can ask the PHA for a list of landlords who accept vouchers. If you do not have a Voucher, ask the PHA about waiting lists for Housing Choice Vouchers and about applying for residency at project-based Section-8 properties. If you are looking for assistance with paying for a modification, you can also ask your PHA about any funding it has available for modifications.

To find out who your PHA is, go to: <http://www.hud.gov/offices/pih/pha/contacts/index.cfm> and click on your state.



2. Contact your State Housing Finance Authority (HFA) In addition to being able to provide information about privately-owned subsidized housing in the area, State Housing Finance Authorities administer the Low-Income Housing Tax Credit Program which is a major source of funding for development of affordable housing. They often also have web-based affordable housing search services that identify a variety of subsidized properties.

3. Contact the Housing and Community Development Department in your local government. This agency frequently administers the Community Development Block Grant and HOME programs Both programs make grants to local agencies for (1) housing rehabilitation loans and grants for rental housing and homes; (2) new housing construction; and (3) making buildings accessible to the elderly and individuals with disabilities.

Information on CDBG is available from Community Connections: 800/998-9999. The following block grant programs are available at the state and local government levels:

State Community Development Block Grant (CDBG) Program

<http://www.hud.gov:80/cpd/cdbg/subi.html>

CDBG Block Grant Entitlement Communities Program

<http://www.hud.gov:80/progdesc/cdbgent.html>

Colonias Set-Aside Provision of the State CDBG Programs

<http://www.hud.gov:80/progdesc/colonias.html>

John Heinz Neighborhood Development Program

<http://www.hud.gov:80/progdesc/heinzfin.html>

CDBG for Insular Areas

<http://www.hud.gov:80/progdesc/cdbg-ins.html>

Home Investment Partnerships Program (HOME)

<http://www.hud.gov/progdesc/home1a.html>

Local Housing and Community Development agencies will also be able to provide a list of community-based housing development organizations (CHDOs), local nonprofit organizations interested in affordable housing solutions.

4. Contact your local government's social service agency

and inquire about locally-based transitional housing programs, housing programs specifically for individuals with disabilities and services for people with disabilities who live in non-modified homes. Area Agencies on Aging, departments of community development and other offices within the local government may have discretionary funds available to cover expenses not paid through traditional programs. Some states provide local agencies with funds to offer rental subsidies, damage deposits or the first month's rent. They may also have someone to accompany people to find housing.

5. Find non-profit affordable housing providers in your area

in addition to locating these through your local Community Development Agency or the HUD office in your area, you can find these mission-driven affordable housing providers by checking out the following web sites of

national organizations developing housing across the country:

Enterprise Foundation

www.enterprisefoundation.org

Local Initiatives Support Corp(LISC)

www.lisc.org

Mercy Housing Inc.

www.mercyhousing.org

Neighborworks

www.nw.org

National Low Income Housing Coalition

www.nlihc.org/states/index.htm

6. Check out the housing search engines specializing in affordable and accessible housing. In addition to the housing search engines run by many State Housing Finance Authorities (see 2, above) there are a few housing search engines featuring units that are affordable and/or already accessible. Start with:

SocialServe

www.socialserve.com

National Accessible Apartments Clearinghouse

www.accessibleapartments.org

7. Network among members of your community. Ask friends about who lives in affordable, accessible housing. Inquire among friends and community members about landlords who are willing to accept Housing Choice Vouchers. Sometimes word of mouth is one of the best options.

RESOURCES FOR HELPING REFUGEES WITH HOUSING

1. National Refugee Housing Technical Assistance “Welcome to Your New Home” Mercy Housing
www.refugeehouse.org
2. HUD Fair Housing First Module 3: Disability Rights Laws (1 hour, 30 minutes)
<http://www.fairhousingfirst.org/training/module3.html>
3. National Fair Housing Advocate Online
<http://www.fairhousing.com/index.cfm?method=application.home>
4. Many states have handbooks that outline tenant/landlord rights and responsibilities. Check your state web page to find a handbook

Tips:

☑ Document, document, document if in the course of your work you encounter landlords who are discriminatory, documenting what is said and then reporting it is very important.

☑ Refugees who are new to this country may be unaware of their right to file for renters tax credit. During tax season, remind refugees of their right to file

☑ When helping newly arrived refugees with disabilities settle in an apartment, remember to check on discounts for phone hook up and ongoing services or assistance. There may be other discounts for people with disabilities, including energy assistance for heat and electric bills.



MAJOR FEDERAL HOUSING SUBSIDY PROGRAMS

Funding Program	Type of Subsidy	Eligibility/Rent restrictions	Administering Agency	Applicants/ Owners	Website access
Public Housing	Subsidized Rental Housing	<50% AMI, rent = 30% of income	Local Public Housing Authority	Local Public Housing Authority	www.hud.gov ; then rental housing; then Public Housing; then Local HA; then browse HA profiles
Tenant-based Section 8 (Housing Choice Voucher)	Rental Assistance	<50% AMI, rent = 30% of income	Local Public Housing Authority or other designated entity	Low income households apply for assistance which can be used in the private rental market.	www.hud.gov ; then rental housing; then Section 8 Vouchers; then Local HA; then browse HA profiles
Project-based Section 8	Project Rental Assistance Contract	Generally <50% AMI, rent = 30% of income	Local HUD Multi-family Housing office	Private for-profit and nonprofit corporations/ individuals;	www.hud.gov ; then rental housing; then Privately-owned subsidized housing; then state; then city; then number of rooms
Low Income Housing Tax Credit	Construction or Acq./rehab Equity	20% units at 50% AMI, rent at rates set in applications	State Housing Finance Authority	Private for-profit and nonprofit corporations/ individuals;	State government Website or www.ncsha.org
HOME	Rental housing development costs, tenant-based rental assistance, down payment assistance	65% AMI, rents at rates set in the application	Local housing and community development agency (pop. >approx. 100,000); State housing agency for smaller communities	Private for-profit and nonprofit Developers	www.piperinfo.com , then click "state and local government on the net", then click state, then scroll to jurisdiction you need and click on it.
CDBG (Community Development Block Grant)	Rental housing development costs, home ownership, community services	80% AMI, no rent restrictions	Local governments for communities > 50,000. State government for smaller communities	Private for-profit and nonprofit developers, local government	(see cell above)

5 SERVICES FOR ADULTS WITH DISABILITIES

Employment

Job Accommodation Network Fact Sheet

State Vocational Rehabilitation Services

One-Stop Centers

Promoting employment among persons who are eligible for SSA benefits

Ticket to Work

Adult basic education & ESL for special needs learners

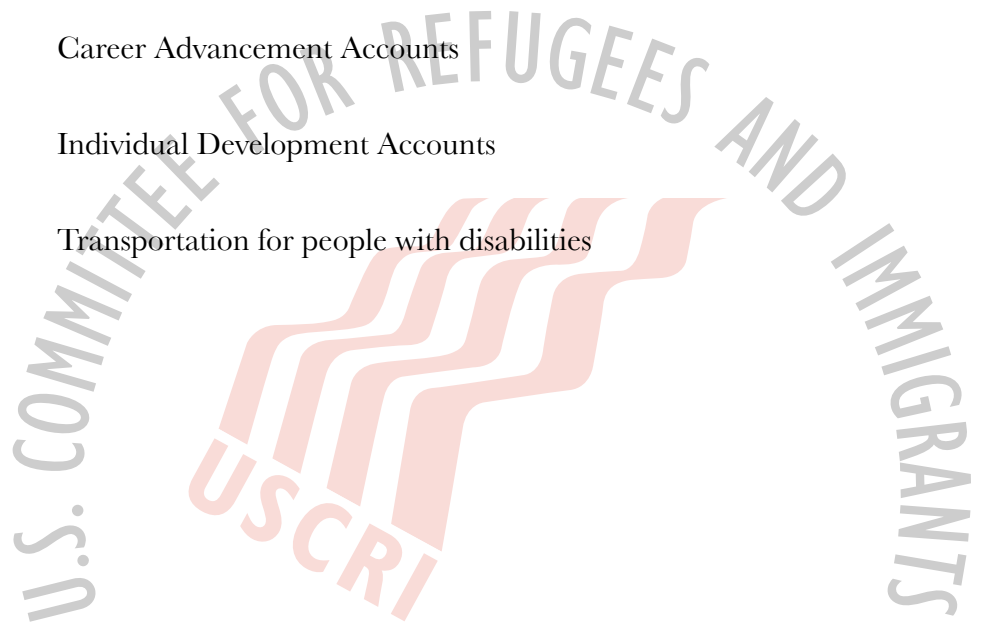
Training and education resources for individuals with disabilities

Centers for Independent Living

Career Advancement Accounts

Individual Development Accounts

Transportation for people with disabilities



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

EMPLOYMENT

Question: Our agency has agreed to resettle a refugee family, of which one family member has problems with mobility as a result of cerebral palsy. Besides SSI, is there anything else I can do to help this family?

Answer: DEFINITELY. Once the person arrives, they may want to work or participate in job training. A specialist should be consulted first to determine the extent of the disability and its impact on range of movement, number of hours of work that may be tolerated, whether the person can lift things or stand for long periods of time. Working with the local Vocational Rehabilitation Office (VR) will be helpful in answering these questions. If the person is found eligible to receive services, VR may help the individual try out some jobs, provide an assistive technology assessment, conduct interest testing and help them learn job skills such as resume-writing and interviewing. They may also help do job placement and support.

The overwhelming majority of newly arrived refugees with disabilities want to work, to provide for themselves and their families. Perhaps for the first time they have access to education and training. They have the opportunity to do work they are interested in and work that provides financial support for themselves and their families.

Many refugee employment counselors lack time, resources, and knowledge of disability laws and accommodations, resulting in disabled refugees being underserved. Research has documented methods and strategies for increasing employment among people with disabilities. The field of vocational rehabilitation includes specialized training in assessment, career counseling for people with disabilities, assistive technology and more. For resettlement staff, working with professionals trained to serve individuals with disabilities, and involving them in serving the refugees resettled in your area, could present opportunities for increased self-sufficiency among those with disabilities.

This section will:

- ✓ Present suggestions for helping refugees with disabilities locate resources for finding employment and assistance with training
- ✓ Provide resettlement workers with information on laws affecting employment for people with disabilities and some resources to help advocate for refugees with disabilities to find employment
- ✓ Provide information on work incentives for people receiving SSI
- ✓ Provide contact information for people who may assist you with benefits programs, laws relate to employment and more

“Persons with disabilities are disproportionately unemployed: in some countries, as many as 80 percent of them are without work. They are often underemployed, paid below minimum wage and doing work below their skill levels.”¹

The big picture: Rates of unemployment among people with disabilities in the U.S.

Despite laws, programs and services in place to safeguard people with disabilities from discrimination, unemployment remains high, especially among individuals with severe disabilities (ie mental retardation). Underemployment is common among people with disabilities.

- 82.1% of people without a disability are likely to have a job or business
- 76.9% of people with a non-severe disability are likely to have a job or business
- 26.1% of people with a severe disability are likely to have a job or business
- **79% of those not working want to work!²**

¹ United Nations (February, 2007) Commission for Social Development. <http://www.un.org/News/Press/docs/2007/soc4722.doc.htm>

² Lipman, F (2003). Enabling Work for People with Disabilities: A Post Integrationist Revision of Underutilized Tax Incentives, AMERICAN UNIVERSITY LAW REVIEW. wcl.american.edu

Refugees with disabilities: Access and referral

To date, there is little documentation on the employment rate among refugees with disabilities, including job placement by either resettlement agencies or disability services. Results from an on-line survey conducted by RefugeeWorks indicate respondents had some knowledge or familiarity with employment services for people with disabilities and some agencies report referring refugees with disabilities to these services. Still others reported not serving many people with disabilities. It's difficult to ascertain whether the survey respondents reflect current practices in refugee employment. It is an area that merits additional research.³

Barriers to employment:

- ☐ Refugees with disabilities and complicated medical issues are often not enrolled or are ineligible for refugee employment services, despite the reported job placement rate reported among these programs. According to the United States Committee for Refugees and Immigrants Matching Grant Report (2005), 88% of refugees (without disabilities) become self-sufficient within six months of arrival.⁴
- ☐ A lack of language proficiency, education and training may impede a refugee's ability to find employment;
- ☐ People with disabilities tend to be underemployed and unable to find work commensurate with their education or skills;
- ☐ Refugees may be unfamiliar with employment in America, including the application process, benefits, worker rights, accessibility and laws for people with disabilities;
- ☐ The process to apply for vocational rehabilitation programs is long, requiring paperwork to document a person's disability, attend numerous appointments
- ☐ Refugees with disabilities who begin to work are at risk of losing their Medicaid, SSI, food stamps

and other benefits. It can be difficult to monitor how a person's wages will impact their income.

Frequently, people with disabilities are paid either low wages or work at minimum wage. For individuals with severe disabilities, employers are allowed to reduce the wage below minimum wage if the employee is unable to perform the job duties to the same standard as a non-disabled employee. This may dissuade people from working if only the financial benefit of working are considered rather than the many other social and emotional benefits;⁵

- ☐ Family and community members, as well as service providers, often focus on what people with disabilities cannot do as opposed to what they can do
- ☐ Stigma and prejudice against people with disabilities from members of their own ethnic community, as well as society in general, make it difficult to find work

Employment assistance for refugees with disabilities:

In a focus group with refugees with disabilities in 2007, the majority of respondents stated they wanted to work but lacked the skills to find a job in America and did not know where to go to get assistance.

There are a number of resources available for people with disabilities to find employment, however, for a variety of reasons, they are not accessible to refugees with disabilities.

- ◇ Refugees with disabilities ARE eligible to apply and receive employment training and assistance from State Vocational Rehabilitation Services, the

5 VR stat: http://www.communityinclusion.org/article.php?article_id=192&type=topic&id=5

Some VR customers earn less than minimum wage despite being closed successfully, i.e., exiting Vocational Rehabilitation (VR) services into an integrated employment setting. Section 14(c) of the Fair Labor Standards Act allows employers to pay less than the minimum wage to a person whose disability impairs their capacity to be productive at a particular job. People in supported employment are more likely to have a disability that makes them eligible for Section 14(c) minimum wage exemption. How do wages for customers in supported employment compare to those earned by other customers? In 2004, the percentage of successful VR closures in supported employment making below minimum wage was much higher than the percentage for VR closures not in supported employment. Given the disability characteristics mentioned above, this is not surprising. Of the nearly 5,000 closed supported employment employees earning below minimum wage, most made less than their state's binding minimum wage but more than the federal minimum of \$5.15 an hour. Almost 7% of all supported employment closures (1,483 individuals) earned less than the federally mandated minimum wage.

3 RefugeeWorks online survey. February, 2007.

4 USCRI Matching Grant Program Report 2005.

Federal Program outlined by the Rehabilitation Act in 1974. Since each state decides what services they will provide, you must contact your local office. PLEASE SEE ATTACHED SHEET “STATE OPERATED VOCATIONAL REHABILITATION SERVICES”.

- ◇ Individuals with less severe disabilities (ie limited use of a hand) should be considered for job placement through resettlement agencies, including Matching Grant.
- ◇ Refugees with disabilities are eligible for assistance through One Stop Centers (formerly known as the unemployment office). PLEASE SEE ATTACHED SHEET: “ONE STOP CENTER RESOURCES”.
- ◇ Local County Social Service Agencies provide funding to assist people with severe disabilities find employment, including supported employment programs. Some of these services are paid for through the waiver program. County Social Workers collaborate with Vocational Rehabilitation Services in finding appropriate sites. SEE SECTION ENTITLED SOCIAL SERVICES.
- ◇ Centers for Independent Living connect people with disabilities with resources and services, including employers. They may know employers in the community who recruit and hire individuals with disabilities. They may also know of employment training programs. Some centers provide classes on looking for work. Classes on independent living skills may teach clients how to get to work on a bus, how to budget his/her paycheck and other skills that support him/her in employment.
- ◇ Job or Career Fairs are held in many communities. This may be a good place to find companies who are “disability-friendly” in their recruitment and hiring practices.
- ◇ Networking is important in any employment search. Connecting with friends, families, other refugees, and volunteers at the resettlement agency may provide helpful leads.

Average Cost of Job Accommodations*:⁶

- 31% of all accommodations suggested are available at no cost
- 19% cost between \$1 and \$50
- 19% cost between \$50 and \$500
- 19% cost between \$500 and \$1000
- 11% cost between \$1000 and \$5000
- 1% cost more than \$5000

Resettlement staff and job placement for refugees with disabilities:

Applying for and receiving employment assistance through Vocational Rehabilitation Services may not be a feasible option for a person interested in finding a job quickly because of eligibility rules and waiting lists. VR services are focused on serving those with severe disabilities. Though you may not be familiar with disabilities and job placement considerations, you may still be able to assist. If you are a refugee employment specialist, you bring a number of skills to the process including knowledge about culture and refugee services, language capacity, and established employer networks who hire refugees.

Before assisting a refugee with a disability in finding employment, consider some of the questions below. Ideas of where to find some answers are listed below the questions:

Q. What are employment laws related to disabilities?

A: See the Legal Section.

Q: What, how and when do you ask for accommodations from an employer?

A: Contact the ADA specialists at DBTAC or the Job Accommodation Network (JAN). See contact information for both listed below.

Q: What are the person’s limitations related to work: standing, sitting, lifting, etc?

A: If they have they had a physical therapy evaluation or occupational therapy evaluation, the

6 Source: Job Accommodation Network Survey

medical documentation may provide you with this information.

Q: What types of assistive technology or adaptive equipment do they need to function in their job and where can you find it for free or on loan?

A: See section on Assistive Technology.

Q: What transportation services are accessible for them to get to work?

A: Contact your local bus company to inquire about paratransit (if necessary) or your local Centers for Independent Living.

Q: Disability disclosure: How much do you share with an employer about a person's disability and at what point in the hiring process?

A: Contact Job Accommodation Network (JAN) for ideas (listed at the end of this section)

Q: How do you learn about accommodations for a specific disability?

A: Go to the Job Accommodation Network web sites and download fact sheets. You can also contact an association specific to a disability or gather information from your client's rehabilitation providers or doctors.

Q: Does the person have standing medical appointments as a result of their disability?

A: Consider a job with a flexible work schedule.

Q: Is the person receiving Social Security Income and do they know how to report income changes to Social Security Administration or to the financial worker responsible for their Medicaid?

A: Teach the consumer how to do this before they start work to prevent SSI overpayments. Contact your state WIPA (see Help with SSI section)

Q: How much income can they receive and still maintain their Medicaid/Medicare or SSI?

A: See the sheet entitled: "Promoting Employment Among Persons who are Eligible for SSA" and to learn more about your local WIPA professional.

Q: What are good talking points and reasons to hire a refugee with a disability?

A: See below.

Incentives to hire people with disabilities:

☑ Shrinking work force: with increasing numbers of people leaving the work force, there are shortages of employees. Furthermore, when the economy is doing well, people with disabilities are more likely to secure employment

☑ Some people with disabilities have a job coach or Rehab Counselor who will provide support as the employee learns the job. They may consult on job accommodations, purchase assistive technology, or pay for interpreters during an individual's initial training thereby reducing costs for the employer. This may help both the employer and employee with the transition.

☑ Employers who hire people with disabilities may be eligible for tax deductions, including ADA Small Business Tax Credit, Work Opportunity Tax Credit, Welfare-to-Work Tax Credit. To learn more about financial assistance to employers, go to the following sites:

1. <http://www.jan.wvu.edu/media/tax.html>
2. http://www.doleta.gov/print-page.cfm?URLpath=http://www.doleta.gov/business/incentives/opptax/eta_default.cfm
3. http://www.onestops.info/article.php?article_id=55

Terminology and levels of employment:

Employment options for people with disabilities vary depending on a number of variables including: community in which they reside, the state services provided, and the level/severity of their disability. Below are some terms used when talking about

employment for individuals with disabilities. Employment programs are similar to special education programs in that preference is given for finding a job placement in the least-restrictive setting.

Competitive employment: Many individuals with disabilities do have the skills and interest to secure a permanent, competitive position.

Job coach: These individuals are assigned to teach the person about their job, intervene if there are problems between the employee and employer, teach job skills, and act as a liaison between the employee and employer. They provide support to help a person with a disability to retain their job. The goal is for them to eventually fade out and have other employees at the work site provide the support.

Job placement: If they are working with a Rehabilitation Services Counselor as part of their work plan, they may receive help with job placement from either the Rehab Counselor or through an agency.

Supported employment: For individuals with severe disabilities, supported employment may be considered. This is generally subsidized with funds from the waiver program or from Rehab Services. Some example of support given: a job coach to work with a person with a disability or a group of individuals with disabilities working at a job site together. For individuals with some disabilities, working in the community may not be an option and they may be at a rehabilitation center (formerly called sheltered workshops).

Volunteer work: People are sometimes asked to work as a volunteer at a specific job site in order to develop an individual's resume, to assess their skills and abilities, and to develop job skills (communicating with an employer, attendance, etc).

Promising practices

Home-based businesses: More efforts to increase employment for individuals with disabilities have focused on helping individuals establish home-based businesses. This includes telecommuting and self-employment.

The Disabled Immigrant Association of Minnesota is comprised of primarily Somali refugees with disabilities volunteering to assist other refugees with disabilities in their community to access services and employment. One man with a disability requested assistance from the Disabled Immigrant Association to help him find employment. In addition to having a disability, there were language barriers preventing him from finding a job. He and his family received SSI, Medicaid and welfare. With the help of the Disabled Immigrant Association, the family secured a loan to purchase an enterprise business with Jani King. Through help from a local entrepreneurial program, WomenVenture, the family was able to learn business practices. Within the first year, the family repaid the loan and is no longer receiving welfare or SSI. More importantly, the opportunity fulfilled their dream of owning their own business.

Person-Centered Planning: This approach involves people who are important in the individual's life to create a futures plan. This plan could include services, employment, education and more. The approach relies less on what services are currently available and instead focuses on the individual's interests and needs, as well as looking at the resources available through the individual's support system.

Involving private industry and corporate America: Until recently, employing individuals with disabilities has been the focus of public agencies. Corporate awareness has increased and efforts to recruit individuals with disabilities have also increased. More and more companies have initiated recruitment practice for individuals with disabilities including Sun Trust Banks, Motorola, General Motors and others.



Resources

1. Job Accommodation Network (JAN)

<http://www.jan.wvu.edu>

JAN is a free consulting service designed to increase the employability of people with disabilities by:

- providing individualized worksite accommodations solutions
 - providing technical assistance regarding the ADA and other disability related legislation,
 - educating callers about self-employment options.
 - Providing a list of accommodation publications by disability, see <http://www.jan.wvu.edu/media/atoz.htm>
 - Providing a searchable on-line accommodation resource, see <http://www.jan.wvu.edu/soar/index.htm>
- 1-800-526-7234 (V) OR 877-781-9403 (TTY)**

3. ADA & IT Technical Assistance

Centers: If you have questions about employment and the ADA, go to their website or call and talk to their specialists. See the information on DBTAC on page 116.

1-800-949-4232 V/TTY or go to www.ADATA.org

4. RefugeeWorks: National Technical Assistance for Refugee Employment:

<http://www.refugeeworks.org>

RefugeeWorks offers training opportunities to refugee employment service providers, including introductory and advanced levels. They also offer regional and national conferences, and customized trainings at individual organizations and businesses.

Expertise includes:

- facilitating strategic planning or restructuring for refugee employment programs
- negotiate partnerships with new employers
- convene local refugee employment stakeholders to address challenges and develop solutions
- address placement outcomes and share strategies from other sites
- prepare reports that promote new strategies

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for refugee employment.

5. National Service Inclusion Project:

www.serviceandinclusion.org

Provides technical assistance and suggestions for including people with disabilities as volunteers. They provide fact sheets on accommodations and other tips for recruiting individuals with disabilities.





JOB ACCOMMODATION NETWORK

Fact Sheet Series

Job Accommodations for People with Amputations

Job Accommodation Network
PO Box 6080
Morgantown, WV 26506-6080
(800)526-7234 (V)
(877)781-9403 (TTY)
jan@jan.wvu.edu
<http://www.jan.wvu.edu>

A service of the Office of Disability Employment Policy, U.S. Department of Labor

JAN'S ACCOMMODATION FACT SHEET SERIES

JOB ACCOMMODATIONS FOR PEOPLE WITH AMPUTATIONS

Amputation means loss or absence of all or part of a limb. According to the National Limb Loss Information Center, there were 1,285,000 persons in the U.S. living with the limb loss (excluding fingers and toes) in 1996. The prevalence rate in 1996 was 4.9 per 1,000 persons. The incidence rate was 46.2 per 100,000 persons with dysvascular disease, 5.86 per 100,000 persons secondary to trauma, 0.35 per 100,000 secondary to malignancy of a bone or joint. The birth prevalence of congenital limb deficiency in 1996 was 25.64 per 100,000 live births. The prevalence rate is highest among people aged 65 years and older – about 19.4 per 1,000. Although congenital amputation rates have remained consistent for several decades, dysvascular amputations have increased significantly. Dysvascular refers to limb loss associated with vascular conditions, mainly diabetes. Traumas resulting in limb loss or cancer have been decreasing, however, war related injuries will change that trend.

The following is a quick overview of some of the job accommodations that might be useful for employees with amputation. To discuss an accommodation situation with a consultant, contact JAN directly.

Gross Motor Impairment:

- Modify the work-site to make it accessible
- Provide parking close to the work-site
- Provide an accessible entrance
- Install automatic door openers
- Provide an accessible restroom and break room
- Provide an accessible route of travel to other work areas used by the employee
- Modify the workstation to make it accessible
- Adjust desk height if wheelchair or scooter is used
- Make sure materials and equipment are within reach range
- Move workstation close to other work areas, break rooms and restrooms

Fine Motor Impairment:

- Implement ergonomic workstation design,
- Provide alternative computer and telephone access
- Provide sensitivity training to coworkers and supervisors

Upper Extremity Amputations (finger, hand, or arm):

- Keyboard/data entry—One-handed keyboards, typing tutorials for one-hand or missing digits, speech recognition software, large-key keyboards, foot mouse, touchpads, trackballs and head pointing systems
- Writing—Grip aids-writing cuffs, action arm orthotic devices, recoding devices for note taking, note-takers and clipboards

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- Telephone use—Speaker-phones, telephones with programmable number storage, phone holders and telephone headsets
- Tool use—Grasping cuffs, grasping orthoses, ergonomically designed tools, vibration dampening tool wraps and gloves, vises, positioners, foot controls, pistol grip attachments and digital distance measuring devices
- Lifting items—Portable material lift equipment, tailgate lifts, hoists and lift-tables
- Carrying items—Lightweight carts, shoulder bags and powered carts or scooters with carrying baskets
- Filing papers—lateral files, carousel-rotary files, reduce the number of files per drawer, and rulers as pry-bars
- House-keeping/cleaning—Lightweight vacuum cleaners, back-pack vacs, long-handed cleaning aids and grasping cuffs
- Driving—Steering knobs, power assisted steering, grip gloves, steering wheel covers and remote controlled engine starters

Lower Extremity Amputations (toe, finger, or leg):

- Climbing—Stair-lifts, wheelchair platform lifts, climbing wheelchairs, rolling safety ladders with handrails, work platforms, and hydraulic personnel lifts.
- Standing—Sit/stand stools, stand supports, task stools, anti-fatigue matting, and rest breaks.
- Lifting/carrying—Material handling lifts, cranes, hoists, powered carts/scooters, hydraulic lift carts, lift-tables, lightweight carts with large wheels, and tailgate lifts.
- Driving—Hand controls, automatic clutching systems, left-foot gas pedals, automatic transmissions, and designated parking.
- Walking—Canes, crutches, rolling walkers with seats, wheelchairs, and powered wheelchairs/scooters.

Glossary of Commonly Used Terms:

- AK—Above the knee
- BK—Below the knee
- Bilateral—Both legs, feet, arms, or hands
- Congenital—born without limbs or digits
- Myoelectrics—Upper extremity prostheses powered electrically
- Orthosis—A device used to stabilize/support a body part
- Prosthesis—A device used to replace a body part
- Socket—The portion of the prosthesis that fits over the remaining limb or stump
- Terminals—Hand terminals (hooks) that are controlled by the wearer

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Resources Specifically for People with Amputations

Amputee Coalition of America

900 East Hill Avenue, Suite 285
Knoxville, TN 37915-2568
Toll Free: (888) AMP-KNOW (888 267-5669)
Direct: (865) 524-8772
TTY: (865) 525-4512
Fax: (865) 525-7917
<http://amputee-coalition.org>

Amputee Online.Com

<http://amputee-online.com>

Limbs for Life Foundation

5929 N. May, Suite 511
Oklahoma City, OK 73112
Toll Free: (888) 235-5462
Direct: (405) 843-5174
Fax: (405) 843-5123
Email: admin@limbsforlife.org
<http://www.limbsforlife.org>

National Amputation Foundation

40 Church Street
Malverne, NY 11565
Phone: (516) 887-3600
Fax: (516) 887-3667
E-mail: amps76@aol.com
<http://www.nationalamputation.org/>

National Limb Loss Information Center

900 East Hill Ave. Suite 285
Knoxville, TN 37909
888-267-5669
<http://www.amputee-coalition.org>

O&P Digital Technologies

6830 NW 11th Place, Suite A
Gainesville, FL 32605
Toll Free: (800) 876-7740
Direct: (352) 331-3741
Fax: (352) 332-8074
E-Mail: info@oandp.com
<http://oandp.com>



THE STATE VOCATIONAL REHABILITATION SERVICES PROGRAM

1. **WHAT IS THE STATE VOCATIONAL REHABILITATION (VR) SERVICES PROGRAM?**
Under the Rehabilitation Act of 1973 (Act), as amended, states receive federal grants to operate a comprehensive VR program. This state-operated program is designed to assess, plan, develop and provide VR services to eligible individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. By providing services in this way, the VR program enables individuals with disabilities to prepare for and engage in gainful employment.
2. **WHAT DOES IT MEAN TO BE AN "INDIVIDUAL WITH A DISABILITY"?**
An "individual with a disability" means any individual who:
 - has a physical or mental impairment which constitutes or results in a substantial impediment to employment for the individual; and
 - can benefit from VR services to achieve an employment outcome.
3. **WHO IS ELIGIBLE FOR VR SERVICES?**
To be eligible for VR services, an individual must:
 - be an "individual with a disability," as defined above; and
 - require VR services to prepare for, secure, retain or regain employment.
4. **IS ANYONE PRESUMED ELIGIBLE FOR VR SERVICES LEADING TO EMPLOYMENT?**
Individuals who receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) benefits are presumed to be eligible for VR services leading to employment, unless there is clear and convincing evidence that they are too severely disabled to benefit from VR services.
5. **DOES EVERY ELIGIBLE INDIVIDUAL RECEIVE VR SERVICES?**
No. The Act requires VR to serve individuals with the most significant disabilities first when there are not enough resources to serve everyone who is eligible for VR services. This means that individuals with the most significant disabilities are given a priority over those with less significant disabilities. This process is called an "order of selection."
6. **HOW DOES AN INDIVIDUAL APPLY FOR VR SERVICES?**
 - An individual has the right to submit a written application.
 - An individual will be considered to have "submitted an application" when he/she "requests" VR services and provides sufficient information for VR to determine eligibility.
 - VR should determine eligibility within 60 days of application.

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THE STATE VOCATIONAL REHABILITATION SERVICES PROGRAM

7. HOW DOES AN INDIVIDUAL RECEIVE VR SERVICES?

- The VR agency assigns a VR counselor to each eligible individual.
- The counselor gathers as much information as possible about the individual's work history, education and training, abilities and interests, rehabilitation needs and possible career goals. In gathering the information, the counselor will first look to existing information, so it is important for an individual to bring copies of medical, educational and similar documentation.
- If existing information is not sufficient to determine whether the individual is eligible for VR services, then VR will provide assessment services to gather the needed information.
- Based on the information gathered in this assessment phase of the VR process, an Individualized Plan for Employment (IPE) that identifies the individual's desired employment outcome is developed. The IPE also lists, among other things, the steps necessary to achieve the individual's employment outcome, the services needed to help the individual achieve that outcome and evaluation criteria used to determine progress toward the employment outcome. The VR agency may only provide those services listed on the IPE.
- The state VR counselor provides some services directly to the eligible individual and arranges for other services from providers in the community.

8. HOW DOES AN INDIVIDUAL DEVELOP AN IPE?

- Once an individual is determined eligible to receive VR services, he or she must develop an IPE. The individual must be given the opportunity to make an informed choice in selecting, among other things, an employment outcome, needed VR services and providers of those VR services.
- The individual may develop the IPE: on his/her own, with the assistance of a qualified VR counselor or with the assistance of anyone else who is willing to help.
- The VR agency must provide the individual with information in writing, as well as in an appropriate mode of communication, explaining the assistance available to the individual when developing the IPE as well as the full range of components that must be included in the IPE.
- The IPE must be approved by the VR counselor and signed by both the individual and the VR counselor.

THE STATE VOCATIONAL REHABILITATION SERVICES PROGRAM

9. WHAT ARE THE VR SERVICES AN ELIGIBLE INDIVIDUAL MAY RECEIVE?

VR services are those services that an eligible individual may need in order to achieve his/her employment outcome. These include, but are not limited to, the following:

- an assessment for determining eligibility and VR needs;
- vocational counseling, guidance and referral services;
- physical and mental restoration services;
- vocational and other training, including on-the-job training;
- maintenance for additional costs incurred while the individual is receiving certain VR services;
- transportation related to other VR services;
- interpreter services for individuals who are deaf;
- reader services for individuals who are blind;
- services to assist students with disabilities to transition from school to work;
- personal assistance services (including training in managing, supervising and directing personal assistance services) while an individual is receiving VR services;
- rehabilitation technology services and devices;
- supported employment services; and
- job placement services.

10. DOES THE ELIGIBLE INDIVIDUAL HAVE TO PAY FOR VR SERVICES?

Based on the individual's available financial resources, the state VR agency may require an eligible individual to help pay for services. However, the following services are available to all eligible individuals, regardless of their financial resources, without charge:

- assessments to determine eligibility and VR needs;
- vocational counseling, guidance and referral services; and
- job search and placement services.

11. WHAT ARE COMPARABLE SERVICES AND BENEFITS?

"Comparable services and benefits" are those benefits or services that are:

- paid for, in whole or in part, by another federal, state or local public agency or employee benefits;
- available at the time the individual needs them; and
- comparable to the services that the individual would receive from the VR agency.

THE STATE VOCATIONAL REHABILITATION SERVICES PROGRAM

Merit-based awards and scholarships are not considered "comparable services and benefits." Before providing certain VR services, the counselor must determine whether another source, such as medical insurance or Medicaid, etc., can pay for the service. However, the counselor is not required to look for a "comparable service or benefit" if it would delay:

- the individual's progress toward achieving an employment outcome;
- an immediate job placement; or
- the provision of services to an eligible individual who is at extreme medical risk.

12. WHAT IS THE CLIENT ASSISTANCE PROGRAM (CAP)?

CAP is available in each state to assist individuals in their relationships with the VR agency. If an applicant for or recipient of VR services is not satisfied with the services received or the decisions made by the VR counselor, CAP may be able to help resolve the dispute.

13. DO INDIVIDUALS HAVE APPEAL RIGHTS WITH THE VR PROGRAM?

Yes. If an applicant for or recipient of the VR program is unhappy with a decision made by a VR employee, he/she may request a review of that decision. The law requires the VR agency to offer at least two methods of resolving a dispute: mediation or a formal hearing process. An individual may choose to use one or both of these processes to resolve the matter. In addition, the law provides the VR agencies with the flexibility to develop and implement informal review procedures to resolve disputes prior to the mediation or formal hearing process. These informal review procedures generally involve the applicant or individual, or, as appropriate, the applicant or individual's representative negotiating a resolution with the counselor or the counselor's supervisor.

14. WHERE CAN I GET MORE INFORMATION ABOUT THE VR AGENCY IN MY STATE?

The addresses and telephone numbers of the local VR agency offices generally are listed under "state Government" in the local telephone directory.

Or

To find your local office and what service are available, go to:

[Http://www.jan.Wvu/sbses/vocrehab.htm](http://www.jan.Wvu/sbses/vocrehab.htm)

and click on your state.



One-Stop Shop Services

One-Stop Centers were developed with the goal of bringing together employment and training services that work with all people in one agency. Because One-Stop Centers are charged with the task of serving anyone seeking employment assistance, they are less likely to work individually with people. For refugees with less severe disabilities, they may benefit from the services provided at the centers.

Core services are those services that are available to everyone at no cost.

- Work skills exploration
- Resource library which includes: access to computers, telephones, fax and copy machines
- Searches for jobs and training
- Access to job banks or listings of available jobs
- Internet access
- Resume development
- Job search skills training
- Networking skills workshops
- Interview techniques workshops
- Referral to an employer with current job openings
- Determination of eligibility for additional services

Intensive services are available to individuals who are unable to obtain employment by using core services, and who meet specific eligibility criteria. These services are free to individuals who meet eligibility criteria.

- Comprehensive assessments of skills and service needs
- Development of an individual employment and career plan
- Customized screening and assessment
- Reference/background checks
- Intensive career counseling
- In-depth interviewing skills development
- Computer workshops
- One-to-one assistance with updating your resume, cover letters and thank you letters
- Case management
- Training

Referral for training services may be available to individuals who have used core and intensive services and have not become successfully employed, and meet eligibility criteria.

- Occupational skills training
- On-the job training
- Update work skills
- Job readiness training
- Adult education and literacy
- Customized training for an employer

To find a One-Stop Center in your local area, go to
<http://www.doleta.gov/usworkforce/onestop/onestopmap.cfm>



PROMOTING EMPLOYMENT AMONG PERSONS WHO ARE ELIGIBLE FOR SSA BENEFITS

Many adults and youth with disabilities qualify for cash benefits and related health care through the Social Security Administration (SSA). For many parents, beneficiaries, and community agencies these programs are confusing. There is a good deal of misinformation which can undermine the goals and future aspirations of youth and adults.

SSA administers two cash benefit programs for people with disabilities: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). These programs are different in their purpose, history, and scope. It cannot be overemphasized that employment affects these programs differently!

Supplemental Security Income

Supplemental Security Income (SSI) is payable to adults or children who are “disabled or blind, have limited income and resources, meet the living arrangement requirements, and are otherwise eligible.” The monthly SSI amount includes a federal benefit rate (\$623 CY 07). Many states provide a supplement. The design of the SSI program is such that a recipient is obligated each month to report changes in earned and unearned income, so that the SSI amount is properly adjusted.

As a general observation, SSI is a work friendly program. Assuming on-going eligibility, the SSI recipient who works may have a reduced SSI payment but will have significantly greater monthly income. For CY 07, an SSI recipient who receives the standard SSI, excluding state supplement, with no unearned income or specific work incentives would need a monthly employment income of least \$1,331 in order to have the SSI reduced to \$0. Furthermore, the recipient would need to earn an annual salary surpassing what is called the Medicaid Threshold in order to be at the point of termination due to income.

There are a variety of work incentives specific to persons receiving SSI. For example, the Student Earned Income Exclusion is specifically for in-school youth under 22. For CY 07, a student can have up to \$1,510/mo. and \$6,100/yr. of earnings excluded from reportable earnings.

Social Security Disability Insurance

Social Security Disability Insurance (SSDI) is the public’s long-term disability insurance program. One is eligible for “Title II” benefits as a result of working, but having/acquiring a disability which prevents the person from earning substantial gainful activity (CY 07: \$900/mo.). In addition, children with disabilities may be eligible for a prorated share of a parent’s Social Security, under “Childhood Disability Benefits” (CDB). It is possible that these adult “children” may continue to receive CDB into adulthood. There are specific work incentives applicable to SSDI, as well as work incentives that are common to both SSI and SSDI.

Work Incentive Program: The Ticket to Work

SSA’s Ticket to Work program allows you to choose from a list of employment services providers (called Employment Networks) to help you prepare for and locate a job. Employment Network services might include job training and education, assistance to identify and obtain assistive technology, and helping you to identify and secure a job. The Ticket program is completely voluntary and at no cost to you. For more information, see the attached fact sheet.

MAXIMUS, Inc. is a company hired to manage the Ticket to Work Program. MAXIMUS, Inc. can be reached at their toll-free numbers, 1-866-968-7842 (1-866-YOURTICKET) or 1-866-833-2967 TTY (1-866-TDD 2 WORK). Visit their website for additional information at www.yourtickettowork.com.

Work Incentive Program: Plan for Achieving Self-Sufficiency (PASS)

A PASS plan lets a person use their income or other things they own to help them reach their work

goals. The job that they want should allow them to earn enough to reduce or eliminate their need for benefits provided under both the Social Security and Supplemental Security Income (SSI) programs. A plan is meant to help them get items, services, or skills they need to reach their goals. The plan must be in writing, and Social Security must approve it. For example, the money they save can be used for:

- Transportation to and from work
- Tuition, books, fees and supplies needed for school or training
- Child care
- Attendant care
- Employment services, such as job coaching and resume writing
- Supplies to start a business
- Equipment and tools to do the job
- Uniforms, special clothing and safety equipment

Representative Program

Social Security’s Representative Program provides financial management of the SSDI and SSI payments for beneficiaries who are incapable of managing their Social Security or SSI payments. Having power of attorney or a joint bank account with the beneficiary is not the same thing as being a representative payee. Representative payees are expected to report all relevant changes to SSA including changes in income, living arrangement, and other eligibility requirements.

Work Incentive Planning Assistance Program

The Work Incentive Planning Assistance Program (WIPA) has been established in each community through cooperative agreements with SSA. The WIPA service provides individualized information about the impact of work on the SSA cash and related benefits of the beneficiary. Individuals who receive SSI and/or SSDI may be eligible for WIPA services beginning at age 14.

To find the local WIPA in your community, contact SSA at 1-800-7721213 or search for the agency at http://www.ssa.gov/work/who_can_help.htm



Medicaid Buy-In

In most states, SSI recipients are automatically eligible for Medicaid. There are additional ways in which persons can become eligible for Medicaid. In addition, the majority of states offer a “Medicaid Buy-In.” Individuals must have a severe disability (i.e. comparable to eligibility for SSA benefits) and must be working to qualify. In most states, the individual must pay a modest premium based on criteria such as countable income. Contact the state Medicaid agency about the availability of a Medicaid Buy-in.

For more information, go to www.ssa.gov.

Content prepared by: John Miller, MIG Coordinator, AHEDD



The Ticket To Work Program And Other Work Incentives



If you receive Social Security or Supplemental Security Income disability benefits, you now have more opportunities to test your ability to work. You will have:

- More choices when seeking employment services;
- Increased options for health care coverage;
- Local benefit planning services;
- A simpler process to get benefits started again if your medical problem keeps you from continuing to work; and
- A Ticket to Work.

How does the Ticket program work?

The Ticket to Work program is voluntary. You get free training, job referrals and other services you need to work. You can give your “ticket” to an approved provider of your choice. The provider can be either the state vocational rehabilitation agency or an employment network. You and the provider work together to make a work plan. The plan states exactly what services the provider will furnish.

What is an employment network?

An employment network is a group that may help you find a job and provide other employment services for free. They are listed on the MAXIMUS website.

What is MAXIMUS?

MAXIMUS, Inc. is a company that helps Social Security run the ticket program. For more information on the program, call MAXIMUS toll-free at **1-866-968-7842** (TTY **1-866-833-2967**). The MAXIMUS website is www.yourtickettowork.com.

Will I lose my cash benefits?

If you have completed your trial work period, are working and have substantial earnings, we may stop your Social Security disability benefits. There are some work incentives that may allow you to keep your cash payments for a while, and we can quickly start your benefits again when your income drops or you stop work.

Supplemental Security Income (SSI) payments are reduced as earnings increase until your benefits are completely eliminated by your earnings.

For a complete explanation of how earnings affect your benefits, get a copy of our publication, *Working While Disabled—How We Can Help* (Publication No. 05-10095), or a copy of the *Red Book* (Publication No. 64-030).

Will I lose my health care if I go back to work?

No, not necessarily. Most Medicare beneficiaries keep their Medicare coverage for at least 8½ years after returning to work.

Some states continue Medicaid coverage or allow working people to buy it.

To find out more, call the Medicaid office in your state. Or check the Center for Medicare and Medicaid Services’ website, www.cms.hhs.gov/twwiia.

What if I go back to work and then stop?

You can ask Social Security to start your benefits again, including Medicare or Medicaid. You will not have to apply again if your disability causes you to stop working within five years after your benefits stopped. You also may get temporary benefits—as well as Medicare or Medicaid—for up to six months while Social Security reviews your case.

(over)

ADULT EDUCATION AND ESL:

This section is intended to serve as an introduction to issues affecting refugees with disabilities in adult education. Several resource guides and manuals are available with more detailed information about assisting special needs learners. These manuals and resources are provided below.

Adult Education, including English as a Second Language (ESL), is an important opportunity for refugees to learn language, cultural orientation, prepare for citizenship, and train for employment. It is important that ESL classes be accessible for special needs learners including those with learning disabilities, sensory impairments (deaf and visually impaired) and people with disabilities (ie. mental retardation, brain injuries).

There are many factors that may influence a refugee in adult education:

- Previous educational experience;
- The person's disability and how they function;
- Disrupted education or no prior educational experience in their country of origin;
- The immigration experience (armed conflict, death of family members, trauma, recently acquired disability);
- Readiness to learn

Adult Education:

Funding for adult education is made available through the U.S. Department of Education and is used to provide:

- Adult Basic Education (ABE)
- Adult Secondary Education (GED or high school diploma)
- English Language Civics (EL-civics or citizenship)

- English as a Second Language (ESL)
Often, classes are multi-level, meaning people who are just beginning to intermediate and advanced students. This presents challenges for the teacher.

Issues in supporting adult learners with disabilities:

Most special needs learners are served in classes with other refugees and immigrants. The exception are a few classes established for Deaf adult education in Minnesota (Communication Services for the Deaf), Boston (D.E.A.F. Inc.), and Washington, DC's Gallaudet University (English Language Institute).

To find your state director, go to:
http://naepdc.org/Members/members_home.html



A number of barriers exist in adult education classes for learners with disabilities. These barriers may prevent them from attending classes and include:

- A lack of accessible material;
- Refugees with disabilities not knowing they can attend classes;
- Stigma of having a disability;
- Inability of staff to accommodate the person's disability in the learning environment.

Testing for learning disabilities among foreign-born learners is a controversial issue. There is a lack of culturally and linguistically appropriate testing materials and not enough trained professionals to conduct testing. Culturally and Linguistically Different (CLD's) learners are too frequently referred for testing. According to Schwarz (2007),¹ only 2-5% of people referred for learning disabilities actually have a disability. Since identifying a learning, or other, disability in CLD learners must take into consideration the challenges and difficulties that affect their learning, the use of **standard checklists for identifying a disability are not recommended.**

¹Schwarz, R (2007) personal interview.

RESOURCES FOR SERVING LEARNERS WITH DISABILITIES

Resources:	Where to find	Details
LD and the English Language Learner	http://ldlink.coe.utk.edu/pdf_files/esl_ld.pdf	Learning Disability Specialist, Robin Schwartz, provides an in-depth look at the issues surrounding both ESL and LD. This article explains the problem of testing for an LD in an ESL student, the special problems associated with LD and ESL adult learners, and a few pointers to ESL teachers that suspect he/she has a student with LD.
Adult Basic Education Resource Guide: Learners with Disabilities	Contact: barry.shaffer@state.mn.us for the guide. Available in PDF	A collaborative project of MN ABE Supplemental Service Providers.
Center for Applied Linguistics: Practitioner Toolkit: Working with Adult Language Learners	http://www.cal.org/caela/tools/program_development/elltoolkit/CombinedFiles.pdf	National Center for Family Literacy and National Center for ESL Literacy Education for the Center for Applied Linguistics
ASSISTIVE TECHNOLOGY: Meeting the Needs of Adults with Learning Disabilities	http://www.nifl.gov/nifl/ld/archive/assistec.htm	National Institute for Literacy and AED provide ideas and suggestions for assisting adult learners with disabilities through technology.
Mental Health and the ESL Classroom: A guide for teachers working with refugees	http://www.refugees.org/uploadedFiles/Participate/Resources/Books_and_Publications/MH_esl.pdf	International Institute of Boston
Success Education: Differentiated Curriculum Strategies for ESL and Learning Disabled Students	Book for purchase	Authors: Steve P. Jefferson & Bettye Sweet
National Association for Adults with Special Learning Needs	www.naasln.org/about_us.htm	NAASLN is an association for those who serve adults with special learning needs. NAASLN members include educators, trainers, employers and human service providers.
Success Education: Differentiated Curriculum Strategies for ESL and Learning Disabled Students	Author: Steve P. Jefferson & Bettye Sweet	
Website to locate English classes in your area	www.welcometousa.gov	U.S. Citizenship and Immigration Services Office of Citizenship:

Specialists:

1. Diane DeMaio
Office of Vocational and Adult Education, Division of Adult Education and Literacy
diane.demaio@ed.gov
202-245-7841

- Contact with questions about what states around the country are doing to address this issues, information about funding and various other resources.

2. Elizabeth Watkins,
ELL & Minority Issues
Special Education Policy
Division
1500 Highway 36 W,
Roseville MN 55113
651-582-8678 v, 651-582-8729 f
Elizabeth.Watkins@state.mn.us

- Contact with questions about foreign-born students in special education (K-12)

3. Robin Schwarz
Author and Consultant
on ESOL and Learning
Disabilities.
r.schwarz@lesley.edu
614-582-7673

- Contact with questions pertaining to Learning Disabilities and testing

CENTERS FOR INDEPENDENT LIVING

Issue: Resettlement staff are concerned about a single refugee who arrived with a severe disability. They are unsure whether the person has the ability to live on their own and need to do an assessment.

Suggestion: contact your local CIL to request an assessment or your local Social Service Agency

Through the Rehabilitation Act, funding is provided to a network of Centers for Independent Living (CIL's) throughout the country. CIL's emerged as a result of the disability rights movement in the 1960's and 1970's. One goal of the movement was to increase the options of people with disabilities to live in less restrictive settings and to establish more community-based services.

CIL organizations differ from many of the other services mentioned in this guide as they are consumer-run and serve people with a range of disabilities. CIL services include:

- Advocacy
- Information dissemination
- Referral to providers of community-based supports and services for children and/or adults with disabilities.



Depending on the CIL, they may also provide direct services including:

- Independent living evaluation
- Driver's education course
- Peer counseling
- Public transportation training
- Independent living skills classes
- Budgeting
- CIL's are instrumental in this regard

10.7 million people age six and older need personal assistance with one or more activities of daily living (such as taking a bath or shower) or instrumental activities of daily living (such as using the telephone). This group amounts to four percent of people in this age category.¹

CIL's and Refugees:

When serving refugees with disabilities, a local CIL can provide assistance with:

- Locating disability service providers
- Conducting an independent living skills assessment for a refugee with a disability
- Teaching independent living skills
- Helping locate assistive technology and equipment
- Referring for employment resources for people with disabilities
- Finding adaptive recreation resources
- Finding potential volunteers or mentors for refugees with disabilities

To find your local CIL, go to:
<http://www.ilru.org/html/publications/directory/>



¹National Disability Employment Awareness Month: National Work/Life Month (10/06). www.fortworthprsa.org/Disability_WorkLife_MonthPR-SA2006.doc

TRAINING AND EDUCATION: RESOURCES FOR ADULTS WITH DISABILITIES

According to the 2006 Annual Report to Congress, the National Taxpayer Advocate found that 33% of Americans between the ages of 25 and 64 who have non-severe disabilities, and 22 % of those with severe disabilities have graduated from college, compared to 43 % who do not have disabilities and have graduated from college”.¹

In addition to Adult Basic Education and English as Second Languages classes, refugees with disabilities may be eligible for financial assistance for training and college education. Below are some resources for those interested in pursuing additional training and education.

1. Rehabilitation Services: The Rehabilitation Service agency in your area may have funds available to provide for training and education. A person must apply and be found eligible for services and establish an employment plan with their Rehabilitation Counselor. For more information, SEE THE STATE VR SERVICES SHEET

2. Career Advancement Accounts:
SEE ATTACHED QUESTION AND ANSWER SHEET

3. Individual Development Account:
SEE ATTACHED INFORMATION SHEET

WEBSITE RESOURCES

- <http://www.heath.gwu.edu>
HEATH Resource Center at GWU—National Clearinghouse on Postsecondary Education for Individuals with Disabilities. Has several publications, toolkits, and resources for people with disabilities.
- <http://www.washington.edu/doit/Brochures/Academics/financial-aid.html>
Publication with information on financial aid and scholarships.
- <http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=82>
Links to web sites concerning postsecondary education, preparation for higher education, and funding.
- <http://www.finaid.org/questions/disabled.phtml>
List of books about financial aid for the disabled.
- <http://netac.rit.edu/publication/finaid.html>
National Technical Institute for the Deaf. Provides tips and scholarship resources for deaf students.
- <http://www.finaid.org/otheraid/disabled.phtml>
Links to web sites that have disability related scholarships and funding sources.



Assistive Technology device by Lomak

Overview

The workforce investment system should recognize and strengthen workers' ownership of their careers, and provide more flexible resources and services designed to meet their changing needs. Studies have shown that workers make sound decisions about tapping resources to advance their careers when they have good information on available options. Workers need to be armed with as many choices as possible to gain the right skills and secure the best career opportunities.

Furthermore, federal job training dollars should be put directly in the hands of individuals. Therefore, funds appropriated for the following programs should be allocated to states as a single funding stream:

- Workforce Investment Act (WIA) Adult Program
- WIA Dislocated Worker Program
- WIA Youth Program
- Employment Service programs (including Employment Service formula grants, labor market information grants).

States would use these funds primarily to provide Career Advancement Accounts to individuals in need of employment assistance. Individuals receiving Career Advancement Accounts must use them to pay for expenses directly related to education and training. This funding also would be used by states to provide basic employment services such as career assessment, workforce information, and job search assistance to job seekers.

States would be required to use a minimum percentage of their state allocation (approximately 75 percent) for Career Advancement Accounts. Administrative costs for states would be similar to the 3 percent cap carried by many Department of Education programs. States would use the remaining funds (up to about 22 percent) to provide basic employment services to job seekers or employers. States and local areas would provide these services through community career centers - including, but not limited to, the existing One-Stop Career Centers -- or through partnerships with the private sector.

With lower administrative costs and the vast majority of funding used to finance the accounts, this proposal means that more individuals would participate in job training and attain new and higher level job skills. In fact, the number of individuals receiving Career Advancement Accounts would be more than triple the number of people receiving job training in the workforce investment system today.

Career Advancement Accounts Description

Career Advancement Accounts are self-managed accounts that enable current and future workers to gain the skills needed to successfully enter, navigate, and advance in 21st century jobs. The accounts would be available to workers entering the workforce or transitioning between jobs and careers. Incumbent workers in need of new skills could use them to remain employed or to move up the career ladder.

Community Career Centers

Under the Career Advancement Account proposal, the local workforce system presence would be transformed and made more efficient. States and local areas would maintain community career centers - including, but not limited to, the existing One-Stop Career Centers -- that provide basic employment services to job seekers and employers and access to the Career Advancement Accounts, or they could develop partnerships with the private sector to provide these services.

Relationship to Pell Grants

Pell Grants are available to undergraduates who have financial need and meet other requirements for federal Student Aid. Pell Grants are usually a foundation of student aid, to which assistance from other federal and non-federal sources might be added. Career Advancement Accounts are self-managed accounts that complement Pell Grants. They enable current and future workers to gain the skills needed to successfully enter, navigate, and advance in 21st century jobs without having to attend school more than half time.



Questions and Answers on Career Advancement Accounts

What are Career Advancement Accounts?

Career Advancement Accounts are self-managed accounts that would enable current and future workers to gain the skills needed to successfully enter, navigate, and advance in 21st century jobs.

Nationally, about 800,000 accounts would be available to workers entering the workforce or transitioning between jobs and careers, or incumbent workers in need of new skills to remain employed or move up the career ladder.

The maximum amount of the account is \$3,000 for one year. This is sufficient to finance about one year's study at a community college. The accounts may be renewed for one additional year, for a total two-year account amount of up to \$6,000 per worker. Individuals must use their accounts to pay for expenses directly related to education and training.

Why are Career Advancement Accounts needed?

The American economy is facing a shortage of skilled workers – workers who obtain skills through post-secondary education and learning. The workforce system, as currently constituted, is ill-equipped to meet the training challenges brought on by the increased need for skills and competencies possessed by workers. This is due, in part, to the lack of integration, which causes too much money to be spent on competing bureaucracies, overhead costs, and unnecessary infrastructure, and not enough on meaningful skills training that leads to job growth and economic prosperity.

The Career Advancement Account proposal meets America's imperative to train more workers in order to remain globally competitive by (1) getting more training dollars in the hands of workers, and (2) streamlining the One-Stop service delivery system through the elimination of outdated service delivery processes.

How do Career Advancement Accounts work?

States and local areas would maintain community career centers that provide basic employment services to job seekers and employers and access to the Career Advancement Accounts, or they could develop partnerships with the private sector to provide these services. An individual would apply for an account at a community career center or through other processes developed by states. States also could establish an online application system.

Career Advancement Accounts could be used with a wide variety of training and education providers, including community colleges, and trade and technical schools. States would ensure the credibility and accountability of the training and service providers.



EMPLOYMENT AND TRAINING ADMINISTRATION
UNITED STATES DEPARTMENT OF LABOR

Questions and Answers on Career Advancement Accounts

Who is eligible for a Career Advancement Account?

Accounts would be available to both adults and out-of-school youth. Additional eligibility criteria would be established by states, but states would be expected to target those who need additional help accessing education and skills training, such as dislocated workers, low-income adults, and disadvantaged youth. States must determine priority of service consistent with the veterans' priority of service requirement under the Jobs for Veterans Act (PL 107-288).

How can recipients use Career Advancement Accounts?

Individuals must use their accounts to pay for expenses directly related to education and training.

How will individuals apply for a Career Advancement Account?

An individual may apply for an account at a One-Stop Career Center, a community career center or through other processes developed by states. Ideally, states would also establish an online application system.

Are there restrictions on where a Career Advancement Account may be used?

Any restrictions would be determined by each state. There would not be a federally mandated state list of eligible training providers as under current law. States would ensure the credibility and accountability of training and service providers, as it is in their interest to maintain quality providers in order to meet performance outcomes.

Under this proposal, how will career services be provided to job seekers and employers?

Under the Career Advancement Account proposal, the local workforce system presence would be transformed and made more efficient. States and local areas would maintain community career centers – including, but not limited to, the existing One-Stop Career Centers -- that provide basic employment services to job seekers and employers as well as access to Career Advancement Accounts, or they could develop partnerships with the private sector to provide these services.

What services would be available at a community career center?

Job seekers would be able to receive basic employment services at community career centers, including job search assistance, assessment, job placement assistance, and basic career counseling. In addition, individuals would be able to apply for Career Advancement Accounts at the centers, and account recipients would receive assistance with using their accounts. Services to employers could include postings of job openings and assistance in finding trained workers.



Questions and Answers on Career Advancement Accounts

Where will community career centers be located?

While states would determine how to use their resources to support community-based career centers, these centers could utilize existing infrastructure found at community colleges, public libraries, senior centers, community-based organizations as well as existing One-Stop Career Centers and the local offices of current federal One-Stop partner programs (such as Vocational Rehabilitation).

Is eligibility the same for Pell Grants and Career Advancement Accounts?

No, although there would be some overlap between eligibility for Pell Grants and Career Advancement Accounts, just as there is currently some overlap between Pell Grants and WIA Individual Training Accounts (ITAs). However, since Career Advancement Accounts are targeted toward workers seeking to upgrade their skills, there is some flexibility in how these funds can be used. Specifically,

- Unlike Pell and other federal student aid, Career Advancement Accounts would be available to low-income individuals who are studying less than half time.
- Career Advancement Accounts would also be available to individuals pursuing short-term training in courses that last 10 weeks or less. Federal student aid is not available for this type of short-term training.

Finally, Career Advancement Accounts would be available to help fill in holes for those individuals who, even with Pell Grants and other student aid, still cannot afford the cost of education and training.

Are Pell Grants and Career Advancement Accounts used for the same things?

There are differences in the allowable uses of Pell Grant and Career Advancement Account funds. While individuals can use Pell Grants to pay for living expenses, Career Advancement Accounts would only be used to cover the costs of education and training that would facilitate a return to the labor market.

INDIVIDUAL DEVELOPEMENT ACCOUNT QUESTION AND ANSWER SHEET

A Guide for IDA Consumers with Disabilities

Refugees with disabilities interested in starting a business, buying a home, going to school, or purchasing a car may be eligible for Individual Development Accounts: a savings account that allows people to accumulate assets for the purpose of reducing poverty. IDA's are available through refugee resettlement agencies as well as disability service organizations. Information on the IDA's, including where to apply, is provided below. Much of the content is from World Institute on Disabilities. For a list of agencies administering IDAs for refugees, please refer to the list at the end.

QUESTIONS AND ANSWERS

Q1. What is an Individual Development Account (IDA)?

A1. An Individual Development Account, also known as an "IDA", is a savings account. What makes it special is you receive an additional deposit each time you add to your savings. It is called a match and is usually one to four times the size of each deposit you make. For example, if you receive a 2:1 match, each time you deposit \$25, you will get an additional \$50 toward your savings goal.

Q2. What can I use an IDA account for?

A2. Each IDA program may differ slightly and may have their own guidelines for how the savings can be used. However, in most cases, IDAs are used specifically for three purposes: 1) starting a business, 2) buying a home, 3) or, for going back to school.

Q3. What is financial literacy training?

A3. Each participant in an IDA program must take free financial literacy training. Each IDA program has its own way of providing this type of training. At a minimum you will learn how to reduce your debt, develop a savings plan and prepare for your savings goal. You may also learn about your credit history, banking, investing and money management. The training can take many forms. You may receive

one-on-one counseling, classroom training or peer support.

Q4. Can I participate in an IDA?

A4. Each IDA program may have slightly different requirements to participate. Generally speaking, you must be within the income guideline of "200% of poverty". This means, for example, that an individual could not earn more than \$17,720 and the head of a family of four could not earn more than \$36,200. In addition to income guidelines, you must also have a job. IDA programs often refer to it as an "earned income" requirement. Even if you do not meet these guidelines, you should still pursue participating in an IDA program, because the IDA program nearest you may have more liberal guidelines

Q5. How does an IDA program work?

A5. As mentioned before, each IDA program is unique. However there are some common approaches that are used. You first attend an orientation meeting. Your eligibility to participate would probably be determined at this first meeting. You will fill out a number of forms that ask about your financial history and your personal history. This information is collected so that the organization can keep records on the demographics of their participants. Once accepted into the program you open a savings account at a bank that is tied to the IDA organization. You will likely sign a contract that lays out how much money you plan to deposit each month. At some point, either before or after opening the savings account, you will take financial literacy training. You will also likely have regular meetings with the other participants in the IDA program who will offer peer support. Once you reach your savings goal, your IDA caseworker will confirm the purchase (or investment) and your savings will be released.

Q6. How much money can I save?

A6. Many IDA programs last about two to three years. How much you save in the end depends on how much you deposit and how much of a match is offered. For example, if you deposit \$25 every month for two years you save \$600 on your own. If the IDA organization offers a 3:1 match, you will receive an additional \$1,800 toward your savings goal. In two years you save \$2,400.

Q7. Where is the program nearest to where I live?

A7. Unfortunately, there is no national directory of IDA programs. However, you can still find a list of programs in your state. To find out if there is a program near you, go to www.idanetwork.org, click on “State Pages” on the main (left) navigation bar, select your state from the drop down menu, and then select “IDA Programs”. Contact information for all IDA programs in your state will be listed. You may also want to look in your local Yellow Pages, where there may also be listings.

Q8. Will the program provide special services for my disability?

A8. IDA programs want participants to succeed. IDA program staff want to make you feel welcome and want to give you every chance to meet your savings goal. You may be asked if you have a disability or if you need any special services called “accommodations”. Any questions regarding disability are completely confidential and in no way affect your eligibility to participate or stay in the program. To make sure that you receive the accommodations you need, you should bring up any concerns you have with your IDA caseworker. Some commonly requested accommodations include, large print or audiotaped financial literacy materials, special seating arrangements in the classroom, an accessible bathroom, class notes and meeting reminders. You can learn more about different types of accommodations by going to the Job Accommodation Network (JAN) at <http://www.jan.wvu.edu/media/ideas.html>.

Q9. Will I lose my Supplemental Security Income (SSI) if I participate?

A9. Not all IDA programs allow people who receive SSI to participate. Typically, if you receive SSI you’re not allowed to have more than \$2,000 in assets as an individual or \$3,000 as a married couple. Assets include any readily available cash, like that in a savings account. However, there are some IDA programs that do allow you to have an IDA account, and therefore assets, without losing your benefits. It is very important to get into one of these specifically designated IDA programs. Only federally funded IDA programs under the “Assets for Independence Act” or under “Temporary Assistance for Needy Families” allow people who receive SSI to participate in IDA programs without losing benefits. Before entering an IDA

program, it is VERY important to ask if it is funded by one of these federal programs.

Documentation that you can participate in these particular IDA programs can be found at the Social Security Administration web site in their “POMS” manual (“Exclusions Under Other Federal Statutes”).

You should ask your IDA caseworker to write a letter on their program letterhead stating that you can participate in the IDA program without losing your SSI benefits. The letter should specifically mention the “Exclusions Under Other Federal Statutes” clause that is mentioned above. You should take that letter to your SSA caseworker for documentation and keep a copy of it for yourself. Once you are in the program, especially if you are starting a business, you will need to monitor your earnings. As you increase your earnings, your benefit will decrease. However, you can earn a net income in the range of \$14,100 - \$39,228 (depending on what state you live in), without losing your benefits or Medicaid. It is a very complicated system to navigate. We strongly recommend that you meet regularly with an SSI benefit counselor both during and following your IDA program and as long as you receive SSI.

Q10. Can I use apply an IDA to a Plan for Achieving Self-Sufficiency (PASS)?

A10. A PASS is a special program for people who receive SSI that allows them to accrue savings to start a business without reducing their SSI benefit. An IDA can be a part of a PASS program. You can find more information about PASS plans at the Social Security Administration web site: <http://www.ssa.gov/pubs/11017.html>.

Q11. Will I lose my Social Security Disability Insurance (SSDI) if I participate?

A11. There are no restrictions for SSDI recipients who want to participate in IDA program. Therefore, if you only receive SSDI, you can participate in any IDA program nationwide. However, especially if your savings goal is to start a business, you will need to pay special attention to your income level so that you do not jeopardize your benefits. Once you earn over a certain amount, you will no longer receive your SSDI benefits. The guidelines for how much you can earn is called the “earnings threshold” and it is fixed nationally (not by state). In 2002, the earnings

threshold for self-employment for an individual is \$780 per month and \$1,300 for blind individuals.

Q12. Will the IDA program provide SSI or SSDI benefits counseling?

A12. Most IDA providers will not know about disability related public benefits. You should strike up a good relationship with your local Independent Living Center (ILC). ILCs, located across the nation and in every community, offer a broad spectrum of free disability services that include disability benefit counseling. You should meet regularly with an ILC benefit counselor as you go through your IDA program. You can find the ILC nearest you by either looking in your local Yellow Pages, or by going to the National Directory of Independent Living Center's web site: <http://www.virtualcil.net/cils/>.

Q13. Can I speak with an IDA participant who has a disability?

A13. The World Institute a Disability is developing a database of people with disabilities who have either gone through an IDA program or who are currently enrolled. If you would like to be a part of this database so that you can speak with other IDA participants with disabilities and to share your own story please forward your name and contact information to megan@wid.org.

Q14. Where can I learn more about IDA programs and issues relating to persons with disabilities?

IDAS AND DISABILITY

World Institute on Disability

<http://www.wid.org/programs/?page=ida>

GENERAL INFORMATION ABOUT IDAS

Corporation for Enterprise Development

<http://www.cfed.org>

Welfare Information Network

<http://www.financeprojectinfo.org/WIN/individu.asp>

General Center for Social Development

<http://gwbweb.wustl.edu/csd>

SELF-EMPLOYMENT AND PERSONS WITH DISABILITIES

Griffin-Hammis Associates, LLC

<http://www.griffinhammis.com>

People with Disabilities and Self-Employment

Listserve http://groups.yahoo.com/group/pwd_self-employment

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Self-employment Strategies for People with Disabilities
<http://www.trninc.com/nomoreinterviews.htm>

Small-Business and Self-employment Service for People with Disabilities through the Department of Labor's Office of Disability Policy

<http://www.jan.wvu.edu/sbses/index.htm>

Small-Business Administration

<http://www.sba.gov>

Social Security Administration Office of Employment Support

<http://www.ssa.gov/work/>

Disabled Businesspersons Association

<http://www.disabledbusiness.com>

The Abilities Fund

<http://www.abilitiesfund.org>

PASS Writing Tool at Cornell University

<http://www.passonline.org>

HOUSING AND DISABILITY

Center for Housing and New Community Economics

<http://alliance.unh.edu/>

Fannie Mae

<http://fanniemae.com/>

U.S. Department Housing and Urban Development

<http://www.hud.gov/groups/disabilities.cfm>

Opening Doors: A Housing Initiative for the Disability Community

http://www.c-c-d.org/intro_page.htm

EDUCATION AND DISABILITY

LD Online: Post-Secondary Education

http://www.ldonline.org/ld_indepth/postsecondary/

Post Secondary Education Network

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

Workforce Recruitment Program

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

For more information contact:

World Institute on Disability

510 16th Street, Suite 100

Oakland, CA 94612

Voice: 510-251-4341

TTY: 510-208-9493

FAX: 510-763-4109

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TRANSPORTATION FOR PEOPLE WITH DISABILITIES

Issa was 30 years old when he had a stroke resulting in right side paralysis. After being resettled in the U.S. in 1995, he struggled to find a job. Transportation was a significant barrier to his job search. When he went to take his driver's exam at the Department of Motor Vehicles, he learned that he would need an evaluation to determine his ability to drive with his disability. He was referred to Courage Center, a social service agency for people with disabilities, where he was told about Vocational Rehabilitation Services. VRS paid for Issa's driver's training at Courage Center, including an evaluation for modifications he needed for his car. He purchased the device and a car. Since then, he has helped other refugees with disabilities learn about driving assistance.

Transportation is frequently a barrier for people with disabilities. Affordable, accessible transportation options are an important component for accessing medical care, finding a job and other daily activities. For some people with disabilities, public transportation is adequate to meet their needs. For others, owning their own car is the best option.

As illustrated by the refugee experience above, individuals with disabilities who wish to drive their own car, but need adaptations to operate the vehicle, should have an assessment. Contact your local vocational rehabilitation center to learn about driver's training and assessment for people with disabilities.

Included in this section:

- Medicaid transportation
- Paratransit
- Drivers training and accommodations for personal vehicles

Medicaid Assistance Transportation Programs:

These programs vary county-by-county. Please check with your specific county government for more details. Medical Assistance Transportation provides funding (full or partial) for transportation, reimbursement for transportation costs, or transport services for individuals without access to transportation. Funding is eligible for services covered under medical assistance. This can include medical,

dental, physical therapy appointments and more.

Paratransit:

Paratransit is the term used to refer to a transportation service for people with disabilities. Frequently, there is door-to-door service. Each locality will have different criteria, costs, and services available. Please contact 2-1-1 to find your local paratransit provider.

Web sites of Interest:

1. National Technical Assistance Project: Seals Project ACTION provides technical assistance to the disability community, transportation industry, government, human service agencies, advocacy and professional organizations and others on the full range of issues associated with the provision of accessible transportation for people with disabilities of any age. Technical assistance is available through an array of avenues, including a clearinghouse, toolkits and fact sheets.

http://projectaction.easterseals.com/site/PageServer?pagename=ESPA_technical_assistance&s_esLocation=ta_

2. Drivers Education for People with Disabilities: The Association for Driver Rehabilitation Specialists: <http://www.driver-ed.org/custom/directory-cdrs/?pagcid=320&showTitle=1>

3. National Institute on Disability Rehabilitation and Research: DBTAC: <http://www.dbtac.vcu.edu/transport.aspx>. Fact sheets on people with disabilities driving, information on adapting motor vehicles for people disabilities and more.



States with Discounted Driver's License/State ID for the Disabled:

STATE	COST	PROCESS	CONTACT INFORMATION
Alabama	Documentation of disability from a medical doctor specializing in the area of client's disability is required.	Documentation of disability from a medical doctor specializing in the area of client's disability is required.	DriverLicenseInfo@dps.alabama.gov 334-242-4400
Alaska	Free State IDs for people over 60	No information available.	dmv_webmaster@admin.state.ak.us 1-907-269-5551
Arizona	Free state IDs for those with SSI.	No information available.	mvinfo@azdot.gov 602-255-0072 (Phoenix), 520-629-9808 (Tucson), 800-251-5866 (elsewhere in Arizona), 602-712-3222 (Phoenix TDD), 800-324-5425 (elsewhere TDD)
California	Reduced fees for low income only.	No information available.	http://www.dmv.ca.gov/contacts/contacts.htm 1-800-777-0133, 1-800-368-4327 (TTY)
Georgia	State ID \$5	No paperwork needed. Decision is made on-site by bureau worker.	678-413-8400 (Metro Atlanta), 678-413-8500 (Metro Atlanta), 678-413-8600 (Metro Atlanta), 1- 866-754-3687 (outside the Metro Atlanta area)
Illinois	State ID is available at no cost.	Obtain a Disabled Persons' Identification Application and have it filled out by a doctor.	https://www.cyberdriverillinois.com/ ContactFormsWeb/driverslicense_contact.html 1-800-252-8980 (within Illinois), 1-888-261-5238 (TDD/TTY), 1-888-261-5280 (TDD/TTY)
Indiana	State ID \$10	If the disability is not visible they need to bring in a letter from a doctor documenting the disability.	http://www.in.gov/bmv/contact/ 317-233-6000
Kansas	State ID \$14.	No paperwork needed. Decision is made on-site by office staff.	driver_license@kdor.state.ks.us 785-296-3963, 785-296-3601 (TTY)
Maryland	State IDs are free for people 65 and older; the legally blind, those who have permanently lost the use of an arm or leg, are permanently disabled or who have a medical impairment that substantially limits major life activity (as defined by the ADA).	No documents necessary to qualify.	MVACS@mdot.state.md.us 1-800-950-1682 (in state), 301-729-4550 (out of state), 1-800-492-4575 (TTY)
Michigan	If a person tries for a license but does not qualify, they can get a state ID for free.	No information available.	secretary@michigan.gov 1-888-767-6424
Minnesota	Reduced fee for State IDs only, \$0.50.	Obtain paperwork from the Department of Vehicle Services and have it filled out by a medical professional.	mvd@mt.gov 406-444-1773
Montana	State IDs are free for the disabled.	Obtain a letter from the Department of Health and Human Services indicating client has a disability.	mvd@mt.gov 406-444-1773
Nevada	Permanent IDs for senior citizens or for minors are \$5-.25.	No information available.	nfo@dmv.state.nv.us 702-486-4368 (Las Vegas area), 775-684-4368 (Reno/ Sparks/Carson City), 1-877-368-7828 (rural Nevada/ out of state), 775-684-4904 (TDD)
New Jersey	However, there are reduced fees for the disabled on registration.	No information available.	http://www.state.nj.us/mvc/About/Contact.htm 609-292-6500, 888-486-3339 (in state), 609-292-5120 (TTY)
New York	State IDs are \$6.50 for SSI recipients that are 62 years of age and older.	Bring proof of SSI benefits, social security card, birth certificate and 6-point proof of identification.	http://www.nysdmv.com/callorvisit.htm
Rhode Island	For a first time State IDs there is no cost. For a renewal the cost is \$15. However, if the client is 57 and older it is free.	Contact the Department of Motor Vehicles for procedure of disability verification.	401-721-2251
South Carolina	Reduced fees for persons 64 (\$22) and for persons 65 and older (\$20).	Obtain and fill out an affidavit stating client is 64 years of age or older.	help@scdmvonline.com 803-896-5000
Tennessee	State IDs are available at no cost for those clients that will never be able to drive.	Obtain a letter from a doctor (on letterhead) stating that client will never be able to drive.	Email: Safety@state.tn.us 615-253-5221, 615-532-2281 (TDD)
Washington	Clients of the Department of Social and Health Services are eligible for reduced rates.	Contact the Department of Social and Health Services and work with a caseworker and Office Supervisor to obtain necessary paperwork.	drivers@doh.wa.gov; Exams@doh.wa.gov 360-902-3900, 360-664-8885 (TTY)
West Virginia	Free State IDs for the blind and for those clients 65 and older.	No information available.	dmvcommissioner@dot.state.wv.us 304-558-3900, 1-800-642-9066

6 SERVICES AND RESOURCES FOR ADULTS AND CHILDREN

Social Services

Waiver Services

Assistive technology

Adaptive recreation



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

SOCIAL SERVICES

What services they may offer:

(depends on the state and county)

- Case management and support
- Independent living skills services
- Personal Assistance Services (PCAS/Home Health Aids)
- Help in accessing medical care, mental health services and other social and financial programs
- Visiting nurses
- Waiver services (see next section)
- Counseling
- Employment assistance: i.e. for people with developmental disabilities or mental health needs
- Housing assistance: applying for various programs as well as locating financial resources to assist
- Residential placement for people with disabilities (group homes and supported living)
- Interventions when family conflict or abuse occurs
- Foster care

Delivery of services:

Social and human services are generally administered on the local level through county social or human service agencies. Each county receives local, state and federal funds to provide various programs for services to people who meet eligibility criteria. Refugees are eligible for county services but may not be aware of what is available to them.

Services for people with disabilities are provided

according to the type of disability and financial need. Funding and resources are also designated according to disability type.

Disabilities are identified through testing by a physician, psychologist or other specialist. For refugee and immigrant communities, it is important for the person doing the testing to consider the refugee's culture and provide an interpreter. Disability categories include physical disabilities (with no mental handicap), mental health issues (i.e. depression, Schizophrenia, Bipolar disorders), developmental disorders (Down's Syndrome, cognitive impairments and other (ie learning disabilities). At the county level, services are divided into different divisions or departments by disability, or condition, as well as by age: services to youth or adults.

For example, one county agency may have the following departments:

- Children and Family Services (Child Protection, Foster Care, Adoption and Family Preservation)
- Developmental Disabilities (Children)
- Developmental Disabilities (Adults)
- Home Health and Senior Services
- Mental Health (Children)
- Mental Health and Substance Abuse Services (Adults)

Within these departments, there are a variety of programs, funding sources, and eligibility requirements.

Mandatory vs. voluntary services:

Some social services provided are mandatory while others are voluntary. For instance, if someone is reported to have abused their child, working with a social worker from Children and Family Services would be mandatory and will not end until decided by the county. If you are working with a parent who has a child with a developmental disability, they may request a social worker/case manager. Because the services are voluntary, there may be waiting lists in order to receive services. In addition, if a family receives services, such as a personal care attendant, they will need to continue to stay in contact with the social service staff as a condition of receiving the

benefit. When they no longer need the service, they may end the services by notifying the social worker. Sometimes the social worker may not agree with this decision but it will be the client's choice.

Requesting services:

The first step is calling to request services. If a refugee would like services and feels comfortable, they may call and request help for themselves or their family. Refugee case managers may also make a referral but they must have permission of the client (consent to release information). If a resettlement staff is calling about child abuse, then they are **MANDATED** to report, meaning they are not required to request permission from the client. **(SEE LEGAL SECTION)**. If possible, the client and refugee case manager may call social services together.

Determining Eligibility:

Social service staff will need to gather information and interview the refugee case manager, client, or both to determine eligibility. This is generally referred to as "Intake". Before you call, the client or refugee case manager must have the client/consumer's contact information (phone number, date of birth, Social Security number, address, the refugee's needs, and the services being requested). The social service staff will request forms to be completed and they may request to contact any doctors that can verify the disability. If social services determine the person is eligible for assistance, the client will then have a meeting with a person assigned to be their social worker or case manager.

Developing a plan for services:

The social worker and client have to make a plan, including goals. For example: Ali will learn how to ride the local bus system. The plan will detail the types of services or assistance the client will receive, taking into consideration the family or individual's requests and the availability of the service. The social worker acts as a broker for services, meaning, they contract with, or hire, various agencies to provide needed services. The process to apply for these services varies so check with your local agency.

Rights and Responsibilities

The social worker or case manager will provide information about client rights and responsibilities. If the services are mandated by law, like in situations with child abuse or when someone is a danger to themselves or others, they have to participate until they are told otherwise. If a person requests help voluntarily, they will have more input in the types of services they want and can end services any time. If the rights and responsibilities are not clear, ask for more clarification.

Resettlement agencies and Social Services: Collaborative efforts

Teaming between resettlement agencies and county social services is essential in order to provide optimal services to new refugees with disabilities. Resettlement agencies can provide an eye to cultural competence, resources available in the cultural communities, and background about cultural needs. County social services may provide on-going, extended case management services to those individuals who are eligible for services.

Tips for working with and accessing social services:

- Help individuals or families understand the reason for applying for services, for providing private information, and for meeting regularly **before** you start the process. If they don't understand the benefit or how to take full advantage of the service, it may not be helpful.
- It may take time to get services started.
- Paper work often has deadlines so it is important to return it as soon as possible.
- Getting services and resources often requires ongoing work with the social worker so it is important they understand this expectation.

To find your local social or human service agency, check your phone book or call 2-1-1

WAIVER SERVICES

Husband: My wife and I have two children – one daughter who is five and another daughter who is two. Both girls were born in Thailand. When our older daughter, Pa, was about eight months old, she was hospitalized for swelling of the brain caused by a high fever. Her development slowed down a lot after that.

We first heard through a Hmong radio station about the possibility of receiving help with the care of our disabled daughter. The Hmong language radio announcer talked about personal care attendants for the elderly and for people with disabilities. Later on, we learned from an extended family member that our daughter might be eligible for special educational services.

Wife: Our daughter is now registered through Ramsey County for waiver services through Consumer Directed Community Supports so that we receive a grant to be the caregivers for our daughter. She is unable to walk or care for herself in any way. She can be strapped into a wheel chair, otherwise we move her from her bed to the couch in the house. Pa started school full-time this year at a school serving children with developmental disabilities. We have noticed that she is more responsive since she began attending school. In the refugee camp there were no school opportunities for the children.

Husband: Pa now takes the bus to school everyday. We must carry her down a stairway to the bus stop, since the house is built on a slope.¹

Home and Community Based Services waivers (HCBS) provide support services such as personal care attendants and employment assistance for individuals with disabilities. The services allow an individual to remain in their own home rather than being placed in a nursing home or other facility that is more expensive. The waiver also funds services to improve and/or increase skills and supports for individuals with disabilities to live and work in the community. Waiver services are provided through Medicaid funding.

Process:

To qualify for a waiver, contact your local government social service agency. Eligibility requirements vary by state. In general, to qualify for a waiver the individual with a disability must either require the same level of care provided by

an institution or be at risk of entering an institution without support services. There are income guidelines to qualify for the program as well.

Benefits:

- Every state is granted funds for services and are responsible for providing services based in part on the needs of consumers in their community.
- A waiver offers consumers freedom of choice for the services they receive and the providers chosen. Often they are given a “budget” and can decide what services they will purchase with the funds.
- Family members and friends may be providers of waiver services if they meet the specified provider qualifications. This may be particularly helpful for culturally and linguistically diverse individuals.

Disadvantages:

- States vary in terms of how the money is spent and for what services
- Frequently there are long waiting lists to get a waiver.

Types of Services Provided (varies by state):

Personal care:

- Adult Day Care (particularly for the elderly)
- Caregiver living expenses
- Caregiver training and education
- Respite care
- Personal Care Attendant/Assistant Services which provide assistance to people with disabilities in their home, work or community. Assistance may include bathing, dressing, getting around, toileting, eating, shopping and other tasks that are essential for daily living²

Employment:

- Assistive Technology
- Day training & habilitation
- Supported Employment Services

Home living:

- Chore services such as laundry, grocery shopping, meal preparation and cleaning
- Housing Modifications

Community living:

- Case management
- Consumer-directed community supports
- Transportation

¹ Bridging Refugee Youth and Children’s Services (BRYCS) (2007). BRYCS Parenting Conversations: Tou and Mee, Hmong Parents. Washington, DC: Author (Available for free download from http://www.brycs.org/Hmong_Interview.htm).

² Center for Personal Assistance Services: <http://www.pascenter.org/home/index.php?print=yes>

ASSISTIVE TECHNOLOGY

Assistive technology (AT) is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. (IDEA 29 U.S.C. Sec 2202(2)).

Examples of Assistive Technology:

- Extra Loud Smoke Detector
- Spell check
- Pencil grips
- Portable word processors
- Scooter
- Voice activated computer programs

State Assistive Technology Programs

State AT Programs, funded by the National Institute on Disability and Rehabilitation Research (NIDRR), are in the 56 states and territories for the purpose of improving assistive technology to individuals with disabilities of all ages. Funding through the Act allows states to help individuals learn more about how AT can help them live, work, and learn more independently. Depending on state determined priorities, the projects may provide the following assistive technology devices and services:

- Information and referral;
- Regional centers, demonstration centers;
- Funding and policy information;
- Training and technical assistance;
- Financial loan programs; and
- Equipment recycling programs, device lending libraries.

Assistive technology assessments

Computer, telephone, alerting device.....	Rehabilitation Technologist
Mobility assessment.....	Physical Therapist
Seating & ergonomics or for environmental controls.....	Occupational Therapist
Hearing aids or Assistive Listening Devices.....	Audiologist
For design of AT that does not currently exist.....	Fabrication Specialist
Augmentative communication.....	Speech & Language Pathologist

To find your State Assistive Technology Program, go to:

<http://www.resna.org/taproject/at/statecontacts.html>

Important Note:

Some states provide additional monies to supplement the federal dollars given. Maryland, Virginia, Illinois and Nebraska are states that have expanded their program and funding to address the needs of individuals with disabilities living in their communities.

For more info on these individual state programs go to: www.resna.org/taproject/activities/financing.html



The Alliance for Technology Access

The Alliance for Technology Access (ATA) is a national network of technology resource centers, community-based organizations, technology vendors, and individuals who are committed to increasing the use of technology by children and adults with disabilities and functional limitations. It is one of the nation's largest resources to help children and adults.

Some guidelines on where to go for an AT assessment:

If a person is in need of assistive technology, especially as it relates to employment or independent living, they would start with their local Department of Rehabilitation Services Office. Once eligibility has been determined, they would proceed with the assessment. The person conducting the assessment could vary depending on the person's needs. A person may see more than one specialist in a team.

AT Reuse Programs

There are AT reuse programs in all parts of the country. Reuse programs are a less expensive option to get equipment for people with disabilities. For more information, go to: www.resna.org/atreuse and for additional AT Reuse information go to: <http://www.ed.gov/programs/atgs/at-reuse.html>

1. <http://www.passitoncenter.org/>
The Pass It On Center is the national assistive technology device revitalization coordination and technical assistance center. This center leads the nation in organizing assistive technology reuse. On the website it has a list of state agencies and organizations that provide assistive technology at little or no cost.

2. <http://www.cristina.org/>
The National Cristina Foundation is an organization that takes donated computers, software, peripherals, and related business technology from corporations and individuals. This equipment is then donated free of charge to training and educational organizations pre-screened by the Foundation.

3. <http://www.ataccess.org/>
The Alliance for Technology Access is a national network of community-based Resource Centers, Developers, Vendors, and Associates dedicated to providing information and support services to children and adults with disabilities, and increasing their use of standard, assistive, and information technologies.



EQUIPMENT DISTRIBUTION PROGRAMS

Many states throughout the U.S have Telephone Equipment Distribution Program (EDP). The purpose of these programs is to provide equipment for individuals who are deaf, hard of hearing, deafblind, speech impaired or have a physical and need adaptive equipment in order to use the phone. Many of the program offer the equipment on long-term loan or for free. Some examples may include light flashing ring signalers, TTYs, amplified telephones, loud ringers, hands free speakerphones and more.

<http://www.tedpa.org/tedpainfo/stateprograms.html> to find your state's program and the terms.



TECHNICAL ASSISTANCE:

RESNA Technical Assistance Project funded by Rehabilitation Services Administration.
<http://www.resna.org/taproject/at/statecontacts.html>



ADAPTIVE RECREATION

“I serve refugees who often have limited income and resources. Why is adaptive recreation important?”

Recreation and sports are an important aspect of life for many people in the U.S. and are part of a healthy lifestyle. For refugees with disabilities who may not have had the opportunity to participate in activities or sports that accommodate their abilities and needs, adaptive recreation can offer the chance to develop community, exercise and have fun.



Types of Recreation

Sports

Individual: cycling, fishing

Dual: tennis, canoeing

Team: sledge hockey, w/c basketball, quad rugby

Aquatics: Open water, pool

Arts: Music, dance, drama, crafts

Travel: Individual/group, luxury, adventure

Adventure:

Water-based: sea kayaking, wake boarding

Land-based: snowmobiling, dog sledding

Air-based: hang gliding

Summer camp for children: sports, arts, and more

“Persons with physical disabilities are even less likely than their peers without disabilities to engage in regular, moderate physical activity.”¹

¹ Surgeon General, 1999.

Providers of Recreation Programs

- Local parks and recreation departments and community education
- Therapeutic recreation programs
- Specialized hospitals: outpatient services
- General non-profit recreation organizations: Boys and Girls Clubs, YMCA
- Specialty non-profit organizations: local Easter Seals, Multiple Sclerosis Association, Very Special Arts (VSA)
- Specialty non-profit recreation organizations: Wilderness Inquiry, National Sports Center for the Disabled, Adaptive Adventures
- Local School District: Sometimes high schools have adaptive leagues
- Community centers
- Local support groups (i.e. for kids with Autism)



TIP Check with your local non-profit recreation organizations for scholarships for people with low-income. The process and award amounts may be different throughout the country, but ALL YMCAs do offer financial assistance. Example of financial assistance available: membership, child care, camp, swim lessons.

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7 SERVICES FOR CHILDREN WITH DISABILITIES

Special education and early intervention

Assistance and support for parents



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

SPECIAL EDUCATION

Preface: This section is written for those serving refugee families with children with disabilities and is intended to assist service providers in making the initial referral for services. While some laws related to special education are federal, many rules and regulations vary by state and even among local communities. This guide is by no means a comprehensive look at special education. For more detailed information, please go to the website for the National Dissemination Center for Children with Disabilities (NICHCY): <http://www.nichcy.org> or contact your local district.

The U.S. education system offers numerous programs and services for children with disabilities below the age of 21. Some refugee parents of children with disabilities may be unaware of their rights or opportunities for educating their children or how to get started with the process. They may be unaccustomed to receiving help for their child and unfamiliar with the special education system in the U.S.

For service providers assisting refugees with disabilities, this section will:

- ✓ Explain the process, including where to start, early intervention services, what disabilities qualify for special education services, and what services are provided through special education
- ✓ Provide information on how to identify when a child is experiencing developmental delays and may need assistance
- ✓ Explain how to make a referral for special education
- ✓ List resources for assisting families in accessing special education.

Refugee experience with special education:

“My husband and I have five children...Our eldest son is 19 and was born with a mental handicap. I was surprised when he was accepted into the 11th grade here. In Russia, he stayed at home and never went to school. He was eligible for in-home tutoring, but after two years the program staff decided that he was not performing well enough and they discontinued services. I was also surprised that mentally handicapped children attend the same school as other children, since in Russia they are sent to separate schools. His teachers say that he is picking up English words every day, and he is very happy to be going to school. It is also unusual to be able to attend school until age 21. In Russia, children can only attend school until age 18... People told me that it would be hard to move here, but it has been wonderful for my disabled son to go to school. It is a gift. I am surprised at the patience of the teaching staff. I thought they would get tired of him, but I am impressed with the staff. They have even made an effort for him to find work. Two job possibilities did not work out, but one job—packaging things—is still a possibility.”¹

Individuals with Disabilities Educational Act (IDEA) (Services for Children 3 – 21)

IDEA is the first special education law, initially passed in 1975, defining the right of children with disabilities to receive a fair, appropriate public education. The law defines who is eligible for services, procedures for assessments, education plans and timelines. Children with disabilities may have the right to special education services starting from birth until age 21, if it is determined that a child would benefit from more time in school in order to acquire necessary life skills. Accessing services may require advocacy skills and persistence on the part of parents. There are specific timelines for schools to follow and procedures for parents and school staff to follow to ensure a determination is made as soon as possible.

Step 1: Initial Referral:

For some refugee children, their disability may have been identified prior to arrival and/or may be visible, such as a child with Down’s syndrome or cerebral palsy. If either you, or the parents, are

1. Bridging Refugee Youth and Children’s Services (BRYCS) (2007). BRYCS Parenting Conversations: Anna, a Russian Mother. Washington, DC: Author (Available for free download from http://www.brycs.org/Russian_interview.htm)

concerned about the child’s development, contact the local school district to request an evaluation. If a child is already in school and displays signs of learning or behavior problems, the school may request permission from the parents to do an evaluation.

Step 2: Evaluation:

The evaluation will inform the parents and the school if the child meets the criteria for having a disability and what type of help or support they will need in their school placement. **Whether an evaluation is initiated at the parents’ request or the school’s request, the evaluation will be done at no cost to the parents.**

Before the school can start the evaluation, parents must provide informed, written consent. An interpreter should be enlisted to provide the information in the family’s first language to ensure understanding.

A note on cultural mediation and interpretation:

The school is responsible for providing interpreters for meetings. Resettlement agencies may have a list of language interpreters available in the community; however, it is the school’s responsibility to pay for interpretive services provided. Special education teams heavily rely on Interpreters/Cultural Mediators (CM) in serving children with disability. The role of an Interpreter/Cultural Mediator in the special education meetings is to accurately and truthfully convey the message intended, adjusting for cultural considerations.

Q: What is the difference between a cultural liaison and an advocate?

A: Cultural liaisons provide information to parents and to licensed special education staff so that both can make good decisions. They are not expected to serve as advocates. Ideally, cultural liaisons will not be forced to take sides with parents or schools. If an adversarial situation does arise, however, the cultural liaison will generally be considered a school employee and someone who represents the school’s interests.

“An advocate is a person who speaks on behalf of someone else; that is, a person who tries to influence the outcome. All parents have the right to involve an advocate at any point during special education referral, evaluation or placement. If parents are in conflict with the district, they should seek the support of an outside advocate. Similarly, school administrators should not expect a cultural liaison to put pressure on a family to follow a certain course of action.

In any team meeting, parents always have the right to bring someone with them. Encourage families to bring a relative or friend or an advocate if they feel the need for support in the meeting. The cultural liaison generally works for the district and therefore cannot serve as an independent advocate for the family. Contact your local Parent Assistance Program in this section if you need assistance with advocacy.”²

Evaluation “Musts”

(according to NICHCY website):

- Using the native language.** The evaluation must be conducted in the child’s native language (for example, Spanish) or other means of communication (for example, sign language, if the child is deaf), unless it clearly isn’t possible to do so.
- No discrimination.** Tests must be given in a way that does not discriminate against the child because he or she has a disability or is from a different racial or cultural background.
- Trained evaluators.** The people who test the child must know how to give the tests they decide to use. They must give each test according to the instructions that came with the test.
- More than one procedure.** Evaluation results will be used to decide if the child is a “child with a disability” and to determine what kind of educational program your child needs. These decisions cannot be made based on only one procedure such as only one test.”³

² ELL Companion Guide. http://children.state.mn.us/MDE/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Cultural_Linguistic_Diversity/ELL_Companion_Manual/index.html

³ NICHCY

What information is included in an evaluation:

- 1) “the observations and opinions of professionals who have worked with the child;
- 2) the child’s medical history, when it is relevant to his or her performance in school; and
- 3) parents ideas about their child’s experiences, abilities, needs, and behavior in school and outside of school, and his or her feelings about school.”⁴

After reviewing what is already known about the child, the evaluation team will want to gather additional information. Those contributing to the evaluation are generally school personnel, the parents, the child, a school psychologist, special education teachers and more. Parents have the right to include community members who may know the child well.

Professionals evaluating the child will want to know more about:

- how well the child speaks and understands language;
- how the child thinks and behaves;
- how well the child adapts to change;
- what the child has achieved in school;
- what the child’s potential or aptitude (intelligence) is;
- how well the child functions in areas such as movement, thinking, learning, seeing, and hearing; and
- what job-related and other post-school interests and abilities the child has.

This information, in addition to helping determine if the child has a disability, will also help the school develop a plan for instruction. Families may be uncomfortable providing so much information about their child however, the more information provided the better informed the team will be which will then increase the chance of better services provided to the child.

Parent involvement:

Parent input is key to the process of evaluating

⁴ NICHCY find citation

a child for special education and implementing educational strategies. To learn more about how to engage parents in the education process, BRYCS has developed two resources available on-line:

1. Bridging Refugee Youth and Children’s Services (BRYCS) (2007). Spring 2007 Spotlight: Involving Refugee Parents in their Children’s Education. Washington, DC: Author (Available for free download: <http://www.brycs.org/brycsspotspring2007.htm>).
2. Bridging Refugee Youth and Children’s Services (BRYCS) (2005). Raising Children in a New Country: A Toolkit for Working with Newcomer Parents. Washington, DC: Author (Available for free download: http://www.brycs.org/documents/raisingchildreninnewcountry_web.pdf)

Step 3: Eligibility:

After the evaluation is completed, a meeting will be held to discuss whether the child meets the criteria for having a disability. Several things are considered in determining eligibility. First, IDEA has 13 categories of disabilities under which a child may be eligible for services. Second, the disability must affect the child’s educational performance. Lastly,

“a child may not be identified as having a disability just because he or she speaks a language other than English and does not speak or understand English well. A child may not be identified as having a disability just because he or she has not had enough instruction in math or reading.”⁵



⁵ NICHCY find citation

IDEA'S CATEGORIES OF DISABILITY

- Specific learning disability
- Traumatic brain injury
- Visual impairment, including blindness
- Hearing impairment
- Other health impairment (i.e., having limited strength, vitality, or alertness that affects a child's educational performance)
- Speech or language impairment
- Autism
- Deaf-blindness
- Deafness
- Mental retardation
- Multiple disabilities
- Orthopedic impairment
- Serious emotional disturbance

A note on culture and child development...

One of the most challenging aspects of evaluating a child for a disability is differentiating between what is considered culturally “normal”, what is the result of a child's education being interrupted, the effect of trauma, or adjusting to a new culture versus what is a developmental delay. The reason for an evaluation is to sort through these questions. It is not up to the refugee service provider, interpreter or cultural liaison to determine if the child is eligible for services or if they are disabled. If there is any indication that a child may have a disability that impairs their ability to learn, they should be referred for an evaluation. What is important for service providers to keep in mind is that evaluations can help parents and staff understand the child and the child's educational needs better. The evaluations are also free. For more information on culture and human development, please see the “General Resources” section with the books listed on this topic.

Step 4: Individual Education Plan (IEP):

Once the evaluation is completed, the results are shared with the parents and the team. An Individual Education Plan is then developed outlining the child's needs, the services to be provided to assist the child and accommodations to be made. The IEP states who will provide what service, the frequency, and how it will be measured. It is a working document that is reviewed and updated each year.

The IEP Team may include some of the same people who helped with the evaluation: parents, school psychologist, occupational or physical therapist, speech-language pathologist, special education coordinator, social worker and the child, if appropriate.

Developmental Milestones:

Considering culture, language, family

perception and a family's migration experience, it may be difficult to assess whether a child is developing normally. There are many variables which may be affecting the family such as adjustment to resettlement, diet changes or traumatic experiences. Tools such as checklists have been developed to help assess developmental delays, however, they may be limited in their usefulness due to cultural factors and a lack of exposure to information. Despite this fact, early detection of developmental delays is important so that services may be implemented as early as possible, providing the child as many opportunities to reach their full potential. In your work with refugee families, you may observe children and have concerns about their development. Pediatricians are frequently the first point of contact for assessing a child's development and monitoring a child for delays. If you suspect a child has a developmental delay, explain your concerns to the family and refer them to the pediatrician for an evaluation.

When to worry...

A teacher for the deaf was riding home on a city bus when she noticed a young mother and her child sitting in the seat in front of her. The teacher observed the interaction between the child (about 2 years old) and the mother. The teacher noticed the child did not appear to be responding to the mother's voice or other noises on the bus. At one point, there was a very loud noise that caused other riders to cover their ears. The young child appeared unfazed. The teacher spoke to the young mother about her observations and directed her to a place where the child could have an auditory test. To learn about developmental milestones go to: http://www.cdc.gov/ncbddd/autism/actearly/milestones_3months.html

EARLY INTERVENTION:

(Children Birth Through Two Years Old)

Families with infants and toddlers who show signs of developmental delay or who were born with a disability may be eligible for early intervention services. These services are available under IDEA and vary depending on the state. Similar to the process mentioned for special education, a child must undergo a complete evaluation before determining if they are eligible for early intervention services. Early intervention services are designed to identify and meet children's needs in five developmental areas. These areas are:

- physical development
- communication
- cognitive development
- social or emotional development
- adaptive development

Step 1: Referral for early intervention:

If you are serving a family with a child for whom you have concerns about their development, talk with the parents about early intervention and the opportunity to have an evaluation. Assist the family in finding the local contact person. The person may refer the family to what is known as **Child Find**. The purpose of **Child Find** is to identify children who need early intervention services, conduct screenings to identify children who may need early intervention services and then implement services. *The screenings are provided free of charge.*

To find the state agency responsible for the early intervention system for infants and toddlers with special needs, go to either of these resources:

1. NICHCY: <http://www.nichcy.org/states.htm>. They have a State Resource Sheet under the heading "Programs for Infants and Toddlers: Birth Through 2". Lead agency for early intervention is listed.

2. National Early Childhood Technical Assistance Center: www.nectac.org/search/mapfinder.asp. They provides listing for state programs.



To find out about early intervention services in your community...

- Contact the local elementary school to inquire about special education services for children under age 5.

OR

- Ask your child's pediatrician refer you to the early intervention system in your community or region.

Step 2: Evaluation:

Similar to school age children, infants and toddlers will need to undergo an evaluation to determine if they have a disability and are eligible for early intervention services. Once the evaluation is complete, a service plan is written and implemented.

Q: What types of services are provided through early intervention?

A: Depending on the child's needs, his or her early intervention services may include:

- family training, counseling, and home visits
- special instruction
- speech-language pathology services
- audiology services (hearing impairment services)
- occupational therapy
- physical therapy
- psychological services
- medical services (only for diagnostic or evaluation purposes)
- health services needed to enable your child to benefit from the other services
- social work services
- assistive technology devices and services
- transportation

- nutrition services
- service coordination services

Delivery of early intervention services:

Sometimes services are provided in the child's home with the family receiving additional training. Services may also be provided in other settings, such as a clinic, a neighborhood daycare center, hospital, or the local health department.

Q: Will I have to pay for any services?

A: Each state establishes their own policies on what services parents are financially responsible. Some services may be covered by your health insurance or by Medicaid while others may be available to families through sliding fee scales. Under IDEA, the following services must be provided at no cost to families:

- Child Find services
- evaluations and assessments
- the development and review of the Individualized Family Service Plan
- service coordination.

ORGANIZATIONS THAT CAN HELP:

There is a lot to know about disabilities, special education, and parenting a child with a disability. Here are some people who can help parents with their questions and concerns:

- **NICHCY** offers many useful publications. Their information specialists are also available to talk with you personally. Go to their web site: www.nichcy.org
- Your state's **Parent Training and Information (PTI) Center** serves parents of children with disabilities. A PTI can answer questions about special education, help parents work with the school, and put them in touch with parent groups near their home. See the section on assistance to parents for more information.

- The special education director in your school or district can explain the local special education

guidelines to parents. Call the school or your local district office, and ask to speak to the person in charge of special education.

- The State Director of Special Education in your state can tell you about state policies. The names and numbers are provided.

GENERAL RESOURCES:

1. Technical Assistance Alliance for Parent Centers:

<http://www.taalliance.org/centers/index.htm>

- Understanding the Special Education Process
- Understanding the Special Education Process Hmong
- Understanding the Special Education Process - Large Print
- Understanding the Special Education Process Spanish
- Understanding the Special Education Process Somali
- Special Education Evaluation and Re-evaluation
- Special Education Evaluation and Re-evaluation - Hmong
- Special Education Evaluation and Re-evaluation - Large Print
- Special Education Evaluation and Re-evaluation Spanish
- Special Education Evaluation and Re-evaluation - Somali
- Planning Your Child's Individualized Education Program (IEP): Some Suggestions to Consider
- Planning Your Child's Individualized Education Program (IEP): Some Suggestions to Consider Hmong
- Planning Your Child's Individualized Education Program (IEP): Some Suggestions to Consider Somali
- Planning Your Child's Individualized Education Program (IEP): Some Suggestions to Consider Spanish

2. National Early Childhood Technical Assistance Center: <http://www.nectac.org/>

Technical Report #12 (Can be purchased from Sopris

as part of CLAS Collection 3)

“Working with interpreters to plan early childhood services with bilingual and multilingual families by Yoshi Ohtake, Susan A. Fowler and Rosa Milagros Santos

Technical Report #8 (Can be purchased from Sopris as part of CLAS Collection 1) “Finding children and families in need of services: Increasing public awareness and access” by Shireen Pavri and Susan A. Fowler.

3. National Center for Culturally Responsive Educational Systems:

www.nccrest.org

Addressing Culturally and Linguistically Diverse Student Overrepresentation in Special Education: Guidelines for Parents http://www.nccrest.org/Briefs/Parent_Brief.pdf?v_document_name=Parent%20Brief

4. The Pacer Center: www.pacer.org
<http://www.pacer.org/translated/translated.htm> &
<http://www.pacer.org/publications/multicultural.htm>

5. Minnesota Department of Education:

For information, contact:

Elizabeth Watkins
ELL & Minority Issues
Special Education Policy Division
651-582-8678 v, 651-582-8729 fax

- Bosnian Parental Rights
- Conducting an IEP Meeting with an Interpreter
An informational brochure.
- English-Hmong Dictionary of Special Education
A glossary of special education terms in the Hmong language.
- This site provides the IEP in various languages and could be used by an Interpreter or Cultural Mediator to prepare a parent for the meeting and the process.
http://children.state.mn.us/MDE/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Cultural_Linguistic_Diversity/Due_Process_

[Forms/index.html](#)

- Somali Language Introduction to Special Education (2004) from the Minnesota Dept of Ed.
- Special Education for Liberian Students (2007) from the Minnesota Dept of Ed.
- ELL companion guide: http://children.state.mn.us/MDE/Learning_Support/Special_Education/Evaluation_Program_Planning_Supports/Cultural_Linguistic_Diversity/ELL_Companion_Manual/index.html

Books on Human Development and Culture:

Saraswathi, T. S. (ed.) (2003) Cross-Cultural Perspectives in Human Development: Theory, Research and Applications.

Rogoff, B. (2003). The Cultural Nature of Human Development.

Harry, B & M. Kalyanpur (1999). Cultural Special Education. The Culture in Special Education and Reciprocal Family Relationships

NICHCY: What do parents experience?

www.nichcy.org/newsdig.asp

NICHCY offers a 16-page publication called Parenting a Child with Special Needs. A Spanish version, called *Cómo Criar un Niño con Necesidades Especiales*, is also available. The publication is written primarily for parents new to the disability experience.

Cultural Brokering Resources:

The Institute for Community Inclusion (ICI) in Boston
<http://www.communityinclusion.org/index.php>

Culture brokering workshop
http://www.communityinclusion.org/doc.php?doc_id=24&type=project&id=1

ASSISTANCE AND SUPPORT FOR PARENTS:

Situation: *A refugee child with a physical disability is being evaluated. Parents hesitate to share what they know about their child when they are asked. In their home country, they respect school and the teacher's expertise and never question them. For parents to feel comfortable enough to share what they know and what they want for their child, an advocate who may also be a parent of a child with a disability, may be requested. The advocates role is to inform the parents about the special education process, including their rights and how to participate, and encourage them to share their knowledge of their child with school staff.*

Resource: Parent Training and Information Centers and Community Parent Resource Centers

Benefit: Advocacy and assistance for parents with children with disabilities.

Each state is home to at least one parent center. These centers are funded through the Individuals with Disabilities Education Act of 2004 (IDEA 2004), the federal special education law. It gives specific requirements to ensure that students with disabilities receive the services they need to achieve their educational goals.

Parent centers serve families of children and young adults from birth to age 22 with all disabilities: physical, cognitive, emotional, and learning.

They help families obtain appropriate education and services for their children with disabilities;

- Work to improve education results for all children
- Train and inform parents and professionals on a variety of topics
- Resolve problems between families and schools or other agencies
- Connect children with disabilities to community resources that address their needs.

To find the Parent Training Institute or Assistance Center in your area, go to: <http://www.taalliance.org/>

Resource: Parent 2 Parent Programs:

Benefit: Support from parent with children with

disabilities to other parents.

Parent to Parent-USA (P2P-USA) is a national non-profit organization committed to assuring access and quality in Parent to Parent support across the country. Parent to Parent programs provide emotional and informational support to families of children who have special needs most notably by matching parents seeking support with an experienced, trained 'Supporting Parent'.

To find a program in your state, go to: <http://www.p2pusa.org/>



Resource: Head Start for children with disabilities

Benefit: Provides early education for children from families with low-income.

Head Start is a national program that promotes school readiness. The program offers educational, health, nutritional, social and other services to enrolled children and families. Head Start does not work with your state's Early Intervention Services.

Eligibility:

- Children from families receiving public assistance (TANF or SSI) are eligible for Head Start and Early Head Start services regardless of income
- Children who come from families with slightly higher income may be able to participate in Head Start when space is available.
- 10% of enrollments are offered to children with disabilities.

Services provided by Head Start for children with disabilities:

- individualized educational plans
- service plans
- screening, evaluation, and assessment of children
- will also work with families to find care for their children by recommending local, state, and national services to parents.

To find your local office, call your local helpline (2-1-1)

8 CITIZENSHIP AND DISABILITIES

N-648 information

Instructions for doctor and psychologists on filling out the N-648 medical waiver

Your role as a doctor

Questions frequently asked by doctors

Asion Law Caucus information

Sample letter to a Physician

Sample letter to request accommodation for a disability

Sample file completed



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

N-648 MEDICAL CERTIFICATION FOR DISABILITY

INFORMATION SHEET

Most refugees resettled in the U.S. are eligible to apply for naturalization after five years of residency. Some refugees have severe disabilities that prevent them from learning how to read, write or speak English, or make it difficult to learn U.S. history and civics. These individuals are eligible to apply for a “disability waiver” which provides an exemption from having to take the test if they have documentation of how their disability interferes with their ability to learn. Some examples include a person with severe Post Traumatic Stress Disorder, a stroke survivor, or a person with Traumatic Brain Disorder. If a person has a disability but could take the test with an accommodation, such as a visually impaired individual having the test available in Braille or a sign language interpreter for a deaf person, they are not eligible to apply for the waiver.

The definition of disability is similar to the one used by other federal agencies: an impairment which substantially limits one or more major life activities such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, or performing manual tasks (ADA). In recent years, a waiver of oath has been enacted for individuals who are not able to understand it because of their disability.¹

New changes to the application process have resulted in an increase in denial for cases. This section was compiled to help you understand how to complete a waiver application and provide you with resources to assist your clients who may be eligible for the waiver or take the citizenship test.

Included are:

- Citizenship Resources
- Instructions for doctors and psychologists completing the forms
- Sample doctor letter
- Accommodations request form
- Asian Law Caucus guidelines for Form N648

¹ Hacklye & Seronne Immigration and Consular Law (2001). <http://www.hackleyserrone.com/USCitizenship.htm>

Citizenship Resources

1. Visit CLINIC’s website page on refugee citizenship and civic participation at www.cliniclegal.org/Refugee.html. You will find useful information about the citizenship test and citizenship for people with disabilities. To listen to an audio recorded presentation while viewing PowerPoint slides on helping people with disabilities become citizens, go to the CLINIC website at <http://www.cliniclegal.org/Refugee/disabilities.html>.

2. U.S. Citizenship and Immigration Service: <http://www.uscis.gov/portal/site/uscis>. This site has all the forms needed for applying for the disability waiver and fee waivers as well as a number of resources to prepare for the test:

- ◇ civics flash cards
- ◇ sample civics lessons
- ◇ sample test questions

TECHNICAL ASSISTANCE FOR QUESTIONS PERTAINING TO CITIZENSHIP:

Examples of questions:

How do we get services such as fingerprints and other services for citizenship for a bedridden or nursing home patient?

We have a client who is deaf and do not know how we should get citizenship services for him.

How can I tell if this N-648 is going to be acceptable to USCIS?

My client was denied a disability waiver, and I need help with the appeal.

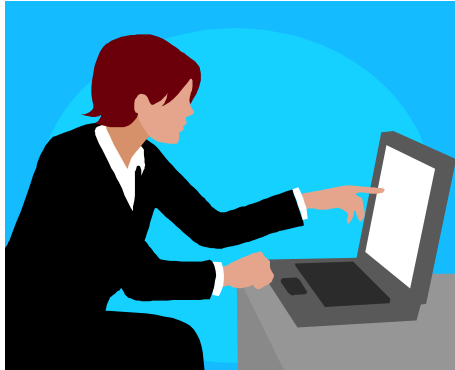
The USCIS officer told me that he has a list of “acceptable” disabilities for N-648s and my client’s disability is not on the list. Is there such a list, and how should I respond?

Contact:

Laura Burdick
Senior Immigration Specialist
Catholic Legal Immigration Network, Inc. (CLINIC)
415 Michigan Ave., NE, Rm. 150
Washington, DC 20017
tel: 202-635-5820
fax: 202-635-2649
e-mail: lburdick@cliniclegal.org

INSTRUCTIONS FOR DOCTORS AND PSYCHOLOGISTS ON FILLING OUT THE N-648 MEDICAL WAIVER

Print or type your answers. The N-648 must be legible. Go to www.uscis.gov/files/forms/N-648.pdf for a fillable form that you can save as a PDF



file and print. When you are finished with the form, give it to your patient or to your patient’s attorney.

Part I

You or your patient must fill out this part completely; the patient must sign.

Part II

Question 1: For the waiver to be approved by USCIS, the answers must be as follows:

(a) Yes (b) Yes (c) No

* If you cannot mark the answers as above, consult with your patient or your patient’s attorney.

Question 2(a): Write each of your patient’s diagnoses and give a description of the symptoms associated with each diagnosis.

Question 2(b): Write the DSM-IV codes for each diagnosis and give a list of diagnostic tests administered to reach each diagnosis.

Although not requested, the N-648 must include “a list of the medically acceptable clinical or laboratory diagnostic tests employed in reaching the diagnosis” and the results of each test. In the past, immigration officers at the local immigration office

approved the N-648 forms that did not include such a list. Now an N-648 will be rejected if it does not include a list of the diagnostic tests employed.

Some doctors and psychologists have told us that they reach the patient’s diagnosis on the basis of a diagnostic interview rather than standardized testing because no test is available or because named tests are not appropriate. In some cases, the local immigration office has approved language such as: “This diagnosis can be made on the basis of a diagnostic interview, as it was in Ms. Doe’s case by asking her whether she has symptoms of major depressive disorder listed in the DSM-IV. Because of the language barrier and cultural differences, commonly used written diagnostic tools would not be valid or reliable. Using a diagnostic interview to diagnose Major Depressive Disorder is an accepted procedure among members of the psychology profession.”

* Please note that if you would rather use the “diagnostic interview” approach, you need to provide as much detail as possible about your method or technique.

Question 3: Describe the connection between the applicant’s impairment and the applicant’s inability to learn and demonstrate knowledge of English and/or Civics. You must explicitly connect the patient’s impairment and his or her inability to learn English and/or Civics. Please make detailed statements explaining the reasons that the conditions you diagnose limit the patient’s ability to learn. You should state each limitation that your patient personally experiences as a result of the condition you diagnose, state how each limitation prevents your patient from learning, and explain how these limitations are a direct result of your patient’s condition.

Questions 4 and 5: For a complete waiver, the boxes must be as such:

- a. English Requirement - (a) Yes (b) all boxes checked
- b. US History and Civics Requirement – Yes

* If you cannot mark the boxes as above, consult with your patient or your patient’s attorney.

Question 6, 7 and 8: Completely fill out questions

6, 7, and 8. If you have only seen the patient once, please write as much information as possible about how the patient was referred to you. If you have seen the patient more than once, describe your history with your patient.

Final Section: Sign the form in blue ink to clearly show that your signature is original.¹



YOUR ROLE AS THE DOCTOR:

Filling Out the N-648,
Medical Certification for Disability Exceptions

Why have I been asked to fill out this form?

- The person who asked you to fill out this form is in the process of applying to become a citizen of the United States.
- Part of the Naturalization process is to take an English language test as well as a U.S. history and civics test.
- This person believes that their disability prevents them from learning English and history and therefore is unable to take that part of the Naturalization test.
- This person is asking you to verify that they are unable to learn the English language and United States history and civics as a result of their disability.

Am I qualified to fill out the N-648?

- Any medical professional who is licensed to practice in the United States and is either a medical doctor; a doctor of osteopathy; or a clinical psychologist is qualified.
- You must have the appropriate experience and qualifications that enable you to diagnose and assess the claimed disability and/or impairment.

What information must I cover in order for my patient's N-648 to be approved?

You must:

- Establish and certify the applicant's diagnosis, explaining the **origin, nature and extent of the medical condition.**



- Explain how the anatomical, physiological, or psychological impairment diagnosis was arrived at (**including which medically acceptable clinical or laboratory diagnostic tests were used to reach the diagnosis**).

- **List the diagnostic tests.** Diagnostic testing is not requested on the N-648 but it is a necessary component to a completed form.
- Explain how this condition limits the applicant's ability to learn or demonstrate knowledge of English and/or U.S. history and government.
- The applicant must be unable to learn English and/or U.S. civics and history. It is not sufficient that the applicant finds learning English and/or U.S. civics and history difficult.
- Sign the form, preferably in blue ink. The N-648 submitted to USCIS must include your original signature.

How much time do I have to fill out the N-648?

- The applicant must submit the N-648 to immigration authorities within six months of when the medical professional or psychologist completed it.

¹Prepared by Legal Aid Society of Minneapolis, Immigration Law Project 2007

QUESTIONS FREQUENTLY ASKED BY DOCTORS ABOUT FILLING OUT THE N-648



1. Why is naturalization so important?

Becoming a citizen allows an immigrant to do some things more easily. For example, they can:

- petition for their family members to come to the U.S.;
- travel more easily outside the U.S.;
- have initial access to public benefits; and
- not face cut-offs from public benefits.

2. Does the N-648 have to be typed?

No. The N-648 must be legible but it does not have to be typed. One easy way to type the N-648 is to go to <http://www.uscis.gov/files/form/N-648.pdf>. If you have Acrobat Reader 7.0, fill in the form on the USCIS site and then print to sign.

3. Can I fill out the form if I have only seen the patient once?

Yes, if you are able to make a diagnosis of a physical or mental disability using recognized diagnostic tools after seeing the patient one time.

BUT - If you will be unable to fill out the N-648 after the first visit, please make subsequent appointments with your patient at the time of your first visit. Time is of the essence with these applications. Most of the people requesting the N-648 form are in jeopardy of losing their SSI benefits unless they become citizens of the United States.

4. What happens if my patient's N-648 that I filled out for them is denied?

If the applicant's N-648 is denied at the initial interview, the applicant will be told to produce a different or amended N-648 and sent home. If the immigration officer questions the credibility of the doctor, the officer may request medical records from the applicant's doctor.

5. Where can I get more information about the N-648 form and the naturalization process?

- Review this N-648 informational binder
- Go to the USCIS website at www.uscis.gov

6. What if I did not administer a named test to reach my diagnosis?

Although the Immigration Service requires that a named test such as the Mini-Mental Status Exam, or the Beck Depression Inventory be administered, the local immigration office has occasionally accepted language such as the following:

This diagnosis can be made on the basis of a diagnostic interview, as it was in Ms. Doe's case by asking her whether she has symptoms of major depressive disorder listed in the DSM-IV. Because of the language barrier and cultural differences, commonly used written diagnostic tools, such as the Beck Depression Inventory would not be valid or reliable. Using a diagnostic interview to diagnose Major Depressive Disorder is an accepted procedure among members of the medical profession.

7. What if a patient comes in with an N-648 that has been denied by the Immigration Service?

You should refer them to an attorney. Please refer to the legal services list in the pocket at the end of this binder to find out which legal service office serves the county where the applicant lives.



ASIAN LAW CAUCUS

Guidelines for Form N-648: The Disability Waiver for Naturalization

Unless a special exception applies, applicants for U.S. citizenship must be interviewed in English, and must demonstrate that they can read, write, and speak English at a functional level. They must also pass a test on U.S. history and government, currently chosen from a list of 100 questions.

1. A **Disability Waiver** of these requirements is available under 8 CFR § 312.1(b)(3)/312.2(b) IF:

- a. A person is **UNABLE** to demonstrate an understanding of English or a knowledge of U.S. history and government
- b. Because of a **medically determinable physical or mental impairment or combination of impairments**, and
- c. The impairment has lasted or is expected to last at least 12 months.

2. **“Medically determinable”** means:

- a. An impairment that results from anatomical, physiological, or psychological abnormalities;
- b. Which can be diagnosed with medically acceptable clinical or laboratory diagnostic techniques; and
- c. Which results in functioning so impaired as to render an individual **UNABLE** to demonstrate an understanding of English and a knowledge of U.S. history and government.

3. What U.S. Citizenship & Immigration Services looks for in an N-648:

- a. The doctor or clinical psychologist **must state the diagnosis and how it was made**, including results of any testing that was conducted and a DSM-IV Code, if applicable;
- b. If the patient is taking **medication** for a psychiatric condition, the doctor should explain whether the medication has lessened the degree of impairment or produced an improvement in memory or concentration, or whether the impairment is still severe;
- c. **Explain how the condition affects** the patient’s memory, ability to learn new tasks, ability to concentrate, ability to understand abstract ideas, or ability to communicate; and
- d. **Make a connection between** the diagnosed condition and the applicant’s inability to learn or to demonstrate knowledge of English and U.S. history and civics.

EXAMPLES OF N-648 DESCRIPTIONS OF COMMON IMPAIRMENTS:

Patient with senile dementia:

Rejected: The patient is an 85-year-old female who shows signs of senile dementia. She does not know a word of English. It would be impossible for her to learn English and U.S. history. (Note: There is no explanation of the degree of her dementia, or how having dementia would prevent her from learning English or U.S. history and civics.)

Accepted: The patient is an 85-year-old female with Alzheimer’s type (senile) dementia (DSM-IV 290.0), resulting in severe memory impairment as well as confusion and disorientation, as reflected in the most recent mini mental status exam score (4/17/2006): 9 out of 30. Her memory has become so impaired that she is unable to retain even the most basic information. For example, at this point she can no longer remember how many children she has. In terms of daily functioning, she cannot recall information such as whether or not she has eaten lunch today, and she must rely on others to tell her whether she has eaten yet. Given this degree of severe cognitive impairment, she is not capable of learning and retaining new language skills or knowledge of U.S. history and government.

Patient with major depression and post-traumatic stress disorder:

Rejected: The patient suffers from depression with post-traumatic stress disorder. Her condition makes concentration and memory retention very difficult. She scored very low on the mini mental status exam with

a particularly low score on memory and concentration. It is my professional opinion that her condition makes learning English and U.S. history and civics difficult. ***(Notes: The degree of the depression is not stated, and no DSM-IV code is given. USCIS says that “difficulty” is not the same as “inability,” and wants to know if the condition made the patient so impaired that she was unable to learn English or U.S. history and civics).***

Accepted: The patient has been treated in our clinic since May 2003 and suffers from major depression (DSM-IV 296.33) with post-traumatic stress disorder (DSM-IV 309.81). Although she is currently taking medication to control anxiety and depression, severe symptoms continue. Her symptoms include chronic unwelcome and intrusive thoughts which create severe anxiety, fear, and worry. She cannot effectively organize her thinking, focus her attention for any significant period of time, plan for the future, or think abstractly. As a result of her condition, her memory is severely impaired, as measured by her mini mental status exam results (8 of 30). After a ten-minute delay, she was able to recall only 1/3 of objects shown to her. This level of memory impairment, coupled with her disorganized and unfocused thinking, renders her unable to acquire a useful amount of English language skills or knowledge of U.S. history and government.

Patient in constant severe pain:

Accepted: The patient was injured in a serious auto accident in 2001, fracturing her spine and requiring abdominal surgery. During the surgery, her bowel was perforated, leading later to abdominal hernias and abscesses, bowel fistula, and the need for a series of further surgeries. As a result, she is in constant pain and has severe anxiety and panic attacks, as well as depression. The DSM-IV Code for her condition is 293.83 (Mood disorder due to chronic pain condition). Because of the prolonged complications following her series of abdominal surgeries, the patient is in constant pain, is frequently dizzy, and has severe anxiety and panic attacks, as well as chronic depression. The pain and dizziness, in combination with her depressed mental state and anxiety, have severely impaired both her short-term memory and her ability to concentrate to such a degree that it is not possible for her to learn and retain new material, even in Cantonese.

Stroke:

Accepted: I have been treating the patient for the aftereffects of a stroke since October 2001. The stroke resulted in significant permanent damage to the right hemisphere of his brain, as reflected in CT scans performed on 11/3/01 and 5/9/02. This brain damage has affected his memory capacity and ability to concentrate to such a degree that it is not possible for him to learn and retain any significant amount of new information. The stroke also left him with very limited ability to use the left side of his body. Due to his inability to control the muscles on the left side of his face, the patient's communication ability is severely impaired, and his speech is often unintelligible. As a result of these serious impairments, it is not possible for him to learn new language skills or information on U.S. history and government structure, or to communicate his understanding of these subject areas. However, he is capable of indicating “yes” or “no” in response to questions in Cantonese.

Re: (Client)

Dear Dr. _____,

The patient mentioned above requested that I write to you on his/her behalf regarding his/her application for naturalization. For individuals with certain disabilities, a waiver was created to exempt them from taking the citizenship test provided their disability prevents them from learning the information (English and U.S. history and civics) necessary to successfully pass the naturalization exam. There is no standard list of disabilities which would qualify for the waiver; rather, requests are evaluated on a case-by-case basis. To obtain a waiver, a person must provide medical documentation on how their disability interferes with their ability to learn English, history, and civics. To this end the Medical Certification for Disability Exception (N-648) form must be completed and accompany the person's naturalization application. Information is provided below to help medical practitioners complete the form.

In completing the form, the following are important factors to consider:

- The form must be completed and signed by a physician (M.D.), osteopath (D.O.), or psychologist (Ph.D.).
- The U.S. Citizenship and Immigration Services (USCIS) prefers that you type the form. The form can be filled out on the USCIS website and printed at <http://www.uscis.gov/files/form/N-648.pdf>.
- The application will be reviewed by an immigration officer with no medical training; therefore, it must be written in lay terms.
- A full explanation of the diagnosis must be given (see question 2(a)).
- A DSM IV code must be given for any mental impairments (see question 2(b)).

Most importantly,

- The link between the physical or mental disability and how it prevents the patient from learning English and U.S. history and civics must be fully explained (see question 3). This includes an explanation of the specific symptoms associated with the disability that affect the patient's ability to learn new information.
- Also in question 3, USCIS requires an explanation of how the disability was diagnosed and a list of what medically accepted clinical or laboratory diagnostic tests were used.

Attached are some examples of well-written forms created by the Asian Law Caucus for your review. (Patient name) requests your assistance in completing the form on his/her behalf detailing his/her impairment.

He/she thanks you for your time regarding this important matter.

Sincerely,

(SAMPLE LETTER - REQUEST FOR ACCOMMODATIONS AT CIS INTERVIEW)

To: District Director, U.S. Citizenship and Immigration Services

Address: _____

From: _____
(Print Applicant's Name)

Alien Registration Number: _____

Address: _____

Telephone Number: _____

RE: ACCOMMODATIONS FOR MY DISABILITY AT MY CIS INTERVIEW

I have the following disability: _____

(Circle one:) I am / am not requesting a waiver of the testing requirements based on my disability.

Because of my disability, it is hard for me to: _____

In accordance with Section 504 of the Rehabilitation Act, please make the following accommodations for me at my CIS interview: _____

Signature: _____ Date: _____

Instructions

What Is the Purpose of This Form?

The laws governing naturalization of immigrants require that applicants for naturalization demonstrate:

- Knowledge of the English language (including an ability to read, write and speak words in ordinary usage in the English language); and
- Knowledge and understanding of the fundamentals of the history, and of the principles and form of government, of the United States.

To implement this law, U.S. Citizenship and Immigration Services (USCIS) requires applicants to demonstrate an ability to read, write and speak basic English and to answer basic questions about the history and government of the United States (civics).

The person asking you to complete this form is seeking a waiver of the English and/or civics requirements based on a physical or developmental disability or mental impairment. The applicant will submit this certification form to USCIS, which will determine if the applicant is eligible for a waiver.

Who Is Authorized to Complete This Form?

The applicant, or applicant's authorized representative, must complete and sign **Part I** of this form.

A licensed medical doctor, doctor of osteopathy or licensed clinical psychologist (hereinafter referred to as "medical professional") must complete **Part II** of this form. An employee under the direct supervision of a medical professional may fill in the form based on information directly provided by the treating medical professional. However, the medical professional must sign the form.

What Is Required for a Waiver?

The medical professional completing this form must provide an accurate assessment of the applicant's disability and/or impairment(s) so that USCIS can determine whether to grant the waiver. The medical professional must provide:

- A clinical diagnosis and description of the applicant's disability and/or impairment(s) and any applicable DSM-IV codes for each mental impairment (**Part II. 2**);
- An explanation of the connection between the impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or civics (**Part II. 3**); and
- A professional certified opinion whether the applicant is unable to learn and/or demonstrate knowledge of English and/or civics (**Part II. 4 and 5**).

If the medical professional does not provide all the required information, USCIS cannot grant the waiver unless the applicant submits a revised or second Form N-468 with the appropriate information.

What Experience Must a Medical Professional Have?

USCIS requires that the medical professional completing the form have general experience in the area of the applicant's disability, and be qualified to diagnose the applicant's disability and/or impairment(s).

A doctor who is a general practitioner and not a specialist may complete the form if his or her experience or other qualifications permit him or her to make a disability and/or impairment(s) assessment.

What If Additional Space Is Needed to Furnish the Required Information?

The medical professional must use the available space on the form to type or print the required information clearly in black ink. If extra space is needed to answer any item, the medical professional may attach additional sheet(s) of paper. On each additional sheet include the name and Alien Registration Number (A#) of the applicant, the **Part II** item number to which the attachment refers, and the complete name of the medical professional.

The medical professional may also submit additional medical reports. On each report include the name and A# of the applicant and the complete name of the medical professional. However, a supplemental report is not acceptable as a substitute for any of the responses required in **Part II** of this form.

What Are Acceptable Responses to Part II. 2(a) and 3 of the Form?

Part II. 2 (a) requires the medical professional to provide a clinical diagnosis and description of the applicant's disability and/or impairments(s).

Part II. 3 requires the medical professional to provide detailed information on the connection between the disability and/or impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or U.S. history and civics. Examples of insufficient and sufficient responses include:

- **Example 1:**

Insufficient Response:

Part II. 2(a)- The patient is a 75-year-old female who has hypertension and heart disease. She has suffered at least two heart attacks, one in 1996 and the other in 1997. Last year she had a cerebral vascular accident (i.e. stroke) with paralysis on the left side.

Part II. 3- She is unable to learn English and basic U.S. history and civics. *(NOTE: The medical practitioner failed to articulate how any of the conditions listed affect, for example, the patient's memory, ability to learn new tasks, ability to concentrate or ability to perform basic mental activities. The medical practitioner therefore failed to show that the applicant's condition has so impaired her functioning that she is unable to learn or demonstrate knowledge of English and/or U.S. history or civics.)*

Sufficient Response:

Part II. 2(a)- The patient is a 75-year-old female who has hypertension and heart disease. She has suffered at least two heart attacks, one in 1996 and another in 1997. Last year she had a cerebral vascular accident (i.e., stroke) with paralysis on the left side. The patient's stroke has left her with severe and irreversible neurological damage.

Part II. 3- Because of the widespread damage to the brain tissue, the patient has suffered markedly decreased cerebral function and is incapable of remembering, articulating or learning. *(NOTE: The medical professional identified the diagnosis and explained the effect the condition has on the applicant's ability to learn.)*

- **Example 2:**

Insufficient Response:

Part II. 2(a)- The patient suffers from Down's Syndrome.

Part II. 3- He should be exempted from the English language and U.S. civics requirements. *(NOTE: The certifying medical professional failed to explain how the condition affects the applicant's ability to learn, and to give an ultimate opinion on whether the condition diagnosed prevents the applicant from learning or demonstrating knowledge of English and/or civics.)*

Sufficient Response:

Part II. 2(a)- The patient suffers from Down's Syndrome, which is a global impairment that affects the patient's cognition, language and motor skills.

Part II. 3- Because of the patient's global impairment, he cannot learn new skills and is not capable of reasoning. His memory is deficient and he is only capable of performing simple daily activities. *(NOTE: The medical professional described the mental impairment and explained how the condition affects the applicant's ability to learn.)*

What If the Applicant Needs Help to Take the English or Civics Test?

In accordance with the Rehabilitation Act of 1973, USCIS makes reasonable modifications and/or accommodations to allow individuals with disabilities and/or impairment(s) to participate in the English and civics testing required for naturalization. Reasonable modifications and/or accommodations may include but are not limited to: sign language interpreters, extended time for testing or off-site testing.

If reasonable modifications and/or accommodations will enable an applicant to demonstrate knowledge of basic English and civics, he or she is not eligible for a waiver or those requirements, and this medical certification form should not be submitted. (An applicant who needs a reasonable accommodation to take the tests should contact his or her local USCIS District Office in advance of the scheduled interview.)

What Are the Penalties for Making False Statements?

Both the applicant and medical professional are required to complete and sign this form under penalty of perjury. The applicant and the medical professional must declare all statements contained in response to questions on this form to be true and correct.

Title 18, United States Code, Section 1546, provides in pertinent part:

"Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such applicant, affidavit or other document containing any such false statement-shall be fined in accordance with this title or imprisoned not more than ten years or both."

If either the applicant or the medical professional includes in this form any material information that the party knows to be false, the applicant and/or medical professional may be liable for criminal prosecution under the laws of the United States.

The knowing placement of false information on the application may subject the applicant and/or medical professional to criminal penalties under Title 18 of the United States Code and to civil penalties under Section 274C of the Immigration and Nationality Act, 8 U.S.C. 1324c.

Privacy Act Notice.

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(15), 1183A, 1184(a), and 1258. USCIS will use the information principally to support an individual's application for naturalization. Submission of the information is voluntary. However, failure to provide the necessary information may result in the denial of a request for a waiver of the English language and U.S. history and civics requirement in the applicant's naturalization application. USCIS may also, as a matter of routine use, disclose the information contained on this form to other federal, state, local and foreign law enforcement and regulatory agencies.

Information and USCIS Forms.

To order USCIS forms, call our toll-free number at **1-800-870-3676**. You can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

Use InfoPass for Appointments.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our internet-based system, **InfoPass**. To access the system, visit our website at www.uscis.gov. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen. Print the notice and take it with you to your appointment. The notice gives the time and date of your appointment, along with the address of the USCIS office.

Reporting Burden.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate and easily understood, and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about the form, 30 minutes; 2) completing the form, 60 minutes; and 3) assembling and filing the application, 30 minutes, and an estimated average of 120 minutes per response.

If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529, OMB No. 1615-0060. **Do not mail your completed application to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

**N-648, Medical Certification
for Disability Exceptions**

Part I. This section to be completed by applicant. (Please print or type information in black ink)

Last Name SAMPLE	First Name JEAN	Middle Name	Alien Registration Number 000-000-000
Address 101 Sample Street			U. S. Social Security Number 000-00-0000
City Minneapolis	State MN	Zip Code 55400	
Telephone Number (612)555-0000	Date of Birth (mm/dd/yyyy) 01/01/1901	Gender FEMALE	

I, JEAN SAMPLE, authorize DR. SAMPLE

(Applicant's Name)

(Licensed medical doctor, doctor of osteopathy or clinical psychologist)

To release all relevant physical and mental health information related to my medical status to the U.S. Citizenship and Immigration Services (USCIS) for the purpose of applying for an exception from the English language and U.S. civics testing requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28 U.S.C. Section 1746, that the information on this form and any evidence submitted with it are all true and correct. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. 1324c.

Signature _____

Date _____

Part II. This section to be completed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist. (See Instructions.)

Purpose of This Form: The individual named above is applying to become a U. S. citizen. Applicants for naturalization are required to learn and/or demonstrate knowledge of the English language, including an ability to read, write and speak words in ordinary usage in the English language, as well as knowledge and understanding of the fundamentals of the history, and of the principles and form of government of the United States. Individuals who are unable, because of a disability and/or impairment(s) to learn and/or demonstrate this required knowledge may apply for a waiver. The purpose of this form is to help determine whether your patient is eligible for this waiver.

Definition of Disability and/or Impairment(s): An individual is eligible for this waiver if he or she is *unable* to learn and/or demonstrate knowledge of English and/or U.S. history and civics because of a physical or developmental disability, or mental impairment (or a combination of impairments). These disability and/or impairment(s) must result from anatomical, physiological or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The disability and/or impairment(s) must result in functioning so impaired as to render an individual *unable* to demonstrate the *required* knowledge.

NOTE: This definition of disability is different from the definition used by the Social Security Administration, Department of Veterans Affairs or worker's compensation we will require the applicant to submit a revised or second Form N-648 with the appropriate information.

Provide *all* of the following required information, using common terminology that a person without medical training can understand, with no abbreviations. Type or print clearly in black ink. Illegible and incomplete forms will be returned. If you need additional space to provide your answers, attach additional pages.

Nature and duration of disability and/or impairment(s).

1. (a) Based on your examination of the applicant, the applicant's symptoms, previous medical records, clinical findings or tests, does the applicant have any disability and/or impairment(s) that affect his or her ability to learn and/or demonstrate knowledge?

Yes No **NOTE:** If you answer "No," applicant is ineligible for a waiver; please continue with Part II. 6.

(b) Has the applicant's disability and/or impairment(s) lasted or do you expect it to last 12 months or longer?

Yes No **NOTE:** If you answer "No," applicant is ineligible for a waiver; please continue with Part II. 6.

(c) Is the applicant's disability and/or impairment(s) the direct effect of the illegal use of drugs?

Yes No **NOTE:** If you answer "Yes," applicant is ineligible for a waiver; please continue with Part II. 6.

Applicant's Name SAMPLE	JEAN	Alien Registration Number A- 000-000-000
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Diagnosis of disability and/or impairments(s).

2. (a) Provide your clinical diagnosis of the applicant's disability and/or impairment(s) **and** describe the impairment(s) in terms a person without medical training can understand. *(See Instructions for examples).*
- Major Depressive Disorder is a disorder of impaired sleep, decreased energy, mental and physical slowing down, and difficulty thinking, concentrating and making decisions. Also common are recurrent thoughts of mortality. Motivation to complete daily tasks of living (both pleasurable hobbies and routine chores) is low, and patients become easily frustrated and hopeless when they encounter any difficulties. Social withdrawal and irritability often occur, and crying spells are common. Somatic complaints are very common, with depression sufferers experiencing numerous physical pains. Severe anxiety and ruminative worry are often present, and interfere markedly with productive thought and effective learning. Medication is helpful in fewer than half of all cases.
- (b) Provide the relevant DSM-IV code(s) for each disability and/or mental impairment(s) that you described above. If a DSM-IV code does not exist, write "N/A."

MDD 296.33

Connection between disability and/or impairment(s) and inability to learn/demonstrate

The law requires that applicants for citizenship demonstrate (1) an understanding of the English language, including the **ability** to read, write and speak simple words and phrases in ordinary usage; and (2) a knowledge and understanding of the fundamentals of U.S. history and civics. An applicant's **difficulty** in fulfilling the requirements is not sufficient to support a waiver. In addition, illiteracy in the applicant's native language is not sufficient, by itself, to support a finding of inability to learn and/or demonstrate knowledge.

3. Based on your examination of the applicant, provide **detailed** information on the connection between the disability and/or impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or U.S. history and civics *(see Instructions for examples).*

NOTE: *This description should address the severity of the effects of the disability and/or impairment(s), including the specific limitations that affect the applicant's ability to learn and/or demonstrate knowledge.*

Ms. * is a 73-year-old widow, seen for psychiatric evaluation on October 31, 2006. She was referred to us by her medical provider. Ms. * is diagnosed with Major Depression, Recurrent and Severe, and Prolonged Bereavement. Major Depression is a disorder that involves impaired sleep, decreased energy, memory and concentration impairments, fatigue and loss of appetite. Also common are recurrent thoughts of death. Motivation to complete daily tasks of living (both pleasurable hobbies and routine chores) is low, and patients become easily frustrated and hopeless when they encounter any difficulties. Social withdrawal and irritability often occur, and crying spells are common. Somatic complaints are very common. Severe anxiety and ruminative worry are often present, and interfere markedly with productive thought and effective learning. Medication is helpful in fewer than half of all cases.

Ms. * demonstrates confused thinking and extremely poor memory. She is unable to recall where she was born. She cannot concentrate long enough to learn a new language, and as a result is unable to even communicate with her children. Ms. * is unable to prepare or cook food. She requires the assistance of a personal care attendant for five (5) hours each day. She suffers from a pronounced sleep disturbance which impairs her ability to retain new learning. She is preoccupied with thoughts of her husband and two sons who were killed in the Somali Civil War. These symptoms are direct results of her Depression.

As noted above, Ms. * is Sudanese. Clinic encounters with the patient are translated first into Dinka and then into Arabic. Any attempts to use diagnostic tools to verify a diagnosis of Depression are rendered useless due to translation difficulties as well as differences in culture. The psychiatric exam is generally considered to be sufficient in making this diagnosis based on physical and emotional symptoms. The Social Security Administration has deemed this patient disabled.

It is our opinion that Ms. * is disabled by virtue of mental illness. The diagnosis of Major Depression is so severe that she is unable to learn, retain and use the English language in interview, nor to pass the civics portion of the citizenship exam. She is, however, able to understand the spirit of the Oath of Allegiance.

Applicant's Name SAMPLE	JEAN	Alien Registration Number A- 000-000-000
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Professional certified opinion.

The law requires that in order to be eligible for the disability exception, the applicant must be **unable** to fulfill the requirements for English proficiency and/or knowledge of U.S. history and civics. An applicant's **difficulty** in fulfilling the requirements is not sufficient to support a waiver. In addition, **illiteracy** in the applicant's native language is **not** sufficient, by itself, to support a finding of inability to learn and/or demonstrate knowledge.

4. English Requirement:

(a) In your professional opinion, has the disability impairment(s) described above affected the applicant's functioning to such a degree that he or she is **unable** to learn and/or demonstrate an ability to speak, read or write English?

Yes No

(b) If **Yes**, which of the following is the applicant unable to learn and/or demonstrate? (Check all that apply)

Speaking Reading Writing

5. U.S. History and Civics Requirement:

In your professional opinion, has the disability impairment(s) described above affected the applicant's functioning to such a degree that he or she is **unable** to learn and/or demonstrate knowledge of U.S. history and civics, even in a language the applicant understands?

Yes No

Background information.

6. Date of your most recent examination of the applicant (mm/dd/yyyy), _____

7. Is this your first examination of the individual?

Yes If **Yes**, from whom does the applicant usually receive medical care (i.e., name of doctor/clinic; if the applicant does not have an ongoing source of medical care, please write "N/A").

No If **No**, for how long and for what conditions have you been treating the applicant? (If the conditions are the same as in **Part II. 2**, specify the length of time and write "Conditions -- Same as **Part II. 2**."
Conditions - Same as Part II.2.

8. What is the nature of your medical practice? (e.g., family/general practice, internal medicine, psychiatry, cardiology)

Psychiatry with a specialty in the treatment of refugees and immigrants suffering from depression, schizophrenia, PTSD, and 

I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. Upon consent of the applicant, I agree to release this applicant's relevant medical records upon request from U.S. Citizenship and Immigration Services. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to criminal penalties under Title 18, U.S.C. 1546 and civil penalties under 8 U.S.C. section 1324c.

Signature _____ Date _____

Type or print the following information:

Last Name	First Name	Middle Name
Business Address	City, State, Zip Code	Telephone Number
License Number	Licensing State	E-Mail Address, if any

9 LAWS RELATED TO DISABILITIES

Free legal assistance for detained immigrants

Technical assistance on laws, rules and regulations related to disabilities

ADA comparison chart

Protection Laws and Guardianship

National Disabilities Rights Network



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*



Legal assistance is available for immigrants in detention, including for unaccompanied minors. To find a list of Pro Bono lawyers in your state, go to:

<http://www.usdoj.gov/eoir/probono/states.htm>

Note: This service is intended for immigrants who are in removal proceedings.

TECHNICAL ASSISTANCE ON LAWS, RULES & REGULATIONS RELATED TO DISABILITIES

Disability and Business Technical Assistance Centers (DBTACs)

These centers act as a “one-stop” central, comprehensive resource on Americans with Disabilities Act (ADA) issues in employment, public services, public accommodations, and communications. Each center works closely with local business, disability, governmental, rehabilitation, and other professional networks to provide ADA information and assistance, placing special emphasis on meeting the needs of small businesses. The DBTACs also provide technical assistance and training to states on IT accessibility as well as educational entities on their roles and responsibilities in providing accessible IT.

1-800-949-4232 V/TTY
<http://www.dbtac.vcu.edu/>



A COMPARISON OF ADA, IDEA, AND SECTION 504

The Americans with Disabilities Act of 1990 (ADA), the Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973 represent three civil rights laws for people with disabilities.

TYPE AND PURPOSE

ADA	IDEA	504
A civil rights law to prohibit discrimination solely on the basis of disability in employment, public services, and public accommodations.	An education act to provide federal financial assistance to State and local education agencies to guarantee special education and related services to eligible children with disabilities.	A civil rights law to prohibit discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance.

WHO IS PROTECTED?

ADA	IDEA	504
Any individual with a disability who: (1) has a physical or mental impairment that substantially limits one or more major life activities; or (2) has a record of such impairment; or (3) is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. Further, the person must be qualified for the program, service, or job.	Children ages 3-21 in K-12 education who are determined by a multidisciplinary team to be eligible within one or more of 13 specific disability categories and who need special education and related services. Categories include autism, deafness, deaf-blindness, hearing impairments, mental retardation, multiple disabilities, orthopedic impairments, other health impairments, serious emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury, and visual impairments	Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment or (3) is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. Further, the person must be qualified for the program, service, or job.

DOES IT PROVIDE FOR A FREE, APPROPRIATE PUBLIC EDUCATION (FAPE)?

ADA	IDEA	504
Not directly. However, (1) ADA protections apply to nonsectarian private schools, but not to entities controlled by a religious organization; (2) ADA provided additional protection in combination with actions brought under Section 504. Reasonable modifications to policies, practices, and procedures are required for eligible students with a disability. It also requires public and nonsectarian private schools to meet physical accessibility and barrier removal requirements.	Yes. A FAPE is defined to mean special education and related services. Special education means “specially designed instruction at no cost to the parents, to meet the unique needs of the child with a disability...” Related services are provided if students require them in order to benefit from specially designed instruction. States are required to ensure the provision of “full educational opportunity” to all children with disabilities. IDEA requires the development of an Individualized Education Program (IEP) document with specific content and required participants at an IEP meeting.	Not directly. However, it does provide for education comparable to that provided to students without disabilities. This may be defined as regular or special education services. Students can receive related services under Section 504 even if they are not provided any special education. Section 504 does require development of a plan, although a written document is not mandated. The Individualized Education Program (IEP) of IDEA may be used for the Section 504 written plan. Many experts recommend that a group of persons knowledgeable about the students convene and specify the agreed-upon services.

IS FUNDING PROVIDED TO IMPLEMENT SERVICES?

ADA

No, but limited tax incentives may be available for removing architectural or transportation barriers. Also, many federal agencies provide grant funds to support training and to provide technical assistance to public and private institutions.

IDEA

Yes. IDEA provides federal funds under Parts B and C to assist states and local education agencies in meeting IDEA requirements to serve infants, toddlers and youth with disabilities.

504

No. State and local jurisdictions have responsibility. IDEA funds may not be used to serve children found eligible only under Section 504.

PROCEDURAL SAFEGUARDS

ADA

The ADA does not specify evaluation and placement procedures: it does specify provision of reasonable modifications to policies, practices, and procedures for eligible activities and settings. Reasonable modifications may include, but are not limited to, redesigning equipment, assigning aides, providing written communication in alternative formats, modifying tests, reassigning services to accessible locations, altering existing facilities, and building new facilities.

IDEA

A comprehensive evaluation is required. A multidisciplinary team evaluates the child, and parental consent is required before evaluation. IDEA requires that reevaluations be conducted at least every 3 years. For evaluation and placement decisions, IDEA requires that more than one single procedure or information source be used; that information from all sources be documented and carefully considered; that the eligibility decision be made by a group of persons who know about the student, the evaluation data, and placement options; and that the placement decision serves the student in the least restrictive environment. An IEP meeting is required before any change in placement decision serves the student in the least restrictive environment. An IEP meeting is required before any change in placement.

504

Unlike IDEA, Section 504 requires only notice, not consent, for evaluation. It is recommended that districts obtain parental consent. Like IDEA, evaluation and placement procedures under Section 504 require that information be obtained from a variety of sources of the area of concern; that all data are documented and considered; and that decisions are made by a group of persons knowledgeable about the student, evaluation data, and placement options. Section 504 requires that students be educated with their non-disabled peers to the maximum extent appropriate. Section 504 does not require a meeting for any change in placement.

DUE PROCESS

ADA

The ADA does not delineate specific due process procedures. People with disabilities have the same remedies that are available under the Title VII of the Civil Rights Act of 1964, as amended in 1991. Thus, individuals who are discriminated against may file a complaint with the relevant federal agency or Due in federal court. Enforcement agencies encourage informal mediation and voluntary compliance.

IDEA

IDEA delineates specific requirements for local education agencies to provide impartial hearings for parents who disagree with the identification, evaluation, or placement of a child.

504

Section 504 requires local education agencies to provide impartial hearings for parents who disagree with the identification, evaluation, or placement of a student. It requires that parents have an opportunity to participate in the hearing process and to be represented by counsel. Beyond this, due process details are left to the discretion of the local education agency. It is recommended that districts develop policy guidelines and procedures.

PROTECTION LAWS:

This page was prepared as a general overview of several laws enacted to protect people with disabilities. Guidelines and laws differ according to the state and county, therefore, contact your local social service agency to learn more.

Age of Minority

This refers to when a person turns age 18 and is considered an adult, responsible for making decisions for themselves. If a student is in school at age 18, parents are no longer entitled to access certain types of information unless the student has provided written consent. For some culturally and linguistically diverse families, this may be difficult to comprehend. It may also pose challenges for parents who request assistance for their child/young adult including mental health, medical care, or social services. They may be unable to get help because the child is considered an adult and therefore, responsible for themselves.

Child Protection laws

These laws and procedures vary by state and county. These laws were established to protect children under age 18 from maltreatment, including physical, sexual, verbal and emotional abuse, as well as neglect. Cultural conflicts have occurred over issues of medical neglect or traditional practices used to treat children. People from countries where it is culturally acceptable to use physical punishment to discipline their children are no longer able to do so when they live in the U.S. because of child protection rules. Child Protection laws mandate certain professionals who learn a child has been maltreated to make a report to the proper authorities. If reports are later found to be untrue, but are made in good faith, there are protections in the law for reporters. Check with your agency's rules on mandated reporting.

Vulnerable Adult (VA) Act

This refers to laws that protect against the maltreatment and neglect of people with disabilities over age 18. Vulnerable Adult laws specify how to make a report, who must make a report, and what to report. Individuals with disabilities who live in licensed facilities (i.e. group homes, foster homes, nursing homes or state hospitals) are protected under the law. Also those who receive personal care or home health services are covered. The law applies

to adults with physical or mental impairments, or emotional dysfunction that prevents them from caring for their own basic needs or from protecting themselves from harm.

Types of Maltreatment:

1. Abuse—including assault, or sexual exploitation or conduct by caregivers
2. Neglect—including financial, medical, or physical such as food, shelter or supervision. This may be done by a caregiver or self
3. Financial—withholding or disposing of a vulnerable adult's funds

Who must report

The Vulnerable Adult Act, like the Child Protection laws, state that professionals who are responsible for caring for vulnerable adults, such as education staff, therapists, social workers, or other health care professionals, are mandated to report any form of maltreatment.

Where to Report:

To file a report, contact your local social service agency. If an individual is at risk of imminent harm and is fearful of returning to their home, contact the police. Be ready to provide information that will include details about the perpetrator and the victim's personal information.

Guardianship

For some people, their disability significantly impairs their ability to make decisions on their own behalf or manage their personal affairs (banking, legal decisions). In situations such as this, guardianship/conservatorship may be an option. According to the National Guardianship Association,

“Guardianship, also, referred to as conservatorship, is a legal process, utilized when a person can no longer make or communicate safe or sound decisions about his/her person and/or property or has become susceptible to fraud or undue influence. Because establishing a guardianship may remove considerable rights from an individual, it should only be considered after alternatives to guardianship have proven ineffective or are unavailable.”

For more information, go to www.guardianship.org or contact your local government social service agency.

NATIONAL DISABILITY RIGHTS NETWORK

The National Disability Rights Network (NDRN) is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP) for individuals with disabilities. Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States.

Mission:

To create a society in which people with disabilities are afforded equality of opportunity and are able to fully participate by exercising choice and self-determination.

Services:

- training
- technical assistance
- legal support
- legislative advocacy

Who is eligible for assistance?:

The National Disability Rights Network serves a wide range of individuals with disabilities – including, but not limited to, those with cognitive, mental, sensory, and physical disabilities – by guarding against abuse; advocating for basic rights; and ensuring accountability in health care, education, employment, housing, transportation, and within the juvenile and criminal justice systems.

Contact a CAP or P & A program with questions related to:

Employment/Work:

- You want to know what help is available to get or keep a job.
- You want to know what will happen to your benefits if you go to work. Benefits may include Social Security, Medicaid, TANF, Medicare, Housing, Food Stamps, or Transportation
- You have transportation problems getting to and from work.

- You believe you were not hired or given a different job because of your disability.
- You were not given the help you needed to do your job.
- You think people at your job are bothering you or not treating you fairly because of your disability.
- Vocational Rehabilitation Services:
 - You need help getting services from VR (Department of Vocational Rehabilitation Services).
 - You have been told you cannot get help from VR to go to school or get a job.
 - No VR plan has been developed because you and your counselor disagree about your education or job goal or other help you need.
 - VR services have been denied or delayed.
 - VR is not helping you find a job.
 - Your VR counselor will not return your calls.
 - You got a new VR counselor and she/he wants to change your plan to get a job.

Criminal Justice

If someone you know with a disability is in jail call the P&A in your state or territory to find out

- What their rights are
- How to get their medication to them
- What to do if you believe the person may be in danger of harming himself/herself

If someone you know with a disability is in prison call the P&A in your state or territory to find out

- What their rights are
- How they can get mental health services

- What they can do before getting out of prison to have their benefits, such as Social Security, restored

Nursing Homes, Schools, or other Treatment Centers)

- You believe staff is illegally taking your money
- You are being physically harmed
- Someone made you have sex when you did not want to
- Someone touched your body in a way that made you feel uncomfortable
- You have been verbally or emotionally bothered
- You are being given medication that you don't want to take
- You want a discharge plan
- You are not receiving adequate food, clothing or health care
- Community Living
- Getting your medications paid for
- Getting the health care services you need
- Renting a place to live
- Being evicted or having problems where you live because of your disability
- Getting transportation to get to go places
- Your Social Security or other benefits have been stopped
- You need a wheelchair, TTY, mobility cane or other aids to help you be independent

Special Education

To learn about your child's special education rights and related services such as assistive technology:

- Your child has not been evaluated for services even though you requested an evaluation
- The school is not following the requirements of the child's IEP (Individual Education Program)
- The school has not held an IEP meeting within the last 12 months to review your child's IEP
- Your child's needs have changed and you have asked for another IEP meeting, but the school has not followed through
- Your child is getting suspended or expelled because of behavior related to his disability or other special needs
- You believe that the placement or services your child is receiving are not meeting her needs
- You believe that the placement or services recommended by the school are not going to meet your child's needs
- Your child has been placed in an alternative school or juvenile justice facility and is not receiving the special education services she needs
- The school has not provided the equipment such as computers or communication devices that have been recommended to assist your child in completing assignments

- People Living in Residential Facilities (Hospitals,

To find your state's CAP or P& A, go to <http://www.ndrn.org/> click on "GET HELP IN YOUR STATE"



10 ADDITIONAL RESOURCES:

Financial resources for hearing aids

Vision resources

Resources for securing medical equipment and assistive technology

Miscellaneous medical and dental resources

Resources for assisting amputees

Partnership for Prescription Assistance Program Overview

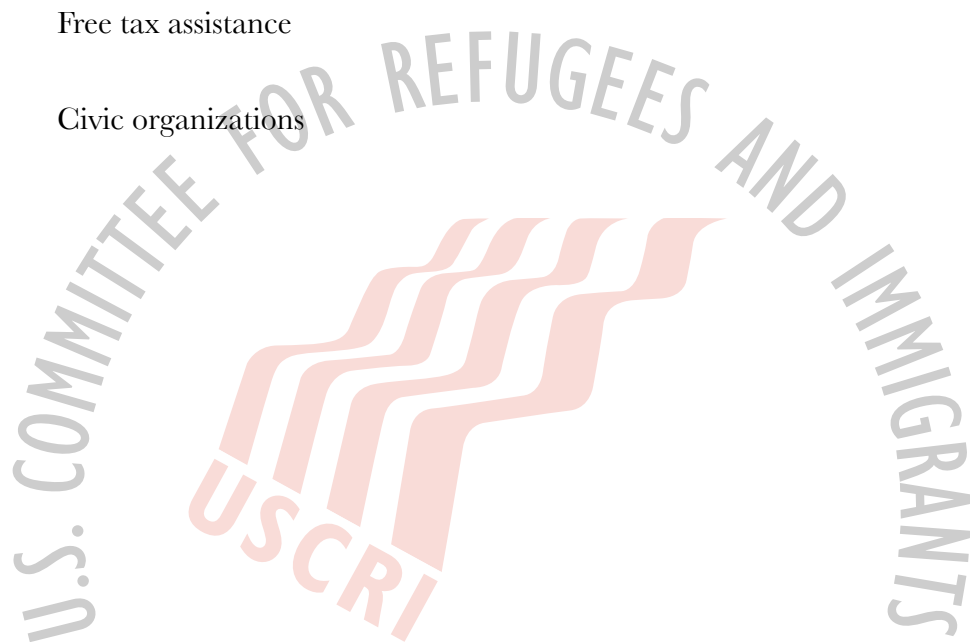
Library resources for people with disabilities

Audio books and media for people with vision loss

Discounts on phone service

Free tax assistance

Civic organizations



www.refugees.org

*Protecting Refugees, Serving Immigrants,
Upholding Freedom since 1911*

FINANCIAL RESOURCES FOR HEARING AIDS

Below are a number of resources for people who need hearing aids but their insurance may not cover the cost. Please note that some of the organizations providing hearing aids for people with low-income tend to focus their resources for children.

Before you start with the resources listed:

- 1) Contact your medical insurance provider. A few policies do cover hearing aids, (especially for children under 18) so it is well worth the call.
- 2) Check your state's Department of Human Services web site for a listing of local clubs and organizations providing financial assistance for hearing aids and assistive listening devices. There are many resources that are only available in specific states.
- 3) State Medicaid Programs: Each state has their own rules but many cover hearing aids. Generally, state Medicaid programs tend to cover children under the age of 21. Parents or relative caretakers of dependent children, pregnant women, people who are 65 or older and people who have a disability may also be eligible. Applications are made through your local government services agency.
- 4) Vocational Rehabilitation Service sometimes pays for hearing aids if they are part of the client's employment plan. Check out with your local VR office. Income guidelines apply.

Organization	Website /address	Eligibility	Description
TPA Scholarship Trust for the Deaf and Near Deaf	3755 Lindell Boulevard St. Louis, Missouri 63108-3476 314-371-0533 (Voice) Website: http://www.mindspring.com/~tpatxdiv/humanitarian.htm	Children and adults	The Travelers Protective Association of America established the TPA Scholarship Trust for the Deaf and Near Deaf in 1975. Completed application must be returned to the Trust by March 1st each year. Applicants demonstrating the greatest financial need are given preference regardless of race, creed, age or sex. Recipients are notified in May and scholarship checks are mailed after August 1st.

Organization	Website/address	Eligibility	Description
AUDIENT Hearing Alliance	901 Boren Ave, Ste.810 Seattle, WA 98104-3534 (206) 838-7194 or Toll Free: 1-877-AUDIEN (1-877-283-4368) Fax:(206) 838-7195 E-mail: info@audientalliance.org Website: www.audientalliance.org	Must be low income patients - candidates will be required to verify their income.	AUDIENT is a program of Northwest Hearing care, an affiliate of the Northwest Lions Foundation for Sight & Hearing. (NLFSH). The AUDIENT program was established as a hearing care alliance bringing together suppliers, hearing health care professionals, and related groups with the common goal of providing access to quality hearing health care for persons currently without adequate financial resources. A one year warranty is provided, which covers repairs and one time loss.
Civic organizations	Kiwanis: http://www.kiwanis.org/clubloc/ Lions: http://www.usalions.com/Sertoma : www.sertoma.org Quota Club: www.quota.org/gtku/loc.htm		
Disabled Children's Relief Fund	Box 89 Freeport, NY 11520 Website: www.dcrf.com	Children	Provides disabled children with hearing Aids and other assistive devices. Grant requests accepted between March and September.
HEAR NOW Foundation	Starkey Hearing Foundation 1-800-648-4327 (Automated Voice Line) 6700 Washington Avenue South Eden Prairie, MN 55344 Contact: Joannita Stelter E-mail: contact_us@sotheworldmayhear.org Website: www.sotheworldmayhear.org (Click on "Hear Now")	Anyone of any age	HEAR NOW became a part of the Starkey Hearing Foundation in 1999. It is a domestic assistance program for those with very low income. Individuals applying must be residents of the United States and qualify under the National Poverty Guidelines for assistance. For each hearing aid requested there is a non-refundable processing fee required. The client is responsible for the cost of the evaluation/assessment by the hearing healthcare provider, batteries, and cost of repairs once the first year warranty has expired.
The HIKE Fund, Inc.	C/o The HIKE, Secretary 10115 Cherryhill Pl Spring Hill, FL 34608 352-688-2579 (Voice) Contact: Secretary's Office E-mail: ccterhill@aol.com Website: www.thehikfund.org	Children under the age of 20 whose parents or guardians are U.S. Citizens or hold a Green Card	The HIKE Fund, Inc. is an endowment fund that was created in 1986 by the International Order of Job's Daughters to provide hearing and/or assistive listening devices to children whose parents cannot fund this special need. The application may be obtained by having the parents/guardians call the Office of the Secretary at the number listed above. The application requires a letter from the applicant's parents or guardians, a statement including family income, size of household, burdensome medical expenses and an itemized cost quotation from the supplier explaining the cost of the hearing technology requested.
Miracle-Ear Children's Foundation	P. O. Box 59261 Minneapolis, MN 55459-0261 1-800-234-5422 (Voice) Contact: Judy Barnaal www.miracle-ear.com/resources/children_request.asp	Children 16 years and under and residents of the United States	This program provides new Miracle-Ear hearing aids and services to children who are at an income level that does not allow them to be eligible to receive public support.

ADDITIONAL RESOURCES

Hearing Aid Manufacturers & Vendors

Inquire with local hearing aid sellers or manufacturers. They may have reconditioned hearing aids, special financing, special programs, or sell the aids at a reduced rate.

State Assistive Technology Office

Contact your local AT office listed earlier in the book. Some states have programs that will provide low-interest loans to disabled individuals who do not have the money to pay for the assistive technology devices and services they need.

CareCredit & Starkey SoundChoice

901 East Cerritos Ave.
Anaheim, CA 92805
1-800-839-9078 (Voice)
E-mail: info@carecredit.com
Website: www.carecredit.com or www.soundchoicefinancing.com

Eligibility: Anyone who is approved for credit

Description: CareCredit is the health care financing division for GE Consumer Finance. CareCredit provides financing for the purchase of health care products and procedures, including hearing aids and accessories. Starkey's SoundChoice Hearing Finance Plan is also offered through GE Consumer Finance for the purchase of hearing aids, batteries, warranties, and maintenance needs. Ask your hearing aid provider if they offer hearing aid financing through CareCredit or Starkey's SoundChoice. If they do, the application takes just a few minutes to complete when you are in the hearing aid dispenser's office. You'll know within minutes if you are approved. CareCredit and SoundChoice offer a 3, 6 and 12-month No Interest Plan and a 24, 36 and 48 month Low Interest Payment Plan.

HELPCard

ESCO
3215 Fernbrook Lane North
Plymouth, MN 55447-5325
1-800-992-3726
E-mail: info@earserv.com
Website: www.earserv.com/financing.htm

Description: HELPCard gives you the buying power

to purchase the highest quality hearing aid to correct your hearing loss with affordable monthly payment options (determined by creditworthiness of applicant). HELPCard highlights include: revolving credit, similar to a credit card; fast approvals; easy to use; and affordable monthly payments. Ask your hearing aid professional for a HELPCard application, which will take just a few minutes of your time to complete. Your hearing aid professional will submit the application by phone, fax or Internet, and get an answer, fast — while you're still in the clinic. Once you're approved, you can purchase the hearing aid you need, and with your HELPCard, spread the cost over affordable monthly payments.

Internet search:

Because web sites and programs change frequently, use the internet and search for "financial aid for hearing aids" or "financial assistance for hearing aids" to learn about new resources developed.



VISION RESOURCES

Medicaid covers the cost of eye exams and eyeglasses though often there are strict guidelines for replacement of lost or broken glasses. Some private health insurance companies cover eyeglasses as well. For additional resources, check with programs below.

LensCrafters: Gift of Sight Program

Give the Gift of Sight was created to serve those in need. While Luxottica Retail associates and doctors deliver free eye care through the Gift of Sight program, the company does not select which individuals deserve help and receive care. In North America, recipients are selected by local schools, agencies and charities screen for visual problem and for financial need, select people to receive our services and often transport them to our stores.

Local Give the Gift of Sight partner agencies include Lions clubs, United Way agencies, schools, churches and shelters. Aside from the Lions clubs and schools, partners must be 501(c)(3) tax-exempt organizations.

If you are an individual seeking help through Give the Gift of Sight: Call or visit a local helping agency such as those listed above. They will contact one of our stores on your behalf.

If you are a 501(c)(3) charitable agency whose clients need free eye care: Contact your nearest LensCrafters location and ask for the Gift of Sight Store Captain.

VISION USA Open year-round

Now a year-round program, VISION USA can help by providing basic eye health and vision care services free of charge to the many uninsured low-income people and their families who have no other means of obtaining care. VISION USA, started nationwide in 1991, is a program developed by doctors of optometry who are members of the American Optometric Association. Approximately 340,000 low income working Americans have benefited from free eye exams through VISION USA.

According to the American Optometric Association, “more than 40 million low-income, working people in the United States cannot afford the cost of routine eye care or the health insurance that covers it.”¹

Eligibility

The program is open to children and adults of all ages who qualify. Below are the general eligibility requirements, although they may vary by state. To receive free services, individuals must:

1. Have a job or live in a household where there is one working member;
2. Have no vision insurance (this may include Medicare/Medicaid);
3. Have income below an established level based on household size; and
4. Not have had an eye exam within 2 years.

If an individual or family is eligible, they will be matched with a volunteer doctor of optometry who will provide a comprehensive eye exam at no charge. The doctors are donating their services and may be limited in some areas. Eyewear may also be provided at no cost or for a small fee/donation in some states.

Applications are available on the website at :
<http://www.aoa.org/x5607.xml>

Applications can be taken by phone at 1-800/766-4466, 7 a.m.-7 p.m., CST, Monday through Friday. For additional information, contact:

VISION USA
243 North Lindbergh Blvd.
St. Louis, MO 63141
Fax: 314/991-4101
E-mail: visionusa@aoa.org

State Service for the Blind

For individuals with other visual impairment that cannot be corrected with eye glasses, or people with more debilitating eye disorders, contact the State Service for the Blind or your local Vocational Rehabilitation Services.

¹American Optometric Association. <http://www.aoa.org/x5607.xml>

RESOURCES FOR SECURING MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY

Organization	What is provided	To whom is it provided	Cost	Shipping	Who qualifies	Contact Information
Friends of Disabled Adults and Children	Whatever is donated, usually: wheelchairs, walkers, canes, shower chairs, hospital beds, tub transfer benches, hooyer lifts, etc. Free repairs are also offered.	Anyone, preferably those without insurance or Medicare.	All equipment is free except for batteries on power equipment or if a repair requires parts not at the organization.	No	Refugees, Asylees, and Immigrants all qualify.	www.fodac.org, 770-491-9014 near Atlanta, Georgia
Wheelchair Library	All kinds of equipment is lent. It must be returned when client is finished with it.	Anyone with need.	Donations are accepted, but everything is free.	No	Refugees, Asylees, and Immigrants all qualify.	360-479-4535 Bremerton, Washington
Rose Varga Foundation	All kinds of equipment is lent. It must be returned when client is finished with it.	Anyone with need.	Donations are accepted, but everything is free.	No	Refugees, Asylees, and Immigrants all qualify.	760-371-4875 Ridgecrest, California
ATECH Services	A large variety of assistive technologies.	New Hampshire special education students with partial or complete hearing loss and/or special education students with partial or complete vision loss are eligible for free services. All other assistive technologies are available to anyone.	There is a range of costs involved. Certain hearing and visual technologies are available to special education students at no cost or at reduced prices.	Yes.	Refugees, Asylees, and Immigrants all qualify.	http:// www.nhassistive-technology.org/ , 800-529-0976 Concord, New
Disabled Dealer Magazine	A variety of equipment is available to purchase from classifieds.	Anyone	Items are for sale only.	Depend on seller	Refugees, Asylees, and Immigrants all qualify.	www.disableddealer.com/ , 1-800-854-4176
Local religious organizations and senior centers may have small "loan closets"	Check with your local 2-1-1 or information line to learn if your community has a loan closet and what they may have available	Unknown	Check your local community	No	Unknown	Contact local 2-1-1 information line to learn what is in your local community

	Miscellaneous Medical/Dental Resources:
Medical	Services or Resources Available
Pfizer Pharmaceuticals [1]	<p>Pfizer Helpful Answers™ is a family of programs to help people without prescription coverage save on many Pfizer medicines, no matter their age or income. People with limited incomes may even qualify to get their Pfizer medicines for free.</p> <p>https://www.pfizerhelpfulanswers.com/HealthcareProfessional.aspx/</p>
Shriners	<p>Shriners Hospitals for Children is a network of 22 pediatric hospitals in the U.S., Canada and Mexico providing specialized care for orthopedic conditions, burns, spinal cord injuries and cleft lip and palate. All services are provided free of charge.</p> <p>Eligibility for care is not based on financial need or relationship to a Shriner.</p> <p>http://www.shriners.com/</p>
United Healthcare Children's Foundation	<p>Offers support to meet the needs of children nationwide with assistance grants for medical services not fully covered by health insurance. Parents and caretakers across the country will be eligible to apply for grants of up to \$5,000.00 for health-care services that will help improve their children's health and quality of life. Examples of the types of medical services covered by the foundation grants include speech therapy; physical therapy and psychotherapy sessions; medical equipment such as wheelchairs, braces, hearing aids and eye-glasses, and orthodontic and dental treatments.</p> <p>To be eligible for the grants, children must be 16 years old or younger. Families must meet economic guidelines, live in the U.S. and be covered by a commercial health insurance plan. For more information, visit: www.uhccf.org</p>
Dental Resources	Services or Resources Available
American Dental Association	<p>Assistance programs vary from state to state, so contact your state dental society to find programs in your area.</p> <p>Another source of lower-cost dental care is a dental school clinic. Generally, dental costs in school clinics are reduced and may include only partial payment for professional services covering the cost of materials and equipment. Your state dental society can tell you of a dental school clinic in your area. For a listing of all the State Dental Associations with contact information. http://www.ada.org/ada/organizations/searchconsl.asp</p> <p>The ADA Council on Access, Prevention and Interprofessional Relations (CAPIR) suggests that you inform your dentist about special financial conditions. He or she may be able to offer suggestions to help. http://www.ada.org/public/topics/access.asp</p>
Low-income dental resources	<p>Lists a variety of low-income dental resources throughout the country.</p> <p>http://www.ada.org/prof/resources/topics/access.asp</p>

RESOURCES FOR ASSISTING AMPUTEES

For refugees in need of prostheses or other devices, Medicaid may cover some or most of them, depending on the state. Private insurances vary in their coverage for these items. Two databases may be consulted to find resources: Orthotics and Prosthetics Humanitarian Database: www.oandp.com/resources/humanitarian/ and Amputee Resource Foundation of America, Inc.: www.amputeersource.org/.

Organization	Website	Primary Population served	Assistance Provided	Contact information
Amputee Coalition of America	http://www.amputeecoalition.org	Anyone with an amputation or limb difference, friends/family of amputees, organizations dedicated amputee support or amputee education, and professionals.	The ACA is a non-profit amputee education organization. It has a variety of links and information sheets, several in Spanish, available at no cost.	Knoxville, TN (888) 267-5669, (865) 524-8772, TTY: (865) 525-7917
Barr/United Amputee Assistance Fund	http://www.oandp.com/resources/organizations/barr/index2.htm	Amputees (both domestic and international) with significant financial need.	The fund pays for materials and fitting of a prosthesis.	Boca Raton, FL (407) 359-5500
Prosthetics Outreach Foundation	http://www.pofsea.org	Amputees and those born with limb difference in Sierra Leone, Bangladesh, and Vietnam. The Foundation helps those who have financial need.	The main activities include: clinical outreach to amputees, especially in hard-to-serve, remote, rural areas; orthopedic surgical assistance for amputees and others suffering from orthopedic disabilities; local prosthetic and orthotic component manufacturing; and general technical assistance.	Seattle, WA (206) 726-1636
United Amputee Services Association, Inc.	http://www.oandp.com	Anyone in need of orthotic or prosthetic support.	The Association is a resource for a variety of different topics related to amputee disabilities.	Winter Park, FL (407) 359-5500

****For employers who have employees with amputations, please read the fact sheet by the Job Accommodation Network (<http://www.jan.wvu.edu/media/employmentampfact.doc>) for information on how to make a more accessible office

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE PROGRAM OVERVIEW

PROGRAM DESCRIPTION:

The Partnership for Prescription Assistance brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Many will get them free or nearly free. Among the organizations collaborating on this program are the American Academy of Family Physicians, the American Autoimmune Related Diseases Association, the Lupus Foundation of America, the NAACP, the National Alliance for Hispanic Health and the National Medical Association.

To access the Partnership for Prescription Assistance by phone, you can call toll-free, 1-888-4PPA-NOW (1-888-477-2669)

MISSION:

To increase awareness of patient assistance programs and boost enrollment of those who are eligible. The Partnership for Prescription Assistance offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies.

WHAT THE PROGRAM OFFERS:

Help for Those in Need:

Many people have difficulty in affording health care, including prescription medicines. A number of patient assistance programs provide help to patients who lack prescription drug coverage and earn less than 200% of the federal poverty level (approximately \$19,000 for an individual or \$32,000 for a family of three).*

Access to the Medicines They Need

Patients will be directed to the public or private programs most likely to meet their needs. The Partnership for Prescription Assistance helps qualifying patients without prescription coverage.

- Enroll in more than 475 patient assistance programs.
- Access more than 2,500 medicines.
- Learn how to contact government programs for which they may qualify, such as Medicaid, Medicare, or the State Children's Health Insurance Program.

FINDING PROGRAMS:

In order to find out what patient assistance programs you may qualify for, all you have to do is answer a few short eligibility questions. The website (<https://www.pparx.org/>) will help you with the information you need to get involved in a program and even allow you to download applications online. You can then follow the instructions on the application to apply.

**** Qualifications vary by programs. Income levels vary by state.

"In 2003, more than 29 million people in the United States make less than 200% of the federal poverty level and have no health insurance."





No prescription coverage?
Need Pfizer medicine?
One call fits all™



Tell your patients to call
1-866-706-2400
or visit www.pfizerhelpfulanswers.com
for help getting Pfizer medicines.

Many patients without prescription coverage have difficulty paying for their medicines and don't know where to get help. That's why we created Pfizer Helpful Answers.

- We have many programs to help them save on Pfizer medicines, no matter their age or income
- They may even get them for free, depending on their income
- Patients can speak to a live operator
- No fees or costs to apply

This briefing sheet highlights the many programs we offer to help.

Program	Eligibility	Benefits	Distribution Methods
 CONNECTION TO CARE™ PHARMACEUTICAL ACCESS PROGRAM	Less than 200% Federal Poverty Level (FPL)	Free Pfizer medicines provided to eligible patients through physicians	Doctor's office
 Sharing the Care pharmaceutical access program	Less than 200% FPL (adjusted for household size)	Free Pfizer medicines provided to eligible patients served by eligible community health centers	400 federally qualified community health centers with in-house pharmacies
 Hospital Partnership Program	Less than 200% FPL (adjusted for household size)	Free Pfizer medicines provided to eligible patients served by eligible disproportionate-share hospitals	40 qualified federally designated disproportionate-share hospitals with in-house pharmacies
 pfizer friends™	Any legal US resident	<ul style="list-style-type: none"> • 2 levels of savings • Individuals earning \$31,000 or less per year, or families earning \$45,000 or less per year, have access to greater savings 	<ul style="list-style-type: none"> • More than 95% of retail pharmacies nationwide • Mail-order service
 Individual Pfizer Programs	By contacting Pfizer Helpful Answers, patients may also have access to the following individual Pfizer programs: <ul style="list-style-type: none"> • Aricept® Patient Assistance Program • Rilksyn® Patient Assistance Program • The Bridge Program • FirstRESOURCE 	<ul style="list-style-type: none"> • RSVP ZymoX®/Vfend®/Revatio™ • Macugen Access Program (MAP) • Fragmin CompleteCARE 	
 Together Rx Access PHARMACEUTICAL ACCESS PROGRAM	<ul style="list-style-type: none"> • Non-Medicare eligible • Under 300% FPL • Legal US resident 	<ul style="list-style-type: none"> • Savings on 275+ brand-name prescription products (including Pfizer medicines) and a wide range of generic products 	Majority of pharmacies nationwide Together Rx Access and the Together Rx Access Logo are trademarks of Together Rx Access, LLC.

For your patients who lack prescription coverage and also need medicines from other companies, tell them to call the Partnership for Prescription Assistance™ (PPA) for help getting their medicines. The PPA can help patients find programs that may be right for them.

The Partnership for Prescription Assistance™ is a single point of access to more than 475 public and private patient assistance programs. Pharmaceutical companies offer over 180 of these programs to provide patients who lack prescription coverage with the medicines they need. If your patients contact the PPA, there are programs that offer more than 2,500 medicines available to them for free or nearly free.

Call **1-888-4PPA-NOW** or visit www.pparx.org for more information.
Pfizer participates in the Partnership for Prescription Assistance™ (PPA).



Ortho Women's Health & Urology, A Unit of Ortho-McNeil Pharmaceutical, Inc.

Patient Assistance Program

P 1-800-652-6227 | F 1-888-526-5168

OrthoNeutrogena, A Division of Ortho-McNeil Pharmaceutical, Inc.

Patient Assistance Program

P 1-800-652-6227 | F 1-888-526-5168

Pfizer Inc.

Single point of access to Pfizer patient assistance programs

Pfizer Helpful Answers™

P 1-866-706-2400

Pfizer specialty product patient assistance programs:

FisIRSOURCE™ (Oncology)

P 1-877-744-5675 | F 1-800-708-3430

Pfizer Bridge Program™ (Endocrine care)

P 1-800-645-1280 | F 1-800-479-2562

RSVP (Lyox/VlendiRenato)

P 1-888-327-7787 | F 1-888-773-0121

PrCara, Unit of Ortho-McNeil, Inc.

Alphex Patient Assistance Program

P 1-800-523-5870 | F 1-888-526-6615

Patient Assistance Program

P 1-800-652-6227 | F 1-888-526-5168

Procter & Gamble Pharmaceuticals

Procter & Gamble Pharmaceuticals Patient Assistance Program

P 1-800-830-9049 | F 1-866-277-9329

Roche Laboratories Inc.

Boniva Patient Assistance Program

P 1-888-987-9438

Fuzon Patient Assistance Program

P 1-866-487-8891

ONCOLINE Patient Assistance Program

P 1-800-443-6676

Regassist Patient Assistance Program

P 1-866-247-5084

Roche HIV Therapy Assistance Program

P 1-800-282-7780

Roche Laboratories Patient Assistance Program

P 1-877-757-6243 or 1-800-285-4484

Roche Transplant Patient Assistance Program

P 1-800-772-5790

Sanofi-Aventis

Demik Patient Assistance Program

P 1-866-268-7326

Eligard Reimbursement Hotline and Patient Assistance Program

P 1-877-354-4273 | F 1-866-354-4273

Hyalgan Reimbursement Hotline and Patient Assistance Program

P 1-800-992-9022 | F 1-877-366-0584

Lovenox Reimbursement Services and Patient Assistance Program

P 1-888-632-8607 | F 1-888-875-9951

PACT+ Program (Sanofi-Aventis Oncology)

P 1-800-996-6626 | F 1-800-996-6627

Sanofi-Aventis Patient Assistance Program

P 1-800-221-4025

Sanofi Pasteur

sanofi_pasteur indigent patient program

P 1-877-798-8716

Schering-Plough Corporation

Commitment to Care

P 1-800-521-7157

SP-Cares Patient Assistance Program

P 1-800-656-9485

Scios

Patient Assistance Program

P 1-800-652-6227 | F 1-888-526-5168

Sigma-Tau Pharmaceuticals, Inc.

Canitor Drug Assistance Program (NORD)

P 1-800-999-6673 | F 1-203-798-2291

Mauldane Patient Assistance Program (NORD)

P 1-800-999-6673 | F 1-203-798-2291

Solvay Pharmaceuticals Incorporated

Solvay Pharmaceuticals Incorporated Patient Assistance Program

P 1-800-256-8918 | F 1-800-276-9901

Takeda Pharmaceuticals North America, Inc.

Takeda Patient Assistance Program

P 1-800-800-9159 | F 1-800-497-0928

Together Rx Access™

A free savings card. Participating companies include: Abbott, AstraZeneca, Bristol-Myers Squibb, GlaxoSmithKline, members of the Johnson & Johnson Family of Companies, Novartis, Pfizer, Sanofi-Aventis Group, Takeda and TAP Pharmaceutical Products Inc.

P 1-800-444-4106

Valeant Pharmaceuticals International

Valeant Pharmaceuticals International Patient Assistance Program

P 1-800-548-5100

Vistakon Pharmaceuticals, LLC

Patient Assistance Program

P 1-866-815-6874 | F 1-800-544-2987

Wyeth

RepAssist™ (Rapamune Patient Assistance Program)

P 1-877-472-7268 | F 1-800-378-7645

Wyeth Hemophilia Patient Assistance Program

P 1-888-999-2349 | F 1-703-310-2524

Wyeth Oncology Patient Assistance Program

P 1-888-638-6342 | F 1-866-836-0819

Wyeth Patient Assistance Program

P 1-800-568-9988

2007



Directory of
PhRMA Member Company
Patient Assistance Programs

Partnership for Patient Assistance
www.PPARx.org
1-888-4PPA-NOW



PPA-DIR-FORM

Pharma companies have long been involved besides not only in pharmaceutical innovation, but also in philanthropic initiatives—and their long-standing patient assistance programs are especially helpful. Use the Directory www.PPAA.org and 1-888-4PPA-NOW (1-888-477-6628) for the rest of your year of helping to make medicines available to those who need them.

Abbott Laboratories

Abbott Patient Assistance Program
 P 1-800-222-4686 | F 1-866-886-1413

Abbott Vascular Patient Assistance Program

P 1-800-722-6888 | F 1-866-483-1376

ADMAA Patient Assistance Program

P 1-800-442-6472 | F 1-866-322-0661

Asa Medical Nutritionals Patient Assistance Program

P 1-800-722-4686 | F 1-866-483-1376

Asa Medical Nutritionals and Elcose Patient Assistance Program

P 1-800-722-6888 | F 1-866-483-1376

Zempler Patient Assistance Program

P 1-877-995-5521 | F 1-877-936-7528

Aegerion

Imnavigo Foundation® (Imel)
 P 1-888-435-2735 | F 1-888-508-8833

Safety Net Foundation® for Viread and Stribild

P 1-888-SV-AMCEN (762-6428) | F 1-800-381-6600

Safety Net Foundation® for Omnitrope and Nephrolog

P 1-888-SV-AMCEN (762-6428) | F 1-877-727-2867

Products Access Program: Repulse (Releash, Reaprop, Vextram)

Aerilyn Pharmaceuticals Inc.

Aerilyn Patient Assistance Program
 P 1-800-330-7547

Astellas Pharma US Inc.

Patient Assistance Program for Organ Transplant
 P 1-800-477-6472

Patient Assistance Program for Protopic

P 1-800-477-6472

AstraZeneca Pharmaceuticals LP

AstraZeneca Patient Assistance Program
 P 1-800-424-6163

Bayer Pharmaceuticals Corporation

Boyer Patient Assistance Program
 P 1-800-249-9180

Resaur 87420 Program

P 1-866-635-2827

Berlex Laboratories, Inc.

Acyl Foundation
 P 1-877-357-9071 | F 1-877-229-1421

Berlex Inc. Patient Assistance Program

P 1-888-231-5294, option 5 | F 1-973-365-3545

Berlex Oncology Restructuring Support Line

P 1-800-371-4261 | F 1-800-513-1824

Bertram Patient Assistance Program

P 1-877-855-5724 | F 1-877-144-5815

Boehringer Ingelheim Pharmaceuticals, Inc.

Boehringer Ingelheim Cares Foundation, Inc.
 P 1-800-555-8317 | F 1-866-851-2827

Bristol-Myers Squibb Company

Bristol-Myers Squibb Patient Assistance Foundation, Inc.
 P 1-800-735-0033 | F 1-800-736-7581

Bristol-Myers Squibb Patient Assistance Foundation, Inc. (Vidali®)

P 1-800-735-0033 | F 1-866-598-5561

Bristol-Myers Squibb Patient Assistance Foundation, Inc. (Droxify®/Indoxy)

P 1-800-735-0033 | F 1-866-694-2545

Bristol-Myers Squibb Patient Assistance Foundation, Inc. (Orencia®)

P 1-800-735-0033 | F 1-866-694-2545

Bristol-Myers Squibb Patient Assistance Foundation, Inc. (Copegyl®)

P 1-800-735-0033 | F 1-866-694-2545

Bristol-Myers Squibb Patient Assistance Foundation, Inc. (Eliquis®)

P 1-800-735-0033 | F 1-866-694-2545

Celgene Corporation

Patient Support Solutions®
 P 1-888-423-5455, option 3 | F 1-800-822-2455

Centocor, Inc.

Patient Assistance Program for Remicade
 P 1-866-485-5567 | F 1-866-485-5568

Cephalon, Inc.

Fortuna Patient Assistance Program
 P 1-877-HEALTH (433-6867)

Coabril Patient Assistance Program

P 1-866-236-5388

Prologix Patient Assistance Program

P 1-800-675-8413

Vialid Patient Assistance Program

P 1-800-VIATHAL (943-4676)

Vivance Patient Assistance Program

P 1-866-261-7770

Daichi Sankyo, Inc.

Daichi Sankyo Open Care Program
 P 1-866-268-7727

Eliel Inc.

Aspher Patient Assistance Program
 P 1-800-525-5210 | F 1-800-526-6661

Avcept Patient Assistance Program

P 1-800-226-2072 | F 1-800-226-2069

Ingrin Patient Assistance Program

P 1-866-777-8844 | F 1-866-772-8848

Oxbridge Products (Chole, Perrin, Ingrin, Caparis, Ingrin Gel)

P 1-866-613-4774 | F 1-866-573-4724

Persaris in Israel (Janssen)

P 1-866-694-2550 | F 1-866-801-5637

Eli Lilly and Company

Forse, Custom Care
 P 10956-436-1836

Uly Care

P 1-800-545-6640

Uly Medicine Assessors

P 10877-795-4558

EMD Serono, Inc.

US (United States) Patient Assistance Program
 P 1-877-442-3243 | F 1-866-271-3243

Sirostat® Patient Assistance Program

P 1-888-628-6673 | F 1-800-528-6208

Sciant® Patient Assistance Program

P 1-800-582-7889 | F 1-877-460-4208

Compositone Care (Identig, Identig™)

P 1-866-538-7079 | F 1-811-681-2940

Eaton Pharmaceuticals, Inc.

Eaton Pharmaceuticals Patient Assistance Program
 P 1-800-342-2252

Genzyme Corporation

The Durable Access Program (DAP)
 P 1-800-745-4441, ext. 16524

GlaxoSmithKline

Bridge to Access
 P 1-866-726-4580

Commitment to Access

P 1-866-255-6487

CSA Access

P 1-866-518-4545 | F 1-866-518-3284

Janssen LP

Patient Assistance Program
 P 1-800-652-6271 | F 1-888-226-5188

Johnson & Johnson Wound Management, A Division of Ethicon, Inc.

Patient Assistance Program
 P 1-800-652-6271 | F 1-888-226-5188

McNeil Pediatrics, A Division of McNeil-PPC, Inc.

Patient Assistance Program
 P 1-800-652-6271 | F 1-888-226-5188

MedPointe Healthcare, Inc.

MedPointe Patient Assistance Program
 P 1-800-616-4161

Merck and Co., Inc.

ACT (Access) Campaign (only for HUMIRA and ZOSTERAX)
 P 1-866-353-6319 | F 1-866-353-6388

The Merck Patient Assistance Program

P 1-800-727-5400

Black Prescription Discount Card

P 1-800-596-3725

The SUPPORT Program for Chronic Backrestroom Support and Patient Assistance Services for Children

P 1-800-850-1800

Merck/Schering Plough Pharmaceuticals

Merck/Schering Plough Patient Assistance Program
 P 1-800-347-7903

Millennium Pharmaceuticals, Inc.

VIIICARE Reimbursement Assistance Program
 P 1-866-4VICARE (835-2233)

Novartis Pharmaceuticals Corporation

Novartis Pharmaceuticals Patient Assistance Program
 P 1-800-277-2254

N380 Patient Assistance Program

P 1-877-562-4423

Novartis Patient Assistance Program

P 1-877-236-2718

Novo Nordisk Inc.

Novo Nordisk Diabetes Patient Assistance Program
 P 1-866-310-7549 | F 1-906-425-8164

Novo Nordisk Hormone Therapy Patient Assistance Program

P 1-866-696-6336

Orion Biotech Products, L.P.

IXMiles™
 P 1-800-669-1083 | F 1-800-987-6672

Intuniv® (Amitriptyline) Injection Patient Assistance Program

P 1-800-553-2851 | F 1-800-381-5677

ORIONCARE

P 1-866-633-6472 | F 1-800-987-6672

Tecentriq Pharmaceuticals

P 1-800-838-0111 | F 1-866-838-0567

PROJOLINE®

P 1-800-553-2851 | F 1-800-381-5677

Orion-Micell Neurologics, Inc.

Orion-Micell Patient Assistance Program
 P 1-800-652-6271 | F 1-888-226-5188

LIBRARY RESOURCES AND DISABILITY

The U.S. library system offers many resources that may assist refugees with disabilities. Library resources vary by location so check your local library to learn more. Some examples of services or resources for people with disabilities:

- American Sign Language Storytime
- American Sign Language videos and dictionaries
- Large print books/Magnifying readers
- Books on tape/CD
- Free Internet use
- Computer/Internet classes
- Handicap accessible Internet stations
- Assistive technology
- Computer programs that convert text to speech
- Computer programs that convert speech to text
- Computer programs that magnify text
- Computer programs that diagrams and outlines text

- Hands free mouse.
- Homework help centers/Tutoring/Child literacy programs
- Bookmobile for those unable to go to the building
- Job and career guidance
- Small business resources
- Senior resources
- Classes
- Job/Career resources
- Computer tutorials
- Tax preparation
- English as a second language (ESL) classes and resources
- Downloadable audio e-books
- Books about disabilities
- Children's books about disabilities



AUDIO BOOKS AND MEDIA FOR PEOPLE WITH VISION LOSS

For people unable to read print, audio books and media are available on loan for free. Though these services are provided almost entirely in English, they may still be of interest for culturally and linguistically diverse individuals.

National Library Service for the Blind & Physically Handicapped

In cooperation with a network of regional and subregional libraries, the National Library Service for the Blind and Physically Handicapped (NLS), Library of Congress provides a free library service of braille and recorded books and magazines to residents of the United States and to American citizens abroad who are unable to read or use standard printed material because of visual or physical disabilities.

The foreign language program of the National Library Service for the Blind and Physically Handicapped (NLS) has resources to produce about seventy-five titles a year in Spanish. Currently, NLS does not produce audio or braille books in other languages; however, NLS does have a collection in various languages acquired over the years from various sources. These titles are listed in the NLS online union catalog, and cooperating libraries can help eligible patrons borrow these titles.

To do a search on the NLS online catalog:

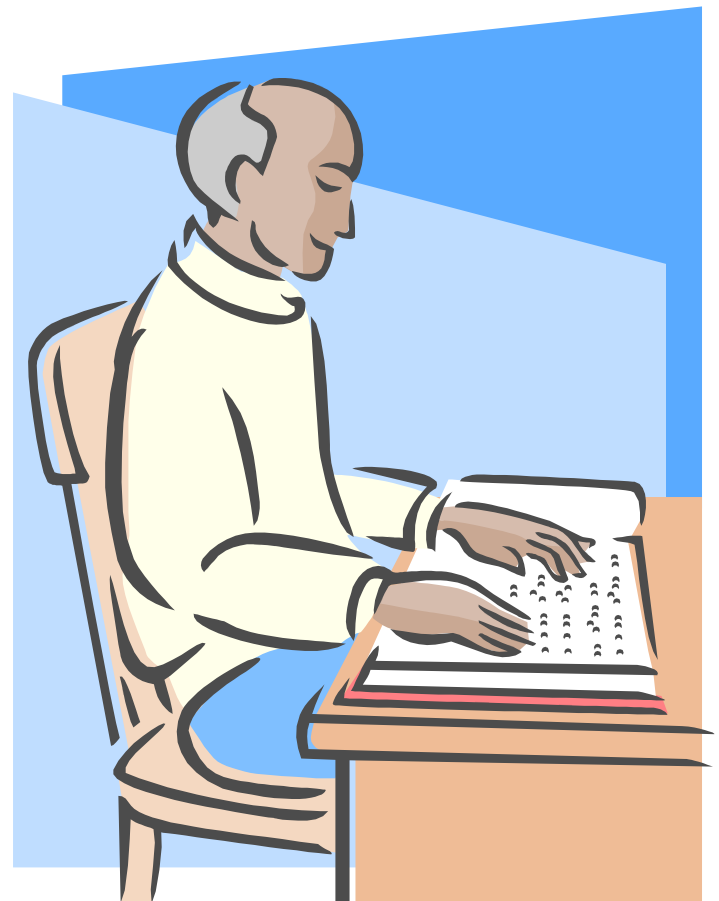
- Go to the NLS web site at www.loc.gov/nls click on the “search on the catalog” link or go directly to <http://nlscatalog.loc.gov>.
- In the keyword box of the Online Catalog Quick Search screen, type the language, in the location box, choose, “NLS only” and in the format box, select “sound recordings”.
- Those that have RCF as the book number are audiocassette recorded foreign language titles available on loan through the nearest library serving blind and physically handicapped individuals. To find the address of that library go to: <http://www.loc.gov/nls/find.html>

National Library Service for the Blind and Physically Handicapped
Washington, DC 20542
(202) 707-9275
(202) 707-0712 fax

Assistive Media:

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

Assistive Media provides copyright-approved, high-caliber audio literary access to reading materials for anyone with a reading access barrier. This is free through the use of the internet. Volunteers record magazine articles and other short works which are then available for download or in podcast. There are hundreds of recordings of magazine articles, short stories, and selections from anthologies.



DISCOUNT ON PHONE SERVICE:

Lifeline & Link Up



Lifeline and Link-Up are programs that help ensure everyone has access to telephone service. These programs provide discounts to income-eligible individuals for both the initial installation costs of telephone service and for monthly telephone bills. These are public programs implemented by local telephone companies that help eligible households pay for basic telephone hook-up costs and monthly services. More than 1,500 telephone companies in the United States and its territories participate in the federal Lifeline and Link-Up Programs for income-eligible households.

A person may be qualified if their household income is no more than 135 percent of the federal poverty income guidelines or if they participate in any of the following programs

- Medicaid
- Supplemental Security Income (SSI)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance (Section 8)
- Food Stamps
- Temporary Assistance to Needy families (TANF)
- National School Free Lunch Program (NSL)

UNDERSTANDING AVAILABLE ASSISTANCE PROGRAMS

There are two types of universal service programs for income-eligible telephone consumers.

• **Lifeline:** Discounts available under this program reduce the monthly cost of local telephone service for eligible residential consumers. Cost reductions range from \$3.50 and \$32.85 per month and depend on the state one lives.

• **Link-Up:** Discounts available under this program reduce the landline service connection costs or wireless activation fees (excluding handset costs) for eligible consumers, within specified limits. Link Up reduces eligible low-income subscribers' charges for starting telephone service by one-half of the telephone

company's charge, or \$30.00, whichever is less, for subscribers residing on non-tribal lands. Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible subscribers do not have to pay interest.

THE APPLICATION PROCESS

Encourage eligible consumers to contact their local telephone service providers or other carriers authorized to provide Lifeline and Link-Up benefits in your area to request an application form and obtain further instructions on how to apply for Lifeline and Link-Up discounts in your state.

The link below provides a partial state-by-state list of landline and wireless carriers authorized to provide Lifeline and Link-Up discounts under the Federal Universal Service Program.

<http://www.universalservice.org/li/low-income/lifelinesupport/default.aspx>

Contact your state's public utility commission or utility consumer advocate office for a more complete list of companies authorized to provide Lifeline and Link-Up discounts in your area. The following links provide access to those offices

Link to State Public Utility Commissions: <http://www.naruc.org/displaycommon.cfm?an=15>

Link to Certain State Utility Consumer Advocate Offices: <http://www.nasuca.org/about/membdir.php>

PUBLICIZING LIFELINE & LINK-UP DISCOUNTS TO ELIGIBLE HOUSEHOLDS IN YOUR COMMUNITY

To help publicize the availability of Lifeline and Link-Up support in your community, click on these links and print materials:

<http://www.fcc.gov/cgb/consumerfacts/universalservice.html>
<http://www.fcc.gov/cgb/consumerfacts/lllu.html>

OTHER QUESTIONS?

Further questions can be directed to the Federal Communications Commission, at 1-888-CALLFCC

Content taken from: <http://www.lifeline.gov/>

FREE TAX ASSISTANCE

The IRS Volunteer Income Tax Assistance (VITA) Program or the Tax Counseling for the Elderly (TCE) Program, offer free tax help for income-eligible individuals.

Trained community volunteers can help you with special credits, such as Earned Income Tax Credit (EITC), Child Tax Credit renters credit, and Credit for the Elderly for which you may qualify. In addition to free tax return preparation assistance, most sites also offer free electronic filing (e-filing). Individuals taking advantage of the e-file program will receive their refunds in half the time compared to returns filed on paper – even faster if you have your refund deposited directly into your bank account.



Items you need to bring to the VITA/TCE Sites to have your tax returns prepared:

- Proof of identification
- Social Security Cards for you, your spouse and dependents and/or a Social Security Number verification letter issued by the Social Security Administration
- Birth dates for you, your spouse and dependents on the tax return
- Current year's tax package if you received one
- Wage and earning statement(s) Form W-2, W-2G, 1099-R, from all employers
- Interest and dividend statements from banks (Forms 1099)
- A copy of last year's Federal and State returns if available
- Bank Routing Numbers and Account Numbers for Direct Deposit
- Total paid for day care provider and the day care provider's tax identifying number (the provider's Social Security Number or the provider's business Employer Identification Number)
- To file taxes electronically on a married filing joint tax return, both spouses must be present to sign the required forms.

the **Life Cycle** series

A series of informational publications designed to educate taxpayers about the tax impact of significant life events.

request for Publications

All of the following forms and publications are available electronically from the Internal Revenue Service at www.irs.gov.

For a free paper copy of any listed form or publication, please call 1-800-829-8776 (1-800-TAX-FORMS). For additional questions about these credits and benefits you can call 1-800-829-1040.

If you use TTY/TTD equipment, call 1-800-829-4089 to order forms and publications and to ask tax questions.

- Publication 967, Tax Highlights for Persons with Disabilities
- Publication 901, Exemptions, Standard Deduction, and Filing Information
- Publication 854, Business Expenses
- Publication 853, Taxable and Nontaxable Income
- Publication 852, Miscellaneous Deductions
- Publication 854, Credit for the Elderly or the Disabled
- Publication 852, Medical and Dental Expenses (Including Health Coverage Tax Credit)
- Form 8839, Qualified Adoption Expenses
- Publication 896, Earned Income Credit (EIC)
- Publication 895, Child and Dependent Care Expenses
- Form 8858, Disabled Access Credit
- Form 8889, General Business Credit
- Form 8884, Work Opportunity Credit
- Form 8880, Pre-Retirement Rollover and Certification Required for the Work Opportunity and Welfare-to-Work Credits

FREE TAX RETURN ASSISTANCE
Volunteer Income Tax Assistance (VITA) Sites offer free tax return preparation to individuals having low to moderate income. Call 1-800-829-1040 (TTY/TTD call 1-800-829-4089) for a VITA site near you.

IRS Department of the Treasury Publication 8889 (Rev. 12/2007)
Internal Revenue Service • Helping Taxpayers Succeed

living and working with Disabilities

Tax Benefits and Credits



This publication presents basic information about existing tax credits and benefits that may be available to qualifying taxpayers with disabilities, parents of children with disabilities, and businesses or other entities wishing to accommodate persons with disabilities.

More detailed information on these topics can be found in IRS Publication 907, *Tax Highlights for Persons with Disabilities*, and in the other publications cited below.

AS A PERSON WITH A DISABILITY, you may qualify for some of the following tax deductions, income exclusions, and credits. For more detailed information, please take a look at the IRS publications referenced.

Standard Deduction: If you are legally blind, you may be entitled to a higher standard deduction on your tax return.

See *IRS Publication 501*.

Gross Income: Certain disability-related payments may be excluded from gross income. These include compensatory damages for a physical injury or sickness; a permanent loss, or the loss of the use, of a part or function of your body; or a permanent disfigurement. Veterans Administration (VA) disability benefits and Supplemental Security Income (SSI) may also be excluded from your gross income.

See *IRS Publication 525*.

Impairment-Related Work Expenses: If you have a physical or mental disability that limits your ability to function as an employee, you may be able to deduct as a miscellaneous deduction some of your work expenses related to your impairment. Some examples would be an on-the-job attendant, a screen reader, or a sign language interpreter.

See *IRS Publication 529*.



Credit for the Elderly or Disabled: You may be entitled to the Credit for the Elderly or Disabled if you are

- 65 or older, or
- If you were under 65 at the end of the calendar year, - Permanently and totally disabled, and - You have not reached mandatory retirement age.

See *IRS Publication 524*.

Medical Expenditures: You may be able to deduct home improvements and additions that are added primarily for medical care. The cost of certain educational services and equipment as medical expenses are also allowable, as long as these expenses are made to alleviate your physical or mental condition. Examples of potentially qualifying improvements are the installation of ramps or an elevator; the extra costs for Braille books over regular printed editions; or amounts paid to purchase, train, and maintain a dog or other service animal for assisting blind, deaf, or physically disabled individuals.

See *IRS Publication 502*.

AS A PARENT OF A CHILD WITH A DISABILITY, you may qualify for some of the following tax exemptions, deductions, and credits. For more detailed information, please take a look at the IRS publications and forms referenced.

Dependents: You may be able to claim your totally and permanently disabled child as an exemption, regardless of age, even if your child received income for work performed at a sheltered workshop. In addition, if your disabled child received SSI, you may still be able to claim them as a dependent. For more information on when you qualify to claim your disabled child as a dependent, under these circumstances, see the IRS publication referenced.

See *IRS Publication 501*.

Adoption Credit: You may be able to claim a tax credit for expenses paid to adopt a child. The credit may increase if the expenses are for the adoption of a child with special needs.

See *IRS Form 8839*.

Medical Expenditures: Special schooling for a child with a physical or mental disability or one needing psychiatric treatment may be deductible as a medical expense. This includes special instruction or training such as lip-reading, sign language, speech instruction, or Braille. (See also "Medical Expenditures" in the first section of this publication.)

See *IRS Publication 502*.

Earned Income Tax Credit (EITC): The EITC is a refundable tax credit for working parents with low to moderate earnings. Those who qualify can reduce their federal tax liability, potentially receiving a refund. The age limitation rules that generally apply in determining a qualifying child for purposes of the EITC are waived if the child is permanently and totally disabled.

See *IRS Publication 596*.

Child or Dependent Care Credit: If you pay someone to care for your dependent child or other qualifying person so that you can work or look for work, you may be able to claim a credit for those expenses. The age limitation rules that generally apply in determining a qualifying person for purposes of this credit are waived if the person is physically or mentally unable to care for him or herself.

See *IRS Publication 503*.

AS A BUSINESS WISHING TO ACCOMMODATE PERSONS WITH DISABILITIES, you may qualify for some of the following tax credits and deductions. For more detailed information, please take a look at the IRS publications and forms referenced.

Disabled Access Credit: Under IRS Code Section 44, an eligible small business may be entitled to a tax credit for expenditures incurred to make a business accessible to individuals with disabilities. The credit is available every year and can include a variety of costs, such as sign language interpreters for retail employees or customers, the purchase of adaptive equipment, etc. When considering these tax incentives, please be aware of unscrupulous promoters that entice individuals and businesses to invest in false schemes involving these credits. For additional information on these schemes please visit www.irs.gov/businesses/small.

See *IRS Publication 535 and Form 8826*.

Architectural/Transportation Tax Deduction: Under IRS Code Section 150, all businesses may be able to take an annual deduction for expenses related to removing physical, structural, and transportation barriers for people with disabilities. Eligible small businesses may use the credit and deduction together, if the expenses incurred qualify.

See *IRS Publication 535*.

Work Opportunity Credit: This credit provides employers with an incentive to hire persons from certain populations having a particular employment need, such as Vocational Rehabilitation referrals.

See *IRS Form 5884, Form 3800, and Form 8850*.



Civic Organization

Around the globe, civic organizations are instrumental in addressing unmet social and/or medical needs. Some organizations will target donations for a specific disability such as assistance for people with speech impediments, vision services, or the deaf. Some provide scholarships to camps, scholarships for college and other opportunities. When you have exhausted options for finding equipment or resources, contacting your local civic organizations may be helpful.

Organization	Web Site
American Legion	http://www.legion.org/?content=post_locator/
Eagles	http://www.foe.org/
Elks	http://www.elks.org/
Goodwill/Easter Seals	http://www.easterseals.com/site/PageServer/
Kiwanis	http://www.kiwanis.org/
Knights of Columbus	http://www.kofc.org/
Lions Club International	http://www.lionsclubs.org/EN/index.shtml/
Masons	Check your local phone book
Moose	http://www.moosintl.org/
Optimist Club	http://www.oifoundation.org/
Rotary Club	http://www.rotary.org
Sertoma Club	http://www.sertoma.org/
Shriners (kids)	http://www.shrinershq.org/
Other Options Available Locally	
Churches	
Hospital/Rehabilitation Facilities	
Mosques	
Synagogues	
Temples	

