OKLAHOMA DISABILITY ETIQUETTE HANDBOOK
ADA & RESOURCES

GOVERNOR'S COMMITTEE ON EMPLOYMENT
OF PEOPLE WITH DISABILITIES

OFFICE OF DISABILITY CONCERNS
2401 NW 23RD, STE 90 (Shepherd Mall)
Oklahoma City, OK 73107-2423
(405) 521-3756 Voice
1-800-522-8224 Voice
(405) 522-6706 TDD
www.odc.ok.gov

Dear Oklahomans,

The OKLAHOMA DISABILITY ETIQUETTE HANDBOOK was developed in response to the need to educate employers about ways to relate to people with disabilities in the workplace after the passage of the 1990 Americans with Disabilities Act. It was first published in July of 1991 and was distributed at the Governor's Conference, IMPLEMENTING THE AMERICAN'S WITH DISABILITIES ACT IN OKLAHOMA, in October 1991. Second, third, fourth, fifth and sixth editions were published in 1993, 1996, 2001, 2003 and 2008.

While the original intent was to educate employers, this publication became very popular with college professors, social service providers in the public and private sectors, and many others. We are indeed proud that it has been a tool for facilitating change in attitudes and behaviors in a variety of settings. In the past seventeen years, the Office of Disability Concerns has distributed more than 75,000 copies.

International Symbol for Blindness

National Accessibility Symbol

International TDD Logo

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OKLAHOMA DISABILITY ETIQUETTE HANDBOOK

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Chapter 1 DISABILITY ETIQUETTE

DISABILITY ETIQUETTE

PEOPLE WITH DISABILITIES

People with disabilities prefer to be called **people with disabilities**.

People with disabilities are not conditions or diseases; they are individual human beings. (For example, an individual is not "an epileptic", but, rather, "a person who has epilepsy.") First and foremost, we are people; only secondarily do we have one or more disabling conditions. Hence, we prefer to be referred to, in print or in the broadcast media, as **people with disabilities**.

WRITING OR TALKING ABOUT PEOPLE WITH

DISABILITIES

ACCEPTABLE TERMS	UNACCEPTABLE TERMS
The person, persons with a disability	Cripple, crippled- the image conveyed is of a twisted deformed, useless body
Disability, a general term used for functional limitations that interfere with a person's ability, for example, to hear, walk, learn or lift. It may refer to a physical, mental or sensory condition.	Handicap, handicapped person, or handicapped when referring to a person. The terms Handicap or Handicapped are still appropriate when referring to a law or office that was set up using the words Handicap or Handicapped, as in "Handicapped Parking".
Person with cerebral palsy or person who has a spinal cord injury	Cerebral palsied, spinal cord injured, etc. **Never identify people solely by a disability**. " She's the blind lady or he's the man in the wheelchair".
Person who has had a spinal cord injury, polio or stroke, etc. or a person who has multiple sclerosis, muscular dystrophy or arthritis.	Victim of- people with disabilities do not like to be perceived as victims for the rest of their lives, long after any victimization has occurred.
Has a disability, has a condition of (spina bifida, etc.), or person born without legs, arms.	Defective, defect, deformed, vegetable- These words are offensive, dehumanizing, degrading and stigmatizing.
Deafness/hearing impairment. "Deafness" refers to a person who has a total loss of hearing. "Hearing impairment" refers to a person who has a partial loss of hearing within a range from slight to severe.	Deaf and dumb is as bad as it sounds. Inability to hear or to speak does not indicate less intelligence.

WRITING OR TALKING ABOUT PEOPLE WITH

DISABILITIES (continued)

ACCEPTABLE TERMS	UNACCEPTABLE TERMS
Person who has a mental illness or a psychiatric disability	Psycho, nut, crazy, loony, schizo, psychiatric, schizophrenic, manic.
Person who has a mental or developmental disability	Retarded, moron, imbecile, idiot—these terms are offensive to people who bear the label.
A person who uses a wheelchair or crutches; a wheelchair user, walks with crutches.	Confined/restricted to a wheelchair, wheelchair bound. Most people who use a wheelchair or mobility devices do not regard them as confining. They are viewed as liberating, a means of getting around and gaining independence.
Able-bodied, able to walk, see, hear, etc., people who are not disabled.	Healthy-when used to contrast with "disabled", "healthy" implies the person with a disability is unhealthy. Many people with disabilities have excellent health.
People who do not have a disability	Normal, when used as the opposite of "disabled", implies the person is abnormal. No one wants to be labeled as abnormal.
A person who has (name the disability)	Afflicted with/suffers from ____. Most people with disabilities don't regard themselves as afflicted or suffering continually.
A person who has multiple sclerosis (MS)	Afflicted: a disability is not an affliction. An affliction may have caused the disability

CONVERSATION ETIQUETTE

1. When talking to a person with a disability, look and speak directly to that person, rather than through a companion who may be along.

2. Relax. Don't be embarrassed if you happen to use accepted, common expressions, such as "See you later", "Got to be running along" that seems to relate to the person's disability.

3. To get the attention of a person with a hearing impairment, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, naturally and slowly to establish if the person can read lips. Not all persons with hearing impairments can lip read. Those who do will rely on facial expressions and other body language to help in understanding. Show consideration by placing yourself facing the light source. Keep hands, etc. away from your mouth when speaking. Keep mustaches well trimmed. Shouting won't help. Written notes may.

4. When talking with a person in a wheelchair for more than a few minutes, utilize a chair, whenever possible, in order to place yourself at the person's eye level to facilitate conversation.

5. 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 Penelope Potts." When conversing in a group, give a vocal cue by announcing the name of the person to whom you are speaking. Speak in a normal tone of voice, indicate in advance when you will be moving from one place to another, and let the person know when the conversation is ending.

6. Listen attentively when you are talking to a person who has a speech impairment. Keep your manner encouraging rather than correcting. Exercise patience rather than attempting to speak for a person with speech difficulty. When necessary, ask short 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, or incorporate interviewees' statements into questions. The person's reaction will clue you in and guide you to understanding.

> **6a.** If you have difficulty communicating, be willing to repeat or rephrase a question. Open-ended questions are more appropriate than closed ended questions.

CONVERSATION ETIQUETTE (continued)

Example:
Closed-ended question: You were a tax accountant at XYZ Company, in the corporate planning department for seven years. What did you do there? Open-ended question: Tell me about your recent position as a tax accountant.

7. Do not shout at a hearing impaired person. Shouting distorts the sounds accepted through hearing aids and inhibits lip reading. Do not shout at a person who is blind or visually impaired. He or she can hear you!

8. In order to facilitate conversation, be prepared to offer a visual cue to a hearing impaired person or a verbal cue to a visually impaired person, especially when more than one person is speaking.

RECEPTION ETIQUETTE

Know where accessible restrooms, drinking fountains and telephones are located. If such facilities are not available, be ready to offer alternatives (e.g., the private/employee restroom, a glass of water, your desk phone).

1. Use a normal tone of voice when extending a verbal welcome. Don't raise your voice unless requested.

2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands.

a. Shaking hands with the left hand is an acceptable greeting.

b. For those who cannot shake hands, touch the person on the shoulder or arm to welcome and acknowledge his presence.

3. Treat adults in a manner befitting adults:

a. Call a person by his or her first name only when extending that familiarity to all others present.

b. Never patronize people using wheelchairs by patting them on the head or shoulder.

RECEPTION ETIQUETTE (continued)

4. When addressing a person who uses a wheelchair, never lean on the person's wheelchair. The chair is part of the body space that belongs to the person who uses it.

5. When talking with a person who has a disability, look and speak directly to the person, rather than through a companion who may be along.

6. If an interpreter is present, speak to the person who scheduled the appointment, not to the interpreter. Always maintain eye contact with the applicant, not the interpreter.

7. Offer assistance in a dignified manner with sensitivity and respect. Be prepared to have the offer declined. Don't proceed to assist, if your offer is declined. If the offer is accepted, listen to, or ask for instructions.

a. Allow a person with a visual impairment to take your arm (at or about the elbow). This will enable you to guide rather than propel or lead the person.

b. Offer to hold or carry packages in a welcome manner. Example: "May I help you with your packages?"

c. When offering to hang a coat or umbrella, do not offer to hang a cane or crutches, unless the individual requests otherwise.

INTERACTING WITH A PERSON WHO USES A SERVICE ANIMAL

- ✓ Speak to the person not to the animal. Do not pet or distract the animal. If the animal has a harness on it is on duty.
- ✓ Touching or offering treats to the service animal could distract it from its work; ask for permission first. Don't feel offended if the person asks that you not touch or feed the animal. Whistling or other noises directed to the animal may be distracting.
- ✓ Avoid personal questions about the person's disability or what the animal does for them.
- ✓ If there is a complaint about an animal being present, explain that federal law protects the rights of people with disabilities accompanied by a service animal.
- ✓ It is acceptable to ask if the animal is a pet. A service animal is not a pet.

INTERACTING WITH A PERSON WHO USES A SERVICE ANIMAL (continued)

- ✓ If you don't like a service animal or you are afraid of the animal, it is appropriate to excuse yourself and move away from the animal.
- ✓ If the service animal's behavior is disruptive or destructive, the animal may be excluded from a facility at that particular time.

INTERVIEWING/SCHEDULING ETIQUETTE

Some interviewees with visual or mobility impairments will phone in prior to the appointment date, specifically for travel information. The scheduler should walk the travel path in order to provide interviewees with detailed directions.

1. Make sure the place where you plan to conduct the interview is accessible by checking the following:

a. Are there handicap parking spaces available and nearby?

b. Is there a ramp or step-free entrance?

c. Are there accessible restrooms?

d. If the interview is not on the first floor, does the building have an elevator?

e. Are there any water fountains and telephones at the proper height for a person in a wheelchair to use?

f. If an interview site is inaccessible (e.g., steps without a ramp or a building without an elevator), inform the person about the barrier, prior to the interview, and offer to make arrangements for an alternative site.

2. When scheduling interviews for persons with disabilities, consider their needs ahead of time.

a. When giving directions to a person in a wheelchair, consider distance, weather conditions, and physical obstacles, such as stairs, curbs and steep hills.

b. Use specifics such as, "left a hundred feet" or "right two yards" when directing a person with a visual impairment.

c. Be considerate of the additional travel time that may be required by a person with a disability.

INTERVIEWING/SCHEDULING ETIQUETTE (continued)

d. People with disabilities utilize a variety of transportation services when traveling to and from work. When scheduling an interview, be aware that the person may be required to make a reservation 24 hours in advance, and travel time. Provide the interviewee with an estimated time to schedule his or her return trip when arranging the interview appointment. Be familiar and give information of nearby bus routes and stops if bus service is available.

e. Familiarize the interviewee in advance with the names of all persons he will be meeting during his or her visit. This courtesy allows persons with disabilities to be aware of the names/faces he or she will be meeting.

People with disabilities expect EQUAL treatment, not SPECIAL treatment

Expect the same measures of punctuality and performance from people with disabilities, which are required by every potential or actual employee.

INTERVIEWING TECHNIQUES

1. Conduct interviews in a manner that emphasizes abilities, achievements and individual qualities.

2. Conduct your interview as you would with anyone. Be considerate without being patronizing.

3. When interviewing a person with a speech impediment, stifle any urge to complete a sentence for the interviewee.

4. If it appears that a person's disability inhibits performance of a job, ask: "How would you perform this job?"

Example:

Inappropriate:

"I notice that you are in a wheelchair, and I wonder how you get around. Tell me about your disability. "

Appropriate:

"This position requires digging and using a wheelbarrow, as you can see from the job description. Do you foresee any difficulty in performing the required tasks? If so, do you have any suggestions as to how those tasks could be performed?"

INTERVIEWING INDIVIDUALS USING MOBILITY AIDS

1. Enable people who use crutches, canes, or wheelchairs to keep them in reach.

2. Be aware that some wheelchair users may choose to transfer themselves out of their wheelchairs, into an office chair, for the duration of the interview.

3. Here again, when speaking to a person in a wheelchair or on crutches for more than a few minutes, sit in a chair. Place yourself at the person's eye level to facilitate conversation.

4. Allow people who use crutches, canes or wheelchairs to keep them within reach.

INTERVIEWING INDIVIDUALS WITH VISION IMPAIRMENTS

1. When greeting a person with a vision impairment, always identify yourself and introduce anyone else who might be present.

2. If the person does not extend a hand, (to shake hands) verbally extend a welcome. **Example: "<u>Welcome to the Department of Personnel</u>**."

3. When offering seating, place the person's hand on the back or arm of the seat. A verbal cue is helpful, as well.

4. Let the person know if you move or need to end the conversation.

INTERVIEWING INDIVIDUALS WITH SPEECH IMPAIRMENTS

1. Give your whole attention with interest when talking with a person who has a speech impairment.

2. Ask short questions that require short answers or nod of the head.

3. Do not pretend to understand if you do not. Try rephrasing what you wish to communicate, or ask the person to repeat what you don't understand.

4. Don't raise your voice. Most speech-impaired people can hear and understand.

INTERVIEWING INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING

1. If you need to attract the attention of a person who is deaf or hard of hearing, touch him slightly on the shoulder.

2. If the interviewee lip reads, look directly at him. Speak clearly at a normal pace. Do not exaggerate your lip movements or shout. Speak expressively because the person will rely on your facial expressions, gestures and body language to understand you. Maintain eye contact **(Note: It is estimated that only four out of 10 spoken words are visible on the lips).**

3. Place yourself facing the light source and keep your hands, cigarettes and food away from your mouth when speaking.

4. Shouting does not help and can be detrimental. Only raise your voice when requested. Brief, concise written notes may be helpful.

5. In the United States, most people use American Sign Language (ASL). ASL is not a universal language. ASL is a language with its own syntax and grammatical structure. When scheduling an interpreter for a non-English speaking person, be certain to retain an interpreter who speaks and interprets in the language of that person.

6. If an interpreter is present, it is commonplace for the interpreter to be seated beside the interviewer, across from the interviewee.

7. Interpreters facilitate communication. They should not be consulted or regarded as a reference for the interviewee. By law, interpreters must sign everything spoken to a person with a hearing impairment. Questions or statements shouldn't be prefaced by statements such as, "Tell him this" or "Ask her if".

7a. Many people who know sign language are neither skilled enough nor trained to function as an interpreter. For this reason, co-workers who may happen to know some sign language should not be asked to act as an interpreter. Interpreters are professional people who render a professional service and who endorse a strict code of ethics.

INTERVIEWING INDIVIDUALS WITH MENTAL ILLNESS

1. Use clear, simple communication. Speak directly to the person; don't speak through a companion or service provider.

2. Always use the same good manners in interacting with a person with a psychiatric disability that you would use when meeting any other person. Shaking hands is an universal greeting.

3. Make eye contact and be aware of your body language. Maintain a relaxed posture.

4. Listen attentively. Give verbal feedback that implies understanding.

5. Treat adults as adults. Don't patronize, condescend or make assumptions about their preferences.

6. Focus on the job you need to fill and what you expect. Give the person an opportunity to inform you of previous work experience, volunteer work or other activities.

7. RELAX! It's very important that you be yourself.

INTERVIEWING AN INDIVIDUAL WHO HAS A SERVICE ANIMAL

1. Allow the individual to place the service animal comfortably before beginning the interview.

2. Focus on the person's abilities, achievements and qualities, not the service animal.

3. If it appears that the service animal's presence would inhibit performance of the job:

Inappropriate:

"I see you have a service dog, and I wonder what you'll do with him when...."

Appropriate:

"As you can see from the job description, this position requires.... Do you foresee any difficulty performing the required tasks? If so, do you have suggestions on how we may accommodate you?"

Chapter 2 AMERICANS WITH DISABILITIES ACT

AMERICANS WITH DISABILITIES ACT

The American with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities that are similar to those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications.

Persons with disabilities, who are 20% of the population, are our nation's largest growing minority. As the population ages, approximately 40% of those over 65 will have a disability. According to the Census Bureau's 1997 edition of Current Population Reports, there are 54 million Americans with disabilities. The US Census Bureau estimates that one out of every two people in our country will have a disability in 20 years.

The Americans with Disabilities Act was signed into law on July 26, 1990. The purpose of the Act is to:

- ✓ Provide a clear and comprehensive national mandate to end discrimination against people with disabilities:
- ✓ Provide enforceable standards addressing discrimination against individuals with disabilities;
- ✓ Ensure that the federal government plays a central role in enforcing these standards on behalf of individuals with disabilities.

The term **disability** is defined as a physical or mental impairment that substantially limits one or more of a person's major life activities. (Major life activities are walking, talking, speaking, seeing, hearing, working, learning, thinking, caring for oneself and breathing). The Act covers someone who has a **record** of such impairment, or is **regarded** as having such an impairment. This is the same definition that's used in Sections 503 and 504 of the Rehabilitation Act and the Fair Housing Amendments.

WHO IS PROTECTED UNDER THE ADA?

The first critical question is defining who is protected by the Americans with Disabilities Act? The obvious answer would be, of course, people with disabilities. This is a phrase that must be interpreted on a case-by-case basis. Two important questions to ask: Does this disability substantially limit one or more **major life activities**? Is this disability expected to be long term? If the answer to both questions is "yes," this person is probably protected under the ADA. Does this person have a record of a disability? (A heart condition that was corrected by open heart surgery, kidney failure that required a transplant, for example). Is the person **regarded** as a person with a disability?

A person is considered disabled if he or she fits within any one of these categories.

- ✓ Has a physical or mental impairment that substantially limits one or more of the major life activities; **walking, talking, seeing, hearing, breathing, speaking, learning, working, or caring for oneself**.

- ✓ Has a **record** of such an impairment

- ✓ Is **regarded** as having such an impairment.

A "physical or mental impairment" under the act includes:

- ✓ Any physiological disorder or condition, cosmetic disfigurement or anatomical loss; or

- ✓ Any mental or psychological disorder.

This covers a wide range of conditions. Among the many conditions likely to be considered examples of physical or mental impairments are the following: orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, AIDS or HIV, cancer, heart disease, diabetes, mental retardation, emotional illness, psychiatric disabilities and specific learning disabilities such as dyslexia.

NOTE: Not all physical or mental impairments constitute a disability under the law. A transient injury, such as a broken arm, generally, does not constitute a disability. A person who has a knee injury and experiences no limitations in normal walking, but does experience problems if he walks a distance of ten miles may not suffer from a substantial limitation.

An individual's impairment should be assessed without considering mitigating measures; a person with a severe hearing loss is "substantially impaired" even if he or she wears a hearing aid.

TITLE I EMPLOYMENT

- Employers with 15 or more employees may not discriminate against qualified individuals with disabilities after July 26,1994. For the first two years after July 26, 1992, the date when the employment provisions of the ADA went into effect, only employers with 25 or more employees were covered.

- Employers must reasonably accommodate the disabilities of qualified applicants or employees, unless an undue hardship would result.

- Employers may reject applicants or fire employees who pose a direct threat to the health and safety of other individuals in the workplace.

- Applicants and employees are not protected from personnel actions based on their current illegal use of drugs. Drug testing is not affected.

- Employers may not discriminate against a qualified applicant or employee. They may not discriminate against other employees because of a known disability of an individual with whom the applicant or employee is known to have a relationship or association.

WHAT THE LAW PROHIBITS

General rule

An employer may not discriminate against a qualified individual with a disability in any of the following ways;

- Job application procedures;
- Hiring or discharge;
- Compensation;
- Job training;
- Advancement; and
- Other terms, conditions, and privileges of employment.

WHAT THE LAW PROHIBITS (continued)

The prohibition encompasses virtually every aspect of the employment relationship including:

- Recruiting, advertising, and the processing of applications for employment;
- Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return for payoff and hiring;
- Rates of pay or any other form of compensation and changes in compensation;
- Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists;
- Leaves of absence, sick leave or any other leave;
- Fringe benefits available by virtue of employment, whether or not administered by the employer;
- Selection and financial support for training, including apprenticeships, professional meetings, conferences and other related activities, and selection for leave of absence to pursue training; and
- Employer sponsored activities, including social or recreational programs.

APPLICATION OF THE GENERAL RULE 1

The ADA precludes an employer from discriminating against a "qualified individual with a disability" who can perform the **essential functions of the job**. To comply with these rules, the employer must determine the **essential functions of the job**;

The term **essential functions mean** the fundamental job duties of the employment position the individual with a disability holds or desires. The term does not include the marginal functions of the position.

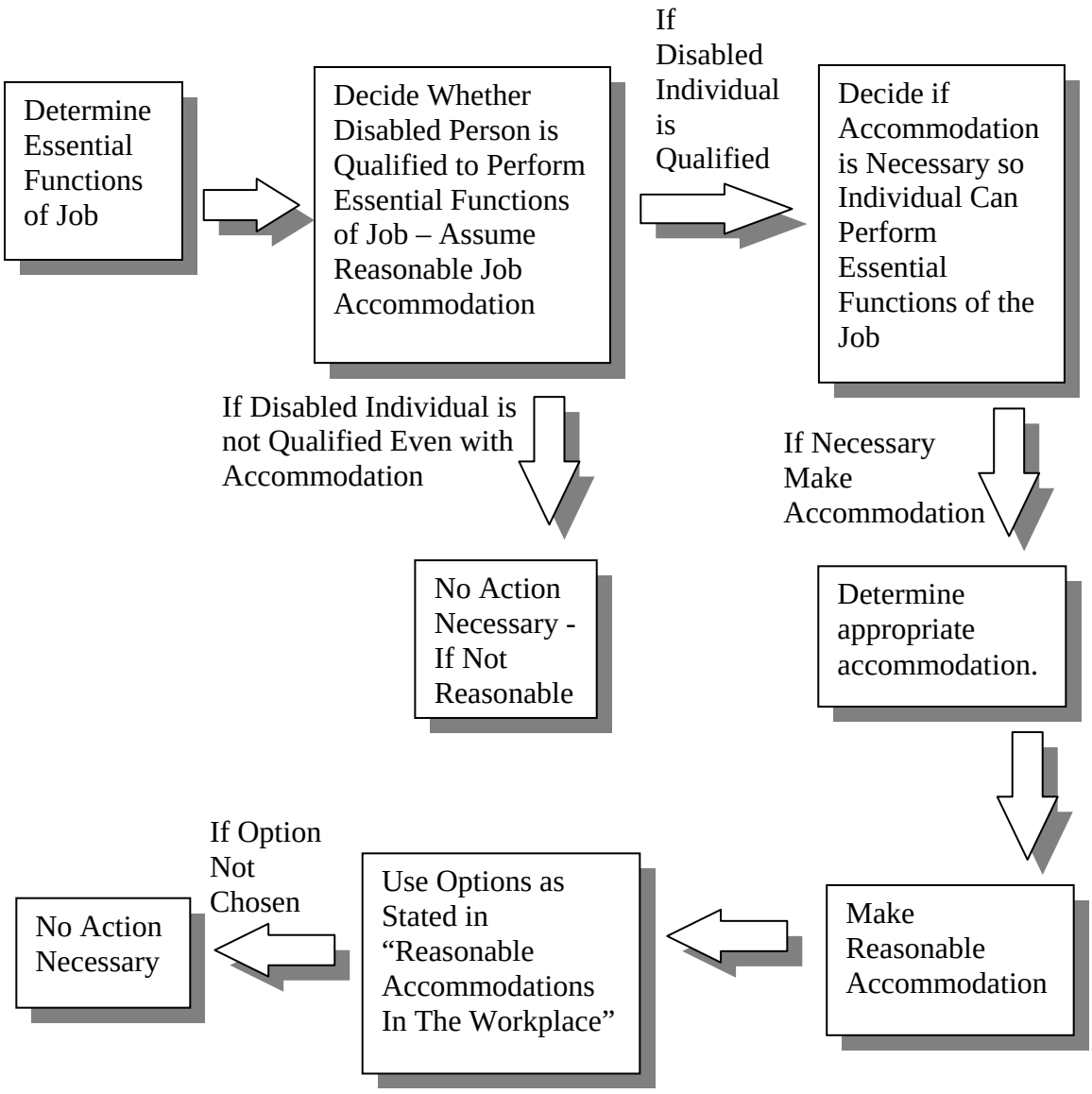
A job function may be considered essential for any of several reasons, including but not limited to the following:

- The job function may be essential because the reason the position exists is to perform the function (ex; telephone operator, an information specialist, a registered nurse);

- The function may be essential because of the limited number of employees available among whom the performance of that job function can be distributed (ex; preparing large bulk mailings, filing, answering the telephone);

- The function may be highly specialized so that the incumbent in that position is hired for his or her expertise or ability to perform the particular function(ex; CNC operator, dental laboratory technician, computer programmer);

To determine the essential functions, a job analysis that begins with the job, and not the person is helpful.



REASONABLE ACCOMMODATIONS IN THE WORKPLACE

Reasonable accommodations enhance the opportunity for qualified persons with disabilities who may not otherwise be considered for reasons unrelated to actual job requirements, to be/remain employed. The purpose of providing **reasonable accommodations** is to enable employers to hire or retain qualified job applicants, regardless of their disability, by eliminating barriers in the workplace.

According to the **Department of Justice Government-wide Regulations Section 41.53 entitled Reasonable Accommodations,** " A recipient will make reasonable accommodations to the known physical or mental limitations of an otherwise qualified handicapped applicant or employee unless the recipient can demonstrate that the accommodation would impose an undue hardship on the operation of its program."

Inquiries made of an individual about limitations in job performance must be directly related to the prospective or existing position. Accommodations are tailored for a certain job or situation that an individual is hired to perform. **The law requires that each person with a disability must be consulted prior to the planning and must be involved in the implementation.**

Types of accommodations include **assistive devices, reassignment, modified work schedules, job modification, relocation, or a change in the physical plant**. Examples of assistive devices often used in the work place include; **Telecommunication Device for the Deaf (TDD) or telephone amplifiers are often used by person with hearing impairments, wooden block to elevate desks and tables for wheelchair users, and large-type computer terminals and Braille printers to assist persons with visual impairments.**

Decisions to implement an accommodation should include making a choice that will meet the needs of the individual by minimizing limitations and enhancing one's ability to perform job tasks, while serving the interest of your majority work force.

If an accommodation is considered unreasonable by an employer, there are several options available: **(1)** Contact the Oklahoma Department of Rehabilitation Services for assistance in purchasing equipment or making modifications for their clients; **(2)** Contact the Independent Living Center for your community and seek their assistance; **(3)** Develop a proposal for shared responsibility by the employee, employer, community resource, and vocational rehabilitation; **(4)** Contact the Job Accommodation Network for referrals to possible private resources; **(5)** Contact the National Support Center for Persons with Disabilities for discounts on products. **(See Resources, Part III for phone numbers for the above mentioned entities).**

REASONABLE ACCOMMODATIONS IN THE WORKPLACE (continued)

EMPLOYERS have an obligation to let their employees know about their right to a **reasonable accommodation**. The **EMPLOYEE** has the right and responsibility to ask for an accommodation at any time during employment. The **EMPLOYEE** should be consulted about what type of accommodation is needed. The **EMPLOYER** has an obligation to monitor the accommodation to see if the person's job duties or disabilities have changed.

PERSONAL ASSISTANCE SERVICES IN THE WORKPLACE

Personal Assistance Services (PAS) can be defined as **people or devices** that assist a person with a physical, sensory, mental, or cognitive disability with tasks that the person would perform for himself or herself if he or she did not have a disability.

Work-related PAS might include filing, retrieving work materials that are out of reach, or providing travel assistance for an employee with a mobility impairment; helping an employee with a cognitive disability with planning or decision making; reading hand written mail to an employee with a visual impairment; or ensuring that a sign language interpreter is present during staff meetings to accommodate an employee with a hearing impairment. Each person with a disability has different needs and may require a unique combination of PAS.

SERVICE ANIMALS IN THE WORKPLACE

People who use **service animals** should be considered individually for employment based on their qualifications and abilities, not on the basis of being accompanied by a service animal.

Education of the workforce is critical. Employers and co-workers may be apprehensive about the presence of a service animal. Some concerns may be: the animal may be disruptive to other workers and clients; that the animal is allowed in dining areas; some co-workers may have fear of, or allergies to some animals; that the animal will be unclean or will misbehave.

SERVICE ANIMALS IN THE WORKPLACE (continued)

Employers need to accommodate the animal and employee by:

- ✓ Designating "bathroom" areas outside for service animal.
- ✓ Allowing breaks with opportunities to walk animal.
- ✓ Educating employees about service animals and etiquette.
- ✓ In some settings, the animal will be working for the person as the person works.
- ✓ In other settings, the animal may not be working for long periods of time.

DISABILITIES IN THE WORKPLACE
SOME ARE VISIBLE; SOME ARE NOT

Take a look at some of the non-apparent or invisible disabilities covered under the ADA. What the disability or disease is, some characteristics of the disease or disability, workplace implications, and possible accommodations.

ARTHRITIS

WHAT IT IS

Arthritis is a term that refers to more than **100** separate rheumatic diseases which cause aching and pain in joints and connective tissues. Many of these diseases also involve other parts of the body such as the skin and internal organs. Common types of arthritis are osteoarthritis, rheumatoid arthritis, gout, systemic lupus erythematosus (SLE) and ankylosing spondylitis.

ARTHRITIS (continued)

Arthritis warning signs are:
Swelling in one or more joints
Early morning stiffness
Recurring pain or tenderness in any joint
Inability to move a joint normally
Obvious redness and warmth in a joint
Unexplained weight loss, fever or weakness combined with joint pain
Symptoms like these persisting for more than two weeks

CHARACTERISTICS
No two people are affected by arthritis in exactly the same way. More than 30 million people in the United States have arthritis. It affects more people than any other chronic disease. People of all ages and backgrounds can develop arthritis, including infants.

WORKPLACE IMPLICATIONS
A person's ability to work depends more on the type of work being done than the severity of the person's arthritis. Often, relatively minor changes in the work environment enable an employee with arthritis to continue working. One-difficulty employees with arthritis face are the unpredictable nature of the disease. Symptoms come and go and may require special understanding by the employer. Diseases such as arthritis, which have symptoms that vary from time to time, can impose special pressures, both physical and psychological, on the affected employee.

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)
A new chair, a desk of the correct height, shop tools placed at a more convenient level may suffice to reduce strain and fatigue and to accommodate limited motion, transfer to a different job more suited to the employees abilities, use of a speaker phone, use of a dictaphone, voice mail in lieu of written memos, reduction in required travel, allowing rest periods during working hours occasionally.

ASTHMA

WHAT IT IS

Asthma is a lung disease that causes breathing problems for nearly 10 million Americans. These problems usually occur in "episodes" also called "attacks." Asthma is usually a chronic problem - that is, people who have asthma live with it everyday, often for their entire life.

CHARACTERISTICS

Asthma is serious and can be life threatening if not properly managed. However, with proper management most people with asthma can live normal, productive lives.
Signs of asthma may include a chronic cough, at rest or after exercise, shortness of breath, wheezing and/or tightness in the chest.

WORKPLACE IMPLICATIONS

Asthma "attack" typically occurs when an allergen or irritant affects the lungs. Everyday life is filled with allergens and other precipitating factors, such as stress that can trigger an asthma "attack." Occupational (on the job) exposure to such things as dust, chemicals, paint fumes, cleansers, fragrances as in soaps, perfumes, furniture polish, air fresheners, etc., pollen, mold, inks and dyes can cause serious problems.

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)

Smoke free environments, air cleaners for office space, air conditioning versus raised windows, provision of masks when exposed to fumes, inks, dust or dyes.

DIABETES

WHAT IT IS

Diabetes mellitus is a chronic disease that causes elevated glucose (sugar) levels in the blood. Glucose, which is formed when food is digested, is the main fuel human beings use for energy. The use of glucose in the body is controlled by insulin, a hormone produced in the pancreas. Normally, the insulin produced by the body allows glucose to be used immediately by various cells or to be stored for later use.

People with diabetes have a problem with insulin. In some people the pancreas does not make insulin. In other people the pancreas makes insulin but the body's cells can't use it effectively. The glucose that doesn't go into the cells collects in the blood stream. High blood glucose (sugar) is thought to cause serious damage to all organs of the body including the eyes, kidneys, and blood vessels.

DIABETES (continued)

There are two types of diabetes:

- ✓ **Type I** formerly called juvenile-onset diabetes, which occurs most often in children and young adults and requires daily insulin injections.
- ✓ **Type II** formerly called adult-onset diabetes occurs most often in persons over 40 years of age. Type II diabetes can often be controlled through diet and exercise.

CHARACTERISTICS

According to the Federal government, about 6% of the U.S. population has diabetes - 14 million Americans. More than 7 million are undiagnosed and don't know they have diabetes. A family history of diabetes is an important factor in the development of Type II diabetes. There is also a strong link to obesity and inactivity.

WARNING SIGNS ARE:

Type I	Type II
Frequent urination	Same as Type I warning signs
Excessive thirst	Blurred vision or any changes in eyesight
Extreme hunger	Tingling or numbness in legs, feet or fingers
Sudden weight loss	Slow healing of cuts, especially on the feet
Weakness and fatigue	Frequent skin infections or irritability itchy skin
Nausea	Drowsiness
Vomiting	

WORKPLACE IMPLICATIONS

Living with diabetes takes diligence and self-discipline. A conscientious person does not allow diabetes to be a liability in either work or play. Such self-discipline could develop personal characteristics that would be desirable in the workplace. Individuals with diabetes are capable of doing all kinds of work, including heavy manual labor.

Individuals who have diabetes should be considered individually for employment, weighing such factors as the requirements or hazards of specific jobs, and the individual's medical condition and treatment regimen (diet, oral medication or insulin injections).

DIABETES (continued)

Any person with diabetes, whether insulin dependent or non-insulin dependent should be eligible for any position for which he or she is otherwise qualified.

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)
Allow more breaks with opportunities to walk around, as needed, allow food other than at break times, try to reduce stress in stressful positions, flexible dress code to allow comfortable shoes, provide small heater at desk in winter if cold feet is a problem, provide appropriate lighting if vision is affected.

HIV/AIDS

WHAT IT IS

AIDS - Acquired Immuno Deficiency Syndrome - is a fatal disease that breaks down the body's immune system. It destroys the body's ability to fight infection and illness. AIDS is caused by a virus called the Human Immunodeficiency Virus (HIV). By preventing the HIV infection, you can prevent AIDS. There is no cure for AIDS and no vaccine to prevent HIV infection. Although transmission of the AIDS virus occurs mainly through direct sexual contact, needle sharing, or infected blood transfusion, much fear and misunderstanding has developed surrounding this illness. In the absence of a cure for AIDS, **PREVENTION**, through **EDUCATION**, is the strongest current defense against HIV/AIDS.

CHARACTERISTICS
When the immune system is damaged, the body is defenseless against many, otherwise rare, infections and cancers. The two most common diseases associated with HIV/AIDS are Kaposi's Sarcoma, an unusual form of cancer and Pneumocystis carinii, an uncommon infection of the lungs.

There is no one sign or symptom for AIDS. Many of the symptoms of AIDS are also the symptoms for other illnesses. The following are signs and symptoms of the infections and cancers that strike the defenseless body.

HIV/AIDS (continued)

These symptoms do not definitely indicate a person has AIDS. They may indicate that the person needs to see a physician who is familiar with AIDS.

- ✓ Repeated episodes of fever or sweating at night, not associated with the flu or a cold.
- ✓ Swollen lymph nodes in the neck, armpits, and groin lasting more than two months.
- ✓ Always very tired, not relieved by rest and not caused by work, exercise or drug use.
- ✓ Weight loss of more than 20% of body weight during a period of less than two months, which is not related to diet or exercise.
- ✓ Diarrhea that lasts a long time without any explanation.
- ✓ White coating or spots on the tongue or throat; may be accompanied by soreness or burning with difficulty in swallowing.
- ✓ Blurred vision, persistent and severe headaches.
- ✓ Skin rashes or discolorations that do not go away and are not pimples or insect bites.
- ✓ Bleeding or bruises that don't go away.
- ✓ Persistent dry cough not due to smoking, a cold or the flu.

WORKPLACE IMPLICATIONS

One in 250 Americans is currently infected with HIV. The rate of infection is increasing among women, minorities and youth---tomorrow's workforce. Under the ADA an employer may not refuse to hire qualified employees because they have or might have HIV infection or AIDS, and must make reasonable accommodations that allow such employees to continue to work.

Employers must educate their workforce to ensure employees with AIDS are treated with dignity and respect the same as other employees.

HIV/AIDS (continued)

WORKPLACE IMPLICATIONS

Employees need to be reassured that AIDS **CANNOT** be spread by:

- ✓ Toilet seats & bathtubs
- ✓ Non-sexual physical contact, such as a handshake
- ✓ Touching dishes, clothes, tools
- ✓ Eating food prepared by a person with AIDS
- ✓ Being near a person with AIDS

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)

Accommodations may include, but are not limited to, flexible or part-time work schedules, leave of absence, work restructuring, job reassignment or job modification, supervision by a manager that is sensitive to the individual's special needs and demonstrates personal support - this may involve a transfer to a different manager.

LEARNING DISABILITY

WHAT IT IS

The term "learning disability" (LD) has been used to describe a variety of problems in acquiring, storing and/or retrieving information. According to the U.S. Department of Education, a learning disability is a disorder in one or more of the basic processes involved in understanding or using spoken or written language in the presence of normal or above average intelligence. A learning disability is not mental retardation or an emotional problem. People with learning disabilities have perceptual problems - trouble taking information in through their senses and/or processing that information for the performance of perceptual-motor tasks. Some learning disabled adults have problems primarily with visual processing, many LD adults have Apraxia, where the brain has trouble telling the body what to do. Others have problems with directionality, telling left from right and learning how to get to a new place.

CHARACTERISTICS

Persons with learning disabilities may have dyslexia (inability to read due to the way the brain processes information - not illiteracy from lack of proper education or from having a low IQ), dyscalculia (inability to do mathematics) dysgraphia (inability to write) and dysphasis (impairment of the ability to speak or sometimes to understand language).

LEARNING DISABILITY (continued)

There are also difficulties with figure, ground perception (picking out an object from a background of competing objects) i.e.: finding an item left on a patchwork quilt, visual discrimination (seeing the difference in objects) and visual spatial perception (seeing things in the right order).

The visual difficulties have analogous hearing problems: Auditory figure ground perception (hearing one sound against a background noise). Auditory discrimination (differentiating between similar sounds like 19 and 90) and auditory sequencing (hearing sounds in the correct order).

WORKPLACE IMPLICATIONS

Adults with learning disabilities have difficulty finding and keeping jobs. Adults with learning disabilities face prejudice in getting hired and their disability makes many types of work hard for them. Perceptual problems have several undesirable effects on the person's work inefficiency requiring longer to complete a task; making errors, accident proneness, difficulty with basic skills, trouble learning sequence of tasks. However, in the right environment, with acceptance of the disability and given the opportunity to shine in their strong areas and supported in the weak areas, adults with learning disabilities can and do make good employees.

POSSIBLE ACCOMMODATIONS (see reasonable accommodation)

Being allowed to dictate information to be placed in clients or patient's charts or other records. Provided flow charts for remembering sequences of tasks until the pattern is memorized. Delivery driver should be given more time with an experienced driver to learn the route. May need instructions in writing in short, direct statements. May be relieved of the responsibility for taking phone messages if this is difficult.

EPILEPSY

WHAT IT IS

Epilepsy is a condition in which the brain cells undergo abnormal electrical activity, causing disturbances in the nervous system. An epileptic seizure occurs when there is an excessive discharge of electrical impulses from the nerve cells. Epilepsy is not a single disease or condition. It is a neurological disorder. It is not contagious. It often develops in people whose families have no history of epilepsy although; children of individuals with epilepsy are thought to have a greater chance of developing this condition.

Epilepsy affects more than two million people in the United States. Fortunately, most epilepsy in America is mild and 80% of those with epilepsy are able to work and 2/3 of those have no seizures at all. Proper medication can, in many instances, prevent seizures.

EPILEPSY (continued)

CHARACTERISTICS

Epileptic seizures have been grouped by type - **Generalized Tonic Clonic** (Grand Mal), **Complex Partial, Absence Seizures** (previously called petit mal seizures). Seizures can vary from a complete black-out to a momentary lapse. It doesn't last long, seconds rather than minutes. Sometimes it can come without warning. More often, a person gets a certain feeling that a seizure is on the way. The person may experience some post-seizure confusion - fatigued, dazed, no memory or incomplete memory of the seizure event, may not know where he or she is or what happened. This confusion is generally of short duration. Confusion slowly resolves and communication improves as normal brain function returns.

WORKPLACE IMPLICATIONS

Unemployment and underemployment are among the most serious social problems of individuals with epilepsy. The lack of a driver's license can be a significant barrier to employment. **In Oklahoma a person must be seizure-free for 2 years before a license can be issued or re-issued**. Employers have long been apprehensive about hiring people with epilepsy. The most common fears are: **(1)** The person will injure himself or others on the job when having a seizure; **(2)** Worker's Compensation and accident insurance rates will go up; **(3)** Workers with epilepsy may need to take off a great deal to see a doctor; **(4)** Seizures may prevent workers from being as productive as other employees; **(5)** A seizure on the job may be disruptive and disconcerting to other workers.

The facts are far removed from the fears. People with epilepsy had a slightly better safety record than other workers according to a U.S. Department of Labor study. Studies also show that workers with epilepsy do not take more time off work than others. Studies show no difference in productivity. Remember that accident insurance rates are not based on who is hired, they are based on the actual accident experience of the company and of other similar companies in the area. So, rates do not go up when people with epilepsy are hired. Public opinion polls show that the public is accepting of epilepsy and fellow workers would not be disrupted or insensitive to a fellow employee who has epilepsy or who experiences a seizure at work.

EPILEPSY (continued)

Education of the workforce is critical. Fellow employees need to know some basic Do's and Don't's in case a co-worker has a seizure. For example:

DO'S	DON'TS
Do protect the person from nearby hazards	Don't put anything in the mouth.
Do loosen ties, shirt or collar.	Don't try to hold on to the tongue, it can't be swallowed.
Do protect the head from injury.	Don't try to give liquid medication during or just after a seizure.
Do turn on one side to keep airways clear and to prevent choking.	Don't try to prevent jerking motions or restrain in any way.
Do speak calmly and reassuringly to the individual and others.	Don't raise your voice or appear threatening.
Do stay with the person until he/she is fully re- oriented or is in the care of a family member or other responsible person.	
Do seek medical help if the seizure lasts more than 5 minutes or if another seizure begins shortly after it ends.	

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)
Certainly the type of seizure a person experiences should be a factor in determining an accommodation - job restructuring, modified work schedule that allows for flexibility to meet the person's needs, supervision by an individual that understands the disorder and sets a tone among co-workers of acceptance and support.

MENTAL ILLNESS/PSYCHIATRIC DISABILITIES

WHAT IT IS

Mental illness is a term used for a group of disorders causing severe disturbances in thinking, feeling, and relating. They result in substantially diminished capacity for coping with the ordinary demands of life. Mental illness can affect persons of any age - children, adolescents, adults and the elderly - and they can occur in any family. Patients with mental illness occupy more hospital beds than do persons with any other illness. Those with mental illnesses are usually of average or above average intelligence although they may have difficulty performing at that level due to their illness.

Schizophrenia is one of the most serious and disabling psychiatric disabilities. It affects approximately one person in a hundred. Its onset is usually in late teens or early twenties.

MENTAL ILLNESS/PSYCHIATRIC DISABILITIES (continued)

People with schizophrenia usually have several of the following symptoms:

- ✓ Disconnected and confused language
- ✓ Poor reasoning, memory and judgment
- ✓ High level of anxiety
- ✓ Eating and sleeping disorder
- ✓ Hallucinations, hearing and seeing things that exist only in the mind of the person
- ✓ Delusions, persistent false beliefs about something (e.g. that others are controlling their thoughts)
- ✓ Deterioration of appearance & personal hygiene
- ✓ Loss of motivation
- ✓ Poor concentration
- ✓ Tendencies to withdraw from others

There are many myths about schizophrenia. People with schizophrenia don't have a "split personality" and are not prone to criminal violence. The illness is not evidence of weak character. Schizophrenia is due to a **biochemical** disturbance in the brain.

The **affective disorders** are the most common of psychiatric disorders. They are less persistently disabling than schizophrenia. The primary disturbance in these disorders is that of affect or mood. These mood disorders may be manic-depressive illness **bi-polar** in which the person swings between extreme high and low mood, or they may be **uni-polar** in which the person is persistently severely depressed. About 6% of the population has an affective disorder - a major cause of suicide.

Persons who have a bi-polar illness usually exhibit several of these characteristics: boundless energy, enthusiasm and need for activity, decreased need for sleep, grandiose ideas & poor judgment, rapid, loud, disorganized speech, impulsive and erratic behavior, short temper, argumentative, possible delusional thinking, and rapid switch to depression.

Persons experiencing severe depression (or the depressive phase of bi-polar disorder) may exhibit several of these characteristics: difficulty in sleeping, loss of appetite, loss of interest in daily activities, feeling of worthlessness, guilt & hopelessness, feelings of despondence or sadness, inability to concentrate, suicidal thoughts and even actions.

Anxiety disorders, when severe, may also be considered a mental illness. Other conditions such as personality disorders, behavioral disorders and the abuse of alcohol and drugs may be so disabling to be considered a mental illness.

MENTAL ILLNESS/PSYCHIATRIC DISABILITIES (continued)

WORKPLACE IMPLICATIONS

"The two factors that will most likely limit employment opportunities for people with mental disabilities are the pervasive stigma associated with mental illness and the lack of information about how to provide reasonable accommodations" says Veronica Vaccaro, Manager Mental Health Promotion, Washington Business Group on Health.

Stigma is the issue that is the greatest barrier to full, open employment of people with mental illness. Some of the stigma is based on incorrect, outdated information. The fear of people with mental illness is very pervasive and causes much anxiety for employers.

People who have been treated for or who may be in treatment for a mental illness have skills, experiences and abilities that are not affected by their illness. They should be treated as employees and not as patients.

Some important points to keep in mind when thinking in general terms about prospective or current employees with a mental illness: each person is different; each is an individual with his/her own personality, background, skills, abilities and experiences. There are the energetic, outgoing, the quiet and the reserved; there are the hard-driving and ambitious and the placid plodders; there are those who are happiest left alone at the lathe or ledger and those who are at their best when dealing with people.

The National Task Force on Rehabilitation and Employment of People with Psychiatric Disabilities in their document that presents a year 2000 vision for vocational rehabilitation for person with disabilities states:

- ✓ A person's ability to function in one environment (e.g. a clinical program or a social setting) is not necessarily predictive of that person's ability to function in a work setting.
- ✓ Persons with psychiatric disabilities, especially those with a prior work history, benefit from rapid entry into competitive employment.
- ✓ Successful vocational outcomes are more likely to occur when work opportunities for people with psychiatric disabilities are compatible with their skills and aspirations.

Psycho social rehabilitation research demonstrates that while complete generalizations can not be made, there are **functional limitations** that appear to be common for people with mental disabilities. These limitations include difficulties with interpersonal skills, focusing on multiple tasks simultaneously, and duration of concentration.

MENTAL ILLNESS/PSYCHIATRIC DISABILITIES (continued)

WORKPLACE IMPLICATIONS

These factors should be taken into consideration when making decisions about reasonable accommodations.

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)

Accommodations for people with mental disabilities may involve ongoing supervision and job flexibility rather than a one-time action such as purchasing special equipment or making architectural changes.

Other accommodations to consider:

- ✓ Providing extra-unpaid leave for short term medical or psychiatric treatment.
- ✓ Offering an employee a private work-space to eliminate the stress of working with large numbers of people, or arranging for an employee to work off-site, such as at home.
- ✓ Providing job coaches or other individualized on-the-job assistance.
- ✓ Changing an employee's supervisor if another would be more patient and flexible.
- ✓ Educating co-workers to improve their attitudes toward people with psychiatric disabilities.
- ✓ Utilize job sharing and other part-time arrangements.
- ✓ Put work requests in writing for a worker who becomes confused when given verbal instructions.
- ✓ Train supervisors to give positive feedback along with criticism of performance.
- ✓ Designate a peer to serve as a mentor and/or advocate at the workplace through regularly scheduled support or as needed.
- ✓ Provide individualized orientation or on-the-job training for a worker who has the requisite education and work experience, but has difficulty learning new material due to anxiety or a learning disability.,

MULTIPLE SCLEROSIS

WHAT IT IS

Multiple Sclerosis is a neurological disease. Its cause has not yet been discovered. It is a chronic central nervous system condition in which the nerve fibers of the brain and spinal cord are damaged. A fatty substance called myelin protects the nerve fibers and enables smooth transmission of neurological impulses between the central nervous system and the rest of the body. If inflammation damages or destroys the myelin, it may heal with no loss of function. Where the myelin has been destroyed, it is replaced with hardened tissue (sclerosis). This happens here and there in the nervous system; when it does, it causes minor interruptions to the transmission of nerve impulses. The disease is called Multiple Sclerosis (MS) because there are multiple areas of scarring or sclerosis.

The symptoms of MS can be mild or severe. They can come and go. Symptoms can disappear completely, and then recur later. Each person with MS has unique symptoms based on the location of the damage to the nervous system. These symptoms may include blurred or double vision, numbness in the extremities, balance or coordination problems, fatigue, muscle spasticity or stiffness, slurred speech, muscle weakness, or loss of bladder or bowel control. MS can go into remission and at other times symptoms flare up.

MS affects 500,000 people in the United States. It is a young person's disease. Most are between 20 - 40. It rarely strikes after 45. MS affects twice as many women as men and twice as many whites as blacks. Individuals with the benign form of MS experience little or no progression of the disease after the initial attack. The most severely disabling form of the disease is **chronic progressive** MS. In these individuals, the disease progresses without remission and may result in disability very quickly.

Multiple Sclerosis is not always a steady, downhill road says Dr. Joe R. Brown of the Mayo Clinic. He goes on to sum it up this way: "The average severity of disability from MS should permit profitable rehabilitation for employment or homemaking."

WORKPLACE IMPLICATIONS

Individuals with MS use a combination of environmental adaptations and assistive devices to make everyday routines and work easier. Some individuals with mobility problems use a cane, crutches, walkers, wheelchairs, scooters or a combination of these mobility aids. Heat and humidity affects many individuals with multiple sclerosis. Air conditioning helps to reduce fatigue and weakness. Individuals with vision problems may need to use low vision aids. An eye patch can reduce double vision. Prisms, mounted on an eyeglass lens, will expand the visual field of the eye that isn't patched. Sunglasses reduce glare and improve contrast for individuals with optic neuritis. Non-optical aids such as large print, tape recorders and high contrast markings are also useful assistive devices. Voice dialer telephones allow the individual to store frequently called telephone numbers and to call them automatically. A speaker-phone allows individuals with poor motor control to carry on a telephone conversation comfortably.

MULTIPLE SCLEROSIS (continued)

POSSIBLE ACCOMMODATIONS (see reasonable accommodations)

Sometimes all that is needed is a switch in working hours to allow individuals to avoid traffic rushes morning and evening. Since fatigue is a common symptom, occasional time off to rest may be appropriate. The re-assignment of duties to minimize the disability and to maximize the abilities may help the employee.

All individuals with MS would benefit from supervisors and fellow employees educating themselves about this condition. They need to understand that MS is a very individualized disease - no two people experience MS in the same way, therefore, a person shouldn't be compared with someone else who has MS.

HEART DISEASE/HEART CONDITION

WHAT IT IS

The heart is a simple but remarkable pump. It can be relied upon to beat about 60 times a minute for a lifetime without needing maintenance. Its purpose is to deliver blood to the tissues and organs of the body so that they are supplied with all the nutrition and oxygen they need.

Many things can happen to interfere with the normal functions of the heart, a most vital organ.

The most common heart problems that the average person is familiar with are heart attacks, congestive heart failure, coronary artery disease, wearing a pacemaker, and congenital heart disease.

CHARACTERISTICS

Heart conditions and heart diseases are so varied and complex that there is no one set of characteristics for persons with heart conditions. Each person must be dealt with on an individual basis and not compared to another person who has a heart condition.

A heart attack occurs when the blood supply to the heart is seriously reduced. Common symptoms are:

1. ***Uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes.***
2. ***Pain may spread to the shoulders neck or arm.***
3. ***Chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath may occur.***

HEART DISEASE/HEART CONDITION (continued)

Congestive heart failure occurs when the heart doesn't pump as efficiently as it should; the blood flow is slowed down and the quantity of blood pumped is below normal. The result is that blood returning to the heart backs up in the veins. This causes fluid to be forced out of the blood vessels and into the tissues of the feet and legs. The swelling that results is called "edema" of the feet, ankles and legs. When the left side of the heart isn't pumping as efficiently as it needs to, blood backs up in the vessels of the lungs. Sometimes fluid is forced out of the lung vessels into the breathing spaces themselves. When this happens, it is called "pulmonary edema" and shortness of breath and a consequent lack of stamina often result.

The ability of the kidneys to dispose of sodium and water also becomes impaired in cases of congestive heart failure and sodium that would normally be eliminated through the urine stays in the body and holds water. This aggravates the excess fluid problem that already exists in the body.

The body tries to compensate for congestive heart failure by:

- Enlarging
- Developing increased muscle mass
- Increased stimulation of the heart muscle so that the heart pumps more often to promote better circulation.

The best treatment of congestive heart failure is prevention.

Coronary artery disease affects the blood vessels (arteries) on the surface of the heart. Aging and other complex factors cause the ordinary soft and compliant blood vessels to harden. Fat, cholesterol and minerals from the blood are deposited on the inner surface of the coronary arteries. When these materials build up, they form what's called **plaque**. **Plaque** may restrict blood flow through the artery and may stimulate the formation of a blood clot.

Many people have a (PTCA) percutaneous transluminal coronary angioplasty or a coronary artery bypass graft surgery to relieve or correct the problems from coronary artery disease.

Wearing a pacemaker - It works about the same way as your heart's natural pacemaker. It is a small unit that uses batteries to produce the electrical impulses that make your heart pump. Pacemakers are used when your heart pumps too slowly, too fast or is irregular.

Today, thousands upon thousands of people have artificial pacemakers and lead full, productive lives.

HEART DISEASE/HEART CONDITION

Congenital heart disease - Many infants are born with anomalies of the heart, valves or arteries. Some of these deficiencies can be corrected with surgery; others develop into more serious heart problems.

With dramatic advances that have occurred in the surgical treatment for congenital heart disease, more patients are reaching adulthood.

WORKPLACE IMPLICATIONS

Having heart a condition or heart disease does not mean it is "the end of the world." In many cases, treatment is effective. Getting good medical care, following the doctor's advice and understanding the disease or condition and its treatment should allow an individual to lead a full, active life.

Doctors usually recommend some life style changes for individuals who have had heart attacks, coronary artery bypass surgery or congestive heart failure. Such things as not smoking, controlling high blood pressure, staying with a diet that is low in saturated fats, cholesterol and salt, having a sensible, regular exercise program and keeping one's weight down will contribute to the maintenance of a feeling of well being.

POSSIBLE ACCOMMODATIONS see reasonable accommodations

Reassignment, modified work schedules, job modifications, smoke-free environment, reduced stressful situations, reduction in travel.

TITLE II STATE AND LOCAL GOVERNMENT

SUBTITLE A OF TITLE II

Title II covers all activities of State and local governments regardless of the government entity's size or receipt of Federal funding. Title II requires that state and local governments give people with disabilities an equal opportunity to benefit from all the **programs, services and activities (e.g., public education, employment, transportation, recreation, health care, social services, courts, voting and town meetings).** A public entity covered by Title II is defined as **(1).** any state or local government; **(2).** any department, agency, special purpose district, or local government. The term public entity does not include the federal government. The federal government is covered under Sections 501 and 504 of the Rehabilitation Act of 1973.

Title II protects categories of individuals with disabilities: **(1).** Individuals who have a physical or mental impairment that substantially limits one or more of the major life activities such as walking, talking, seeing, hearing, learning, speaking, working, or caring for oneself. **(2).** Individuals who have a record of a physical or mental impairment that substantially limits one or more of the individuals major life activities. **(3).** Individuals who are regarded as having such an impairment, whether they have the impairment or not.

GENERAL RULE

Physical access - A qualified individual with a disability shall not be excluded from participation in, or denied the benefits of services, programs or activities, or be subjected to discrimination, because a state or local entity's facilities are inaccessible or unusable by individuals with disabilities.

Program access means that each service, program or activity, when viewed in its entirety, must be readily accessible and useable by individuals with disabilities. This means that the physical access meets the requirements of designated technical specifications (e.g. ADA Accessibility Guidelines **ADAAG**).

Program access may be achieved by : Redesign of equipment; Reassignment of services to accessible facilities; Use of aides; Home visits; Delivery of services at an alternate site; Use of accessible rolling stock or other conveyance; Alteration of existing facilities; Construction of new facilities; and Other effective methods.

SUBTITLE A OF TITLE II (continued)

NOTE: CARRYING INDIVIDUALS WITH MOBILITY IMPAIRMENTS IS NOT AN ACCEPTABLE WAY TO ACHIEVE ACCESS.

Priority shall be given to those methods that provide the most integrated setting appropriate to the needs of individuals with disabilities.

Beginning January 26, 1992, Title II prohibited all public entities, regardless of size of workforce, from discriminating in their employment practices against qualified individuals with disabilities. All public entities must make **reasonable accommodations** to the known physical or mental limitations of otherwise qualified applicants or employees with disabilities, unless the public entity can show that an accommodation would impose **undue hardship** on the operation of its programs.

SUBTITLE B OF TITLE II

TRANSPORTATION

Generally, new vehicles purchased or leased after August 26, 1990 must be accessible to people with disabilities if they carry more than 16 passengers.

KEY ISSUES:

- ✓ Transit authorities must provide comparable paratransit services (door to door) to those individuals who are unable to use fixed-route bus service unless an "undue burden" would result.
- ✓ Inter-city rail and commuter rail systems must have at least one accessible car per train by July 26, 1995.
- ✓ Existing "key stations" in rapid rail, commuter rail and light rail systems must be made accessible by July 26, 1993 unless certain extensions permitted by law are granted.
- ✓ Existing inter-city rail stations (Amtrak) must be accessible by July 26, 2010.
- ✓ New over-the road buses ordered after July 26,1996 (1997 for small companies) must be accessible to people with disabilities.

TITLE III PUBLIC ACCOMMODATIONS

Title III covers businesses and non profit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities.

TITLE III PUBLIC ACCOMMODATIONS (continued)

Public accommodations include private entities who own, lease, lease to, or operate facilities such as **restaurants, retail stores, hotels, movie theaters, private schools, convention centers, doctor's offices, homeless shelters, transportation depots, zoos, funeral homes, day-care centers, and recreational facilities including sports stadiums and fitness clubs**. **Transportation services provided by private entities are also covered by Title III. Effective January 26,1992. PRIVATE CLUBS AND RELIGIOUS ORGANIZATIONS ARE EXEMPT.**

- ✓ Reasonable changes in policies, practices, and procedures must be made to avoid discrimination.

- ✓ Auxiliary aids and services must be provided to individuals with vision or hearing impairments or other individuals with disabilities so they can have an equal opportunity to participate or benefit, unless an undue burden would result.

- ✓ Physical barriers in existing facilities must be removed if removal **is readily achievable** (i.e., easily accomplished and able to be carried out without much difficulty or expense). If not, alternate methods of providing the service must be offered.

- ✓ All new construction in public accommodations, as well as, in commercial facilities such as office buildings, must be accessible. **Elevators are generally NOT REQUIRED** in buildings under three stories or with fewer than 3,000 square feet per floor, **unless** the building is a shopping center, mall, or a professional office of a health care provider.

- ✓ Alterations must be accessible. When alterations to primary function areas are made, an accessible path of travel to the altered area and the bathrooms, telephones, and drinking fountains serving that area must be provided to the extent that the added accessibility are not disproportion to the overall cost of the alteration.

ACCESSIBILITY AND WHAT IT MEANS

Accessibility means different things to different people. Persons with different disabilities have different accessibility needs. In the January, 1992 issue of the Disability Reporter questions were asked and answered.

ACCESSIBILITY AND WHAT IT MEANS (continued)

For individuals with mobility impairments accessibility means:

- ✓ Ramps, elevators, accessible bathrooms, handicapped parking, and doors that are easily opened.
- ✓ Wide-open areas with flooring that allows for easy movement of a wheelchair.
- ✓ Easily reachable levels for phones, sales items, business counters, teller windows, etc.

For individuals with hearing impairments accessibility means:

- ✓ Qualified interpreters for the deaf for job interviews, training programs, legal and medical situations, government services, social and cultural events, and all types of meetings;
- ✓ TDD's (Telecommunication Devices for the Deaf which will soon be known as Text Telephones, or TT's) and hearing aid compatible phone amplifiers at public telephones, in businesses and at work;
- ✓ Fire and other alarm systems that is equipped with visual signals. Permanent signage providing clear description of emergency procedures;
- ✓ Permanent signage explaining procedures at government offices, businesses, schools and colleges, and in other public places;
- ✓ Decoders and closed captioning that would give hearing-impaired individuals access to television programming. These devices should be available in places of lodging, hospitals, schools, and other public places where television and videotapes are used.

For individuals with visual impairments accessibility means:

- ✓ Availability of print materials in large print, Braille and on tape.
- ✓ Readers, when production of accessible materials is not feasible.
- ✓ Accessible signage, preferably using both raised type and Braille on elevators, restroom doors, hotel rooms, meeting and classrooms and other similar places;
- ✓ Audible signals in elevators, traffic control systems, public transit systems, etc.

ACCESSIBILITY AND WHAT IT MEANS (continued)

For individuals with visual impairments accessibility means (continued):

- ✓ Assistance of sighted guides for mobility in areas which cannot be kept uniformly free of pathway obstructions, and in areas with which a blind person has not had an opportunity to become familiar.

- ✓ Removal of head height obstacles. For example, hanging lamps, tree limbs, protruding signs.

- ✓ Protective warnings or signals, which are detectable by touch around manholes, construction in progress, drop-offs, emergency doors, etc.

- ✓ Color and shading contrast on stairs, and as a signal for changes in ground levels.

In the May 1993 issue of the Disability Compliance Bulletin is Part I of a three part series on accessibility. The easy to use checklist format was developed in cooperation with **BARRIER FREE ENVIRONMENTS, INC.** Copies of the checklist may be obtained by contacting a regional Disability and Business Technical Assistance Center. Oklahoma's center is in Houston, Texas and can be reached at 1 800-949-4232.

In general, the ADA requires that architectural and communication barriers must be removed in public areas of existing facilities when their removal is readily achievable. In other words, easily accomplished and able to be carried out without much difficulty or expense. **New construction and buildings undergoing renovations face much stricter standards.**

The Department of Justice, which enforces Title III of the ADA recommends the development of an implementation plan specifying what improvements will be made. "Such a plan" states the agency, "could serve as evidence of a good faith effort to comply with the ADA requirements."

Title III of the ADA requires public accommodations to make their goods, services and facilities accessible to people with disabilities in a way that's generally comparable to access for non-disabled people.

KEY ISSUES TO CONSIDER AS POINTED OUT IN THE CHECKLIST:

Accessible Entrances

People with disabilities should be able to arrive on site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities.

Things to consider: Path of travel, ramps, parking, and drop-off areas, entrances and emergency egress.

Access to Goods and Services

Ideally, the layout of a building should allow people with disabilities to obtain goods and services without special assistance.

Things to consider: Horizontal circulation, location of controls, signage, seating- tables and counters, vertical circulation, stairs and elevators.

Use-ability of Restrooms, Water Fountains and Telephones Restrooms at the top of the stairs with too narrow doors or stalls are not accessible. Telephones and water fountains that are too high or at the top of stairs or entrance that are too narrow are not accessible.

THE ADA AND SERVICE ANIMALS

The ADA requires that businesses allow people with disabilities to bring their **service animals** onto business premises unless doing so would jeopardize the safe operation of a public accommodation. A public accommodation must make reasonable accommodations in policies, practices, or procedures to permit the use of a service animal by an individual with a disability. The care and supervision of a service animal is solely the responsibility of its owner. Neither a deposit nor a surcharge may be imposed on an individual with a disability as a condition to allowing a service animal to accompany the individual.

THE ADA AND SERVICE ANIMALS (continued)

The ADA defines a **service animal** as any guide dog, signal dog or other animal individually trained to work or perform tasks for an individual with a disability. If the animal meets this definition, it is considered to be a service animal under the ADA regardless of who trained the animal, and whether or not it has been certified by any agency. Some examples of services provided by animals include:

- ✓ Guiding people who have visual impairments.
- ✓ Alerting people with hearing impairments.
- ✓ Pulling wheelchairs for people with mobility impairments.
- ✓ Carrying things in backpacks or picking up things for people with mobility impairments.
- ✓ Assisting people with balance or walking.
- ✓ Opening doors.
- ✓ Warning a person of oncoming seizures.

Service animals are sometimes licensed or certified and have identification papers. This is not required by ADA. You may not insist on proof of certification before permitting a service animal to accompany a person with a disability. Be aware that some people with service animals have disabilities that are not apparent or invisible -epilepsy, hearing impairments, and emotional, affective or psychiatric disabilities are examples. The ADA covers these people with service animals.

For clarification, we need to differentiate the difference between a therapy animal and a service animal. With the growing number of therapy animals and therapy animal programs, many people are confused about access for therapy animals. A few pointers that may clear this up are:

- ✓ Therapy animals are pets; service animals are not considered pets.
- ✓ Therapy animals are not granted access by the ADA; therapy animals are granted access by permission only.
- ✓ Service dogs are granted access under the ADA.

ATTITUDINAL BARRIERS

People with disabilities face many barriers every day from physical obstacles in buildings to systemic barriers in employment and civic programs. Yet, often, the most difficult barrier to overcome is attitudes other people carry regarding people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, these attitudes keep people from appreciating and experiencing the full potential a person with a disability can achieve.

According to information in the 1999 Educational Kit prepared by the President's Committee on Employment of People with Disabilities, people with disabilities encounter many different forms of attitudinal barriers, which include:

Inferiority

Because a person may be impaired in one of life's major functions, some people believe that individual is a "second-class citizen". However, most people with disabilities have skills that make the impairment moot in the workplace.

Pity

People feel sorry for the person with a disability, which tends to lead to patronizing attitudes. People with disabilities generally don't want pity and charity, just equal opportunity to earn their own way and live independently.

Hero worship

People consider someone with a disability who lives independently or pursues a profession to be brave or "special" for overcoming a disability. But most people with disabilities do not want accolades for performing day-to-day tasks. The disability is there; the individual has simply learned to adapt by using his or her skills and knowledge, just as everybody adapts to being tall, short, bald or blond, etc.

Ignorance

People with disabilities are often dismissed as incapable of accomplishing tasks without the opportunity to display their skills. In fact, people with quadriplegia can drive cars and have children. People who are blind can tell time on a watch, use public transportation, visit museums and work in a variety of career fields. People who are deaf can play baseball, listen to music, communicate by telephone and watch TV. People with developmental disabilities can be creative and maintain strong work ethics.

ATTITUDINAL BARRIERS (continued)

The Spread Effect

People assume that an individual's disability negatively affects other senses, abilities or personality traits, or that the total person is impaired. For example, many people shout at people who are blind or don't expect people who use wheelchairs to have the intelligence to speak for themselves. Focusing on the person's abilities rather than his or her disability counters this type of prejudice.

Stereotypes

The other side of the spread effect is the positive and negative generalizations people form about disabilities. For example, many believe that all people who are blind are great musicians or have a keener sense of smell and hearing, that all people who use wheelchairs are docile or compete in Para-Olympics, that all people with developmental disabilities are innocent and sweet natured, and that all people with disabilities are sad and bitter. Aside from diminishing the individual and his or her abilities, such prejudice can set too high or too low a standard for individuals who are merely human.

Fear

Many people are afraid they will "do or say the wrong thing" around someone with a disability. They therefore avert their own discomfort by avoiding the individual with a disability. As with meeting a person from a different culture, frequent encounters can raise the comfort level. Unlike physical and systemic barriers, attitudinal barriers that often lead to illegal discrimination cannot be overcome simply through laws. The best remedy is familiarity, getting people with and without disabilities to mingle as co-workers, associates, and social acquaintances. In time most of the attitudes will give way to comfort, respect and friendship.

TITLE IV TELECOMMUNICATIONS

Title IV addresses telephone and television access for people with hearing and speech disabilities. It requires common carriers (telephone companies) to establish interstate and intrastate telecommunications relay services (TRS) 24 hours a day, 7 days a week. TRS enables callers with hearing and speech difficulties who use text telephones (TTY's or TDD's, and callers who use voice telephones, to communicate with each other through a third party a communications assistant. The Federal Communications Commission (FCC) has set minimum standards for TRS services. Title IV also requires closed captioning of Federally funded public service announcements.

TITLE V MISCELLANEOUS PROVISIONS

Title V sets out guidelines against retaliation, certain remedies, attorney fees and the relationship to other Civil rights laws.

Chapter 3 RESOURCES

RESOURCES

OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES
State Office
3535 N.W. 58TH, Suite 500
Oklahoma City, Oklahoma 73112
1-800-845-8476 Voice/TTY
405-951-3400 Voice/TTY
Fax: 405-951-3529
Website: http://www.okrehab.org
Linda Parker, Director

As the employment agency for Oklahomans with disabilities, rehabilitative services provides services that help people get jobs in careers of their choice. Services provided include: vocational, medical and psychological evaluations; vocational counseling and guidance; physical and mental restoration; training; rehabilitation equipment and devices; job placement and specialized programs that assist with independent living services.

This agency provides technical assistance to employers to give them a better understanding of the work potential for individuals with disabilities; provides assistance with the purchase of adaptive devices and assistive technology for their clients. A good resource for potential employees.

The following programs are under the auspices of the Oklahoma Department of Rehabilitation Services:
Visual Services
3535 NW 58th, suite 500
Oklahoma City, Oklahoma 73112
405-951-3400

Library for the Blind and Physically Handicapped
300 N.E. 18th
Oklahoma City, Oklahoma 73105
405-521-3514
1 800-523-0288
Fax: 405-521-4582
Website: http://www.state.ok.us/~library/

RESOURCES

Deaf and Hearing Impaired Unit
Shepherd Mall
2401 NW 23rd Street, Suite 51
Oklahoma City, Oklahoma 73107
405-522-7930 Voice/TTY
1 800-833-8973 Voice/TTY
Becky Cook, Field Coordinator

Interpreter Services Vendors

Tulsa Speech & Hearing Association (TSHA)
Statewide
1-888-311-3523 V/TTY
Tulsa Metro area
918- 832- 8742 V/TTY
Statewide 888-311-3523

Sign Language Referral Service (SLRS)
405-721-0800 Voice
405-948-3303 TTY
web: www.slrsinc.com

The Interpreter Services Program
For those individuals who have a hearing loss and need the services of a manual or oral interpreter to assist with communication, the Interpreter Services Program may be able to help. In Oklahoma the Interpreter Services Program is operated by the Oklahoma Department of Rehabilitation Services.

RESOURCES

The Interpreter Services Program can provide services at no charge to the individual with a hearing loss for the following:

- Non-emergency medical appointments, not in a hospital or clinic
- Job interviews, placement and orientation
- All contacts with the Department of Rehabilitation Services
- Meeting with an attorney (not in court)
- Discussing and signing major contracts, such as, loans, insurance, buying or renting a house, car or furniture, etc.
-

Other approved critical or emergency situations in which an interpreter is needed.

The Interpreter Services Program may help you locate interpreters for other situations, but it cannot be responsible for paying for those interpreters.

Laws That Require Businesses and Employers to Provide Interpreter Services
Section 504 of the Rehabilitation Act of 1973 stipulates that people who are deaf or hard of hearing have a right to full access to public services. Any government agency, department, private business or community organization that is available to the general public must grant physical and communication access to persons with disabilities.

The Americans with Disabilities Act (ADA) was passed into law in 1990. It requires state and local government, as well as, private industry to provide accessibility for individuals who are deaf or hard of hearing.

Purchasing Interpreter Services
Interpreters are paid a fee for their services based on their training, skill and certification levels. Individuals, businesses and agencies may purchase interpreter services. Interpreters are paid for a minimum number of hours and travel reimbursement.

Rehabilitation Services Telecommunication Equipment Program
Individuals who have difficulty hearing or speaking on the telephone may be able to get assistive equipment from the Services to the Deaf and Hard of Hearing Office at little or no cost. Several adaptive communication devices are available. **Smoke detectors that give a visible signal, wireless chime strobe lights, baby cry signalers, door, phone notification system, and wake-up systems** are examples of the types of adaptive devices available.

RESOURCES

Telecommunication Equipment Program
You may request an application by calling 1-866-309-1717 (Voice/TDD). Fill out the application. Attach:

a. Verification of your hearing loss (doctor's statement or audiogram)
Not necessary if applicant is over 60 years old
b. Verification of your income (copy of 1040 Form, etc.)
****REQUIRED** for all applicants**

Mail the application to the Oklahoma School for the Deaf.

OK School for the Deaf
1100 E. Oklahoma Ave.
Sulpher, OK 73086

You should receive the equipment you requested within 2-3 weeks after sending your application. If the equipment you requested is out of stock, you will be placed on a waiting list, and the equipment will be sent when it arrives.

Community Rehabilitation Services
Shepherd Mall Suite 51
2401 NW 23rd
Oklahoma City, Oklahoma 73107
405-522-6590
Becky Cook, Field Coordinator

Oklahoma Center for Rehabilitative Driving Services

Classes are held monthly when there are clients needing the training. Three hours daily. Cars with hand controls and vans with wheelchair lifts are available. Participants must be Vocational Rehabilitation clients.

OKLAHOMA INDEPENDENT LIVING CENTERS
In 1978 the Rehabilitation Act of 1973 was amended to provide for the establishment of Independent Living Centers. These consumer controlled (individuals with disabilities) centers provide or coordinate services for persons with disabilities in the following areas: housing assistance, attendant care, readers, interpreters, peer counseling, financial and legal advocacy, community awareness and barrier removal programs.

RESOURCES

OKLAHOMA INDEPENDENT LIVING CENTERS

Ability Resources
823 S Detroit Ave, Ste 110
Tulsa, OK 74120
918-592-1235 (Voice/TTY/TDD)
Toll Free 1-800-722-0886 Voice/TTY/TDD
E-mail clawson@ability-resources.org
Carlotta Lawson, Director

Sandra Beasley Independent Living Center
705 S. Oakwood Road, Suite B-1
Enid, OK 73703
580-237-8508 Voice/TTY/TDD
Toll Free - 1-800-375-4358 Voice/TTY/TDD
Fax 580-233-6403
E-mail sbilcdirector@coxinet.net

Oklahomans for Independent Living
321 S. Third, Suite 2
McAlester, OK 74501
918-426-6220 Voice/TTY/TDD
Toll Free-1-800-568-6821 Voice/TTY/TDD
Fax 918-426-3245
E-mail mikew@cwis.net
Mike Ward, Director

Progressive Independence
121 North Porter
Norman, OK 73071
405-321-3203 Voice/TTY/TDD
Toll Free - 1-800-801-3203 Voice/TTY/TDD(in state only)
E-mail jmecham@proginct.org
Jeff Hughes, Director

Green Country Independent Living Resource Center
4100 SE Adams Road, Suite C-105
Bartlesville, OK 74006
918-335-1314 Voice/TTY/TDD
Toll Free 1-800-559-0567 Voice/TTY/TDD
E-mail vhaws@gcilrc.org
website: www. Gcilrc.org (under construction 4/08)
Vicki Haws, Director

RESOURCES

OFFICE OF DISABILITY CONCERNS
(in Shepherd Mall)
2404 NW 23rd, Ste 90
Oklahoma City, OK 73107-2423
405-521-3756
1-800-522-8224 (Voice)
Fax: 405-522-6695
Local TDD # 405-522-6706
Website www.odc.ok.gov
E-mail: steven.stokes@odc.ok.gov
Steve Stokes, Director

An independent State agency whose purpose is to help state government develop policies and services that meet the needs of Oklahomans with disabilities. The Office of Disability Concerns has 3 program areas: **(1)** Information Assistance and publish newsletter quarterly; **(2)** Technical Assistance; and **(3)** Employment Development. The following Governor appointed committees serve the agency in an advisory role:

Governor's Advisory Committee on Employment of People with Disabilities
2401 NW 23rd, Ste 90 Oklahoma City, OK 73107-2423
Michael Seney, Chairman
Peppi Boudreau - Staff Liaison
405-521-3756 or 1-800-522-8224

Governor's Advisory Committee on Disability Concerns
2401 NW 23rd, Ste 90
Oklahoma City, Oklahoma 73107-2423
Chuck Tiessen, Chairperson

THE CLIENT ASSISTANCE PROGRAM (CAP)
(Located in the Office of Disability Concerns)
2401 NW 23rd, Ste 90
Oklahoma City, Oklahoma 73107-2423
405-521-3756 or 1-800-522-8224
Marilyn Burr, Director

The Client Assistance Program, a Federally funded program, assists disabled persons who are seeking or receiving services from any program funded by the Rehabilitation Act of 1973 as amended. The Client Assistance Program can: **(1)** advise clients of their rights and responsibilities under the Rehabilitation Act; **(2)** assist clients in communicating their concerns to Rehabilitative and Visual Services (RVS); and **(3)** assist clients, on request, in the appeal and/or fair hearing process.

RESOURCES

Office of Disability Concerns Mediation Program
The mediation program is designed to aid in the resolution of disputes regarding The Americans with Disabilities Act or any dispute regarding disability and may be used as an alternative to litigation. The program is certified with the Administrative Offices of the Courts Program through the Supreme Court of Oklahoma. All of the program's mediators are certified through this program and are in locations around the State. The program is free of charge; voluntary for anyone who wishes to use it and the process is confidential.
Kara Morrow, Contact Person
405-521-3756 or 1-800-522-8224

ASSISTIVE TECHNOLOGY

Oklahoma Able Tech
Oklahoma State University Wellness Center
1514 West Hall of Fame
Stillwater, Oklahoma 74078-2026
405 744-9748 in Stillwater
1-800 257-1705V, TTY, TDD
1- 888-885-5588 ABLE Tech Info-line
Fax 405-744-2487
Website: http://okabletech.okstate.edu/
Website: http://oec.okstate.edu
Linda Jaco, Program Manager

The Technology-Related Assistance for Individuals with Disabilities Act of 1988 (P.L. 100-407) established a program of state grants to develop comprehensive assistive technology services. One of the seven statutory purposes of the Act is to increase "the availability of and funding for the provision of assistive technology devices and services for individuals with disabilities."

The Assistive Technology Act of 1998 (PL 105-394) was passed by Congress. The lead agency is Oklahoma ABLE-Tech. ABLE Tech subcontracts with four Centers for Independent Living to provide an assistive technology program.

The Act defines **Assistive Technology Device** as any item, piece of equipment, or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Section 3 of the Assistive Technology Act of 1998 defines the following terms.

RESOURCES

(1) Advocacy Services- The term advocacy services, except as used as part of the term "protection and advocacy services", means services provided to assist individuals with disabilities and their family members, guardians, advocates, and authorized representatives in accessing assistive technology devices and assistive technology services.

(2) Assistive Technology- The term assistive technology means technology designed to be utilized in an assistive technology device or assistive technology service.

(3) Assistive Technology Device- The term assistive technology device means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

(4) Assistive Technology Service- The term assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

(5) Capacity Building and Advocacy Activities - The term capacity building and advocacy means efforts that;

> **(A)** result in laws, regulations, policies, practices, procedures, or organizational structures that promote consumer-responsive programs or entities; and
>
> **(B)** facilitate and increase access to, provision of, and funding for, assistive technology devices and assistive technology services, in order to empower individuals with disabilities to achieve greater independence, productivity, and integration and inclusion within the community and the workforce.

There are five assistive technology centers in Oklahoma:

Oklahoma ABLE Tech
OSU Wellness Center
1514 W. Hall of Fame
Stillwater, Oklahoma 74078-2026
1-800-257-1705 Voice/TTY/TDD
405-744-9748 Voice/TTY/TDD
E-mail mjwell@okstate.edu

Ability Resources
823 S Detroit, Suite 110
Tulsa, Oklahoma 74120
1-800-722-0886 V, TTY, TDD Fax 91592-5651
918-592-1235 V, TTY, TDD **Website www.ability-resources.org**

RESOURCES

Green Country Independent Living Center
PO Box 2295
Bartlesville, Oklahoma 74005
1-800-559-0567
918-335-0567

Oklahomans for Independent Living
321 South 3rd Suite 2
McAlester, Oklahoma 74501
Mike Ward, Director
1-800-568-6821 V, TTY, TDD
918-426-6220 V, TTY, TDD

Progressive Independence
121 N. Porter
Norman, Oklahoma 73071
Jeff Hughes, Director
1-800-801-3203 V, TTY, TDD (works only in Oklahoma)
405-321-3203 V, TTY, TDD

Oklahoma Developmental Disabilities Council
2401 N.W. 23rd, Suite 74
Oklahoma City, Oklahoma 73108
405-521-4984
1-800-836-4470
Fax 405-521-4910
Website www.okddc.org
Ann Trudgeon, Director

The Council funds innovative projects, which increase the capacity of individuals with developmental disabilities to live independently in the community.

Additionally, the Council can provide conference related travel expenses on an individual basis.

The Council sponsors **"Partnering in Policymaking",** a nationally recognized advocacy-training program for persons with disabilities and their family members.

Center For Learning and Leadership
College of Medicine
University of Oklahoma Health Sciences Center
PO Box 26901 ROB 316
Oklahoma City, Oklahoma 73190

Center For Learning and Leadership (continued)
405-271-4500
Fax: 405-271-1459
TDD: 405-271-1464
Valerie N. Williams, Director and Dean of Interdisciplinary Programs

Oklahoma's Federally Designated University Center of Excellence for Developmental Disabilities Education, Research and Services (CEDDERS) *Formerly the University Affiliated Program of Oklahoma.*

Oklahoma's Center is associated with a national network of 60 federally designated Centers of Excellence in Developmental Disabilities Education, Research and Service across the nation and receives funding from the U.S. Administration of Developmental Disabilities.

The Center's mission is to work in partnership with the citizens of Oklahoma to ensure the inclusion of people with developmental disabilities and their families in all aspects of community life. This mission is achieved by providing interdisciplinary education, community training, evaluating outcomes, conducting research projects and sharing information about emerging needs and lessons learned about effective practices statewide and nationally. The Center involves people with disabilities and families both as advisors and as staff. Adults with disabilities, self-advocates and family members work as partners to identify statewide need for training and system change.

The Center offers community training for families, self-advocates, service providers and others who want to enhance their information about disability issues and their skill in working to improve access to services and resources.

Statewide initiatives include: Caring for Infants and Toddlers with Disabilities: New Roles for Physicians, Community Leadership Solutions, Keeping Families Together, Oklahoma Leadership Education for Health Professionals Caring for Children with Neurodevelopmental and Related Disabilities, Oklahoma Family Support Project and several other training programs.

Oklahoma Community Based Providers, Inc.,(OCP)
525 NW 13th Street
Oklahoma City, Oklahoma 73103
405-524-7665
FAX: 405-236-4133
e-mail: ocpinc@aol.com
Judith Goodwin, Executive Director
OCP is the statewide organization representing community agencies serving Oklahomans with developmental disabilities.

RESOURCES

J.D. McCarty Center for Children with Developmental Disabilities
2002 E Robinson
Norman, Oklahoma 73071
405 321-4830
FAX: 405 307-2801
1 800-777-1272
Curt Peters, Director

The J.D. McCarty Center is a licensed pediatric rehabilitation hospital providing both in-patient and outpatient physical therapy, occupational therapy, speech and language pathology to children with developmental disabilities. The Center has been in operation since 1946. Services are provided for children 0-21 years old from all 77 counties.

OASIS
PO Box 26901
Oklahoma City, Oklahoma 73190
405-271-6302 V, TYY TDD
1-800-426-2747 V, TYY TDD
Website: http://oasis.ouhsc.edu/
Madalyn McCollom, Director

Oklahoma **A**rea **S**ervices **I**nformation **S**ystems is a free statewide information and referral service for children with special needs, infants and toddlers with developmental delays, and women, infants, children and adolescents with health needs.

Oklahoma Mental Health Consumer Council
3200 NW 48th, Ste 102
Oklahoma City, Oklahoma 73112
405-604-6975
Toll free: 1-888-424-1305
E-mail: omhcc@oklahoma.net
Kay Rote, Director

The Oklahoma Mental Health Consumer Council is a 501c3 non-profit advocacy organization for persons with mental illness. The council offers educational materials, a library, and membership in their organization, referrals and support. The Council has a bi-monthly newsletter and is very active in legislation affecting mental health issues. The organization is based on empowerment for individuals affected by mental illness.

NAMI-Oklahoma
(An Affiliate of the National Alliance of the Mentally Ill)
500 N. Broadway, Suite 100
Oklahoma City, Oklahoma 73102
405-230-1900 Email: namiok@oklahoma.net
1-800-583-1264 **Website www.nami.org/amiok**
Fax: 405-848-1220 Karina Forrest, Executive Director

RESOURCES

Oklahoma's Voice on Mental Illness
NAMI-Oklahoma is a Statewide grass roots support and advocacy organization for families that are affected by Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). NAMI-Oklahoma provides assistance to consumers and family members in accessing the mental health system as well as an information and referral source for families, consumers and the public at large. NAMI-Oklahoma advocates for improved mental health services in all settings, inpatient, community based and within the correctional system at local, state and federal levels.

Local affiliates are in most major cities in Oklahoma.

Mental Health Association in Oklahoma County
5104 N. Francis, Suite B
Oklahoma City, Oklahoma 73118
405-843-9900
Fax: 405-843-9904
E-mail mentalhealth@coxinet.net
Mary Beadles, President

The mission of the Mental Health Association is the education of both the general public and professional groups about mental illness and mental health. This is accomplished through workshop, speakers, and pamphlets. The Association promotes social action to bring about humane legislation, sound administrative policies, adequate facilities, and sufficient financing to offer the best possible prevention, detection, treatment, and rehabilitation programs. Provides information and referral.

Mental Health Association in Tulsa
1870 S. Boulder
Tulsa, Oklahoma 74119-5234
918-585-1213
Fax: 918 585-1263
Mike Brose, MSW, Executive Director

The mission of the Mental Health Association in Tulsa is dedicated to promoting mental health, preventing mental disorders, and achieving victory over mental illness through advocacy, education, research, and service.

Oklahoma Disabled Parking Placard Program

Applications are available from the Department of Public Safety through the Handicapped Parking Program, 405-425-2403 located at 3600 North Martin Luther King Blvd., Oklahoma City, Oklahoma.

RESOURCES

WORKFORCE OKLAHOMA
(Formerly known as Oklahoma Employment Security Commission)
To reach the office nearest you, call 1- 888-840-WORK

Service Dog Access Information for Oklahomans
Reaching People Through Dogs Programs
American Dog Obedience Center, LLC
12201 Buckskin Pass
Norman, Oklahoma 73026
405 364-7650
Website: www.dogprograms.com
Kris Butler, contact person

Advocacy and Referrals to Schools Nationally
Delta Society
National Service Dog Center
289 Perimeter Road East
Renton, WA 98055
425- 226-7357
800-869-6898
Website: www.deltasociety.org

Office of Disability Employment Policy
1331 F St NW, Suite 300
Washington, DC 20004-1107
866-6337365 (Voice)
202-693-7888 (Fax)
877-889-5627 (TTY)
Website: http://www.dol.gov/odep/categories/research/policy_programs.htm

In the FY 2001 budget, Congress approved a new Office of Disability Employment Policy for the Department of Labor. Programs and staff of the former President's Committee on Employment of People with Disabilities have been integrated into this new office.

The mission of ODEP, under the leadership of an Assistant Secretary, will bring heightened and permanent long-term focus to the goal of increasing employment of persons with disabilities. This will be achieved through policy analysis, technical assistance, and development of best practices, as well as, outreach, education, constituent services, and promoting ODEP's mission among employers.

RESOURCES

Job Accommodations Network (JAN)

An international information network and consulting resource for accommodating persons with disabilities in the workplace. 1-800-232--9675 or 1-800-232-7234(V/TDD) to reach a Human Factor Consultant.

Oklahoma Disability Law Center
2915 Classen Blvd. Suite 300
100 Cameron Building
Oklahoma City, Oklahoma 73106
405-525-7755 (V/TTD)
800-880-7755 (V/TDD)
E-mail odlcokc@flash.net
Kayla Bower, Director

Oklahoma Disability Law Center (continued)
2828 E. 51st , Suite 302
Tulsa, Oklahoma 74105
918-743-6220 V, TTY
1-800- 226-5883 V, TTY
Website: oklahomadisabilitylaw.org
Melissa Sublett, contact person

The Oklahoma Disability Law Center is a non-profit Oklahoma Corporation providing free legal services throughout the state to persons with developmental disabilities and persons with mental illness. The mission of ODLC is to protect and advance the rights of persons with developmental disabilities through the provision of high quality legal services.

The ODLC provides individual case services to eligible clients to help them solve their individual problems, as in abuse and neglect in institutions, public benefit denials, access to special education, and discrimination; Information and referral to other agencies when the Center can't provide representation; Community legal education to group of clients, their family members, and advocates; And special projects. If eligible clients are having problems that affect many people, the Center may be able to help by filing class actions, engaging in legislative advocacy, or by undertaking other special projects.

OKLAHOMA COLLEGES DISABLED STUDENT SERVICES
University of Oklahoma
Office of Disability Services
620 Elm Ave., Suite 166
Norman, Oklahoma 73019-2093
405 325-3852 V
405 325-4173 TTY
Website: www.dsa.ou.edu/ods/
Suzette Dyer, Director

RESOURCES

University of Central Oklahoma
Disabled Student Services
100 N. University Drive
Edmond, Oklahoma 73034
405-974-2549 Voice 974-2516 TTY
Website: http://www.ucok.edu
Kim Fields, Assistant Director

Oklahoma State University
Student Disability Services
315 Student Union
Stillwater, Oklahoma 74078
405 744-7116 V, TDD
Website: http://www.sds.okstate.edu
Contact Person: Mike Shuttic

Oklahoma Colleges Disabled Student Services (continued)

Note*: This is not a complete list of all colleges with Disabled Student Services. Contact the college of your choice and request the Office of Disabled Student Services.*

FEDERAL ADA ENFORCEMENT/TECHNICAL ASSISTANCE
Title I
Equal Employment Opportunity Commission
1801 "L" Street, N.W.
Washington, DC 20507
Questions and Documents 1-800-669-3362 (Voice)
1-800-800-3302 (TDD)

Title II
Department of Transportation
400 Seventh Street, S.W.
Washington, DC 20590
ADA Documents and Information 202-366-1656 (Voice)
202-366-2979 (TDD)

Department of Justice
Civil Rights Division
Office of the Americans with Disabilities Act
PO Box 66738
Washington, DC 20035-9998
1-800 514 0301 ADA Information Line

RESOURCES

Title III
Access Board
1111 18th Street N.W., Suite 501
Washington, DC 20036
800-872-2253 (Voice/TDD)

(SEE DEPARTMENT OF JUSTICE TITLE II)
Title IV
Federal Communications Commission
1919 “M” Street, NW
Washington, DC 20554
888-225-5322 (Voice)
888-835-5322 (TDD)

RESOURCES

STATE EMPLOYMENT ENFORCEMENT AGENCIES (ADA)

Equal Employment Opportunity Commission
210 Park Avenue Suite 1350
Oklahoma City, Oklahoma 73104
405-231-4911 405-231-5745 (TDD)
405-231-4911 405-231-5745 (TDD)
Voice - 1-800-669-400
Website **http://www.eeoc.gov/**

Human Rights Commission
Jim Thorpe Office Building
2101 N. Lincoln Blvd., Room 480
Oklahoma City, Oklahoma 73105
405-521-2360 Voice
405-522-3993 TDD
405-522-3635 FAX
Toll free - 888-456-2557
Website **http://www.ohrc.state.ok.us**

AND

Human Rights Commission
State Office Building, Room 302
440 South Houston
Tulsa, Oklahoma 74127
918-581-2733
918-581-2940 Fax
1-888-456-2006

The Oklahoma Human Rights Commission investigates complaints of discrimination in employment, housing and public accommodations.

Regional Employment Enforcement Agencies (ADA)
District Equal Employment Opportunity Commission
207 S Houston St, 3rd floor
Dallas, Texas 75202
800-669-4000 Voice
800-669-6820 (TTY)

Office for Civil Rights (Section 504)
Region VI
1200 Main Tower, Suite 1360
Dallas, Texas 75202
214-661-9600
877-521-2172 (TTY)

RESOURCES

Region VI Technical Assistance Center
The Southwest Disability and Business Technical Assistance Center on ADA
ILRU Research and Training Center on Independent Living
2323 S. Shepherd, Suite 1000
Houston, Texas 77019
713-520-0232 (Voice) 713-520-5136 (TDD)
1-800-949-4232

TELEPHONE NUMBERS FOR ADA INFORMATION

Access Board 1-800-872-2253 (V/TDD)

The ARC of the United States 1-800-433-5255 (Voice)

Equal Employment Opportunity Commission - For questions and documents - Title I - 1-800-669-3362 (Voice) 1-800-800-3302 (TDD) for ordering documents (print and other formats) Regional Universal # - 1-800-669-4000 - Title II & Title III

National Center for Law and Deafness (202) 651-5343 (V/TDD)

Southwest ADA Center
Houston, Texas 1-800-949-4232

Easter Seals, National Headquarters Project ACTION (Accessible Community Transportation in our Nation)
(202) 347-3066 (Voice) (202) 347-7385 (TDD)
Project Action 1-800 659-6428

National Federation of the Blind (410) 659-9314

Job Accommodation Network
1-800-232-9675 (V/TDD)

U.S. Department of Justice (202) 514-0301 1-800 514-0301 (Voice) (202) 514-0383 1-800-514-0383 (TDD)**ADA Information Line**
Internet - http://www.usdoj.gov/crt/ada/adahom1.htm

US Department of Transportation:
Federal Transit Administration (for ADA documents and information)
(202) 366-1656 (Voice) (202) 366-0153 (TDD)

Community Transportation Association of America
(information and assistance on public transportation issues) 1-800-527-8279

OKLAHOMA TOLL FREE NUMBERS

Oklahoma HIV & AIDS Hotline
1-800-535-2437 (V/TDD)

Foundation for Fighting Blindness
1-800-254-6552

Client Assistance Program
1-800-588-8224

DHS Office of Client Advocacy
1-800-522-8014

Developmental Disability Services
1-800-522-1086 (Central/South Area III)
1-800-522-1075 (North/East Area II)
1-800-522-1064 (North/West Area I)

Medicare Information (Part D Medicare)
1-800-522-0071

OASIS - Information & Referral for Oklahomans w/ Disabilities
1-800-426-2747 (V/TDD)

Office of Disability Concerns
1-800-522-8224

Office of Personnel Management
(405) 521-2177 (Information #)
(405) 521-2171 (Job Information & Recruitment)

J.D. McCarty Center for Children with Developmental Disabilities
1-800-777-1272

OK Child Abuse Hotline
OK Adult Protective Services
1-800-522-3511

Relay Oklahoma
1-800-522-8506 (405 area)
1-800-522-0353 (TDD)

OK Housing Finance Agency
1-800-256-1489

OK Library for the Blind and Physically Handicapped
1-800-523-0288

NATIONAL TOLL-FREE NUMBERS

ABLE Data - Computer Database on Adaptive Technology
1-800-227-0216

Access Board
1-800-872-2253

CDC National Aids Hotline
1-800-232-4636

The Americans Social Help Resource Center
1-800-227-8922

Alzheimer's Disease and Related Disorders
1-800-272-3900

American Cancer Information Center
1-800-525-3777

American Cancer Society Information Line
1-800-733-9888

American Council for Headache Education
856-423-0258

American Council of the Blind
1-800-424-8666

American Foundation for the Blind
1-800-232-5463
Website: www.afb.org

American Kidney Fund
1-800-638-8299

American Liver Foundation
1-800-223-0179

American Parkinson's Disease Association
1-800-223-2732

Amyotrophic Lateral Sclerosis
1-800-782-4747

Arthritis Foundation
1-800-283-7800

NATIONAL TOLL-FREE NUMBERS

Better Hearing Institute Hotline
1-800-327-9355

Cancer Information Service National Line
1-800-422-6237

Captioned Media Program
1-800-237-6213

Chrysler Motor Physically Challenged Resource Center
1-800-255-9877

General Motors Mobility Program
1-800-323-9935
1-800-TDD-9935 (TDD)

Compu-Serve Disabled Users Data
1-800-848-8990

Children's Craniofacial Association
1-800-535-3643

Center for Education & Training for Employment
1-800-848-4815

Epilepsy Foundation of America
1-800-332-1000

Hadley School for the Blind
1-800-323-4238

International Hearing Society
1-800-521-5247

Housing Discrimination Complaints
1-800-669-9777

Huntington's Disease Association of America
1-800-345-4372

Job Accommodations Network
1-800-526-7234

NATIONAL TOLL-FREE NUMBERS

Job Discrimination Hotline (EEOC)
1-800-669-4000

Juvenile Diabetes Foundation International
1-800-223-1138

Library of Congress Handicapped Hotline
1-800-424-8567

Lung Line
1-800-222-5864

Lupus Foundation
1-800-558-0121

Multiple Sclerosis 24-Hour Information Line
1-800-783-0518

National Adoption Center for Special Needs Children
1-800-862-3678

National Speech Language Hearing Association
1-800-638-8255

National Center for Stuttering Hotline
1-800-221-2483

National Down Syndrome Congress
1-800-232-6372

National Down Syndrome Society
1-800-221-4602

Easter Seals
1-800-221-6827

Eye Care America
1-800-222-3937

National Foundation for Illeitis and Colitis
1-800-343-3637

NATIONAL TOLL-FREE NUMBERS

National Brain Injury Information Center
1-800-444-6443

National Health Information Center
1-800-336-4797

National Parkinson's Foundation
1-800-327-4545

National Rehabilitation Information Center
1-800-346-2742

National Spinal Cord Injury Association
1-800-962-9629

International Dyslexia Association
1-800-222-3123

Paralyzed Veterans of America
1-800-424-8200

Recordings for the Blind
1-800-221-4792

Social Security Information Claimant Representatives
1-800-431-2804 Voice
1-800-325-0778 (TDD)

Spina Bifida Association
1-800-621-3141

The Living Bank-Organ Donation
1-800-528-2971

United Cerebral Palsy
1-800-872-5827

ADAPTIVE TECHNOLOGY INFORMATION

Job Accommodation Network
PO Box 6080
Morgantown, WV 26506-6080
1-800-526-7234

National Technology Database
American Foundation for the Blind
National Technology Center
11 Pennsylvania Plaza, Suite 300
New York, NY 10001
(212) 502-7600

ABLENET
1081 10th Ave. S.E.
Minneapolis, MN 55114
1-800-322-0956

Breaking New Ground
(adaptive technology for farm and ranch occupations)
Agricultural & Biological Engineering
Purdue University
West Lafayette, IN 47907-1146
(765) 494-1191

ERIC Clearinghouse on Disabilities & Gifted Children
Council for Exceptional Children
1920 Association Drive
Reston, VA 20191-1589
(703) 620-3660

United Cerebral Palsy Association
1660 L Street NW , Suite 700
Washington, DC 20036
Website http://www.ucpa.org

Easter Seals
West Monroe, Suite 1800
Chicago, Illinois 60606
1-800-221-6827

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Manual of Style for Depicting People with Disabilities, Neil F. Hartigan, Attorney General, State of Illinois, Disabled Persons Advocacy Division

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President's Committee on Employment of People with Disabilities Educational Kit 1999

Watch Your Language! Prepared by John D. Kemp, National Easter Seals Society, January 17, 1990

TIPS for Communicating with Deaf People, Rochester Institute of Technology, National Technical Institute for the Deaf, Division of Public Affairs

Your Encounter with the Disabled - A Resource Manual on Disabilities, Jim Edgar, Secretary of State, January 1990

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What Do You Do When You See A Blind Person? American Foundation for the Blind, Inc.

Diabetes Facts & Figures, American Diabetes Association

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Meeting the Needs of Employees with Disabilities, Resources for Rehab, Inc., Resources for Rehabilitation, 33 Bedford Street, Suite 19 A, Lexington, Massachusetts 02173,

Technical Assistance Guide for the Employment of the Handicapped and Disabled Veterans, by Handicapped Disabled Veterans Program, Office of Equal Employment Opportunity, Federal Deposit Ins. Corporation 1992

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