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ABSTRACT

This handbook for parents is part of a packet intended to aid educators, families, and adult service providers to facilitate the transition from school to adult life in the community for students with both cognitive disabilities and visual or dual sensory impairments. Emphasis is on preparation of students for adult lifestyles through transition planning and community based instruction, including vocational experiences. Introductory sections describe the handbook and identify goals. The first major section examines the parent's role as children approach adulthood and covers sharing information and participating in goal selection, selection of learning experiences and skills to be developed, exploration of post-school options, and development of more appropriate options. The transition process is explained next, which includes the transition planning team, Individualized Education Programs and Transition Plans, the transition planning meeting, areas for transition planning, and a transition planning form. The last section identifies issues in planning for adulthood including: working with state agencies; vocational options; living arrangements; financial planning; travel; recreation and leisure; family support; legal services; and advocacy. Appendices include three references and lists of locations of parent resource centers, state rehabilitation agencies and resource centers, and state protection and advocacy agencies. Additional appendices list specific agencies in New York State. (DB)

PARENT HANDBOOK

A CURRICULAR APPROACH TO SUPPORT THE TRANSITION TO ADULTHOOD OF ADOLESCENTS WITH VISUAL OR DUAL SENSORY IMPAIRMENTS AND COGNITIVE DISABILITIES

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PREFACE

This handbook was written for parents of young people with severe disabilities that include visual or visual and hearing impairments, as well as limitations in the ability to do academic work. This Handbook for Parents is part of a set of guides meant to introduce a new way of planning for these students when they reach high school age. Its purpose is to assist parents in the following ways:

1. To present a way of thinking about how parents can work effectively with professionals in guiding their sons or daughters toward meaningful adult life styles.
2. To provide information useful to parents in thinking about their child's future after leaving school.

The other guides in this set are:

Handbook for Instructional Staff

Supplement for Administrators and Supervisors

Supplement for Transition Coordinators

Supplement for Adult Service Providers

INTRODUCTION

Parents of sons or daughters with severe disabilities, particularly parents whose son's or daughter's disabilities include visual or visual and hearing impairments, frequently experience great concern as their children enter late adolescence. This is a time when parents and their children typically begin to think about work, vocational training, or college. However, most of the standard options are not open to young people with severe disabilities. Parents of these young people wonder and worry about what kind of life their children will have. Will they be able to work? Will they have friends? What will they be able to do in the community? How will they spend their days?

Unfortunately, the answers to these questions were often unsatisfactory in the past. However, this situation has been changing in the last couple of years, in large part as a result of the actions of parents who would not accept a dismal future for their sons and daughters. Today good programs for adolescents with severe disabilities are moving toward an increasing focus on teaching skills that will enable young people to function more independently in their homes and communities, and to carry out work activities.

In the rest of this handbook you will find a discussion of

some of the new ideas that guide good programs, with specific attention to the parent's role in helping to achieve the best possible school outcomes for young people with severe disabilities.

GOALS AND OUTCOMES

"It is not the quality of tasks we can perform without assistance that matters but the quality of life we can live with help." (Zola, in Ludlow, Turnbull, & Luckasson, 1988, p.46)

The overall goal of any school program for adolescents with disabilities should be "a high-quality life that provides the opportunity to live, work, and play in the community, and to have meaningful personal relationships" (Turnbull, Turnbull, Bronicki, Summers, & Roeder-Gordon, 1989, p.9). Specifically, this curriculum focuses upon moving toward the following outcomes: participation in community and family life, the ability to perform activities involved in community and family life as independently as possible, the ability to engage in work, and the opportunities, supports, and assistance needed to realize this ability.

When Children Approach Adulthood: The Parent's Role

One of the facts that many parents are not aware of until their sons and daughters approach age 21 is that there are no guaranteed services waiting to be put into place when their children leave school. Federal and state laws guarantee students with disabilities a free, appropriate education to age 21. Neither federal nor state law guarantees those same individuals appropriate services, programs, or supports once they reach age 21 and "age-out" of the school system. Parents must begin working with school personnel long before their sons and daughters approach age 21 to ensure that appropriate options will be available to their children when they leave school. Parents must also work with the school to ensure that the curriculum is designed to prepare their sons and daughters for the kind of adult life styles they want. This means:

1. Parents should share information with school personnel about student and family needs, activities, and goals.
2. Parents should participate in selecting the goals for their son or daughter.
3. Parents should participate in selecting the kinds of learning experiences their son or daughter will have, and the kinds of skills they will be taught.

4. Parents should participate with school personnel in exploring post-school options for their sons or daughters.
5. Parents may need to work with professionals and/or other parents to develop more appropriate options for their sons and daughters when service gaps exist.

SHARING INFORMATION

As a parent you have important information to provide to school personnel about your son or daughter. When your child enters a new school setting, as is common when students reach high school age, you may want to make sure that instructional staff know the following: How you and your son or daughter communicate with each other, and how your son or daughter communicates with other family members and friends; what are some of the things that your son or daughter likes to do and does not like to do; what activities and responsibilities does your son or daughter have at home and in the community. Parents should share anything else about their son or daughter that would help school personnel work productively with him or her.

On the following pages you will find a questionnaire designed to help school personnel collect useful information from you. Your son's or daughter's teacher may ask you to complete this form, or you may want to do so and give it to her or him.

**PLANNING PROCESS: PARENT INPUT I
STUDENT PREFERENCES, STYLE, AND ACTIVITIES***

Student: _____ Parent Interviewed: _____

Interviewer: _____ Date: _____

Preferences and Style

1. a. How does your son or daughter make himself or herself understood to you and other family members?

Speech _____	Gestures _____
Sign Language _____	Pointing _____
Touch Sign _____	Communication Device _____
Gestures and Sounds _____	

- b. How do you communicate with your son or daughter?

2. When your son or daughter likes something, what does he or she do?

Speaks, signs or uses communication device _____	Takes or grabs _____
Laughs or smiles _____	Jumps or rocks _____
Points or reaches out _____	Makes sounds (describe) _____
	Other _____

3. When your son or daughter dislikes something, what does he or she do?

Speaks, signs or uses communication device _____	Makes sound (describe) _____
Cries or Frowns _____	Gestures (describe) _____
Screams _____	Other _____
Pushes or throws _____	
Looks, pulls, or turns away _____	

* Sources from which some questionnaire items were adapted:

Turnbull, H.R., Turnbull, A.P., Bronicki, G.J., Summers, J.A., & Roeder-Gordon, C. (1989). Disability and the family: A guide to decisions for adulthood. Baltimore, MD: Paul H. Brookes.

Ford, A., Dempsey, P., Black, J., Davern, L., Schnorr, R., & Meyer, L. (1987). Parent input: Priority goals. In The syracuse curriculum-referenced curriculum guide for students with moderate and severe handicaps (pp. 325-337). Syracuse, NY: Syracuse University.

4. What are your son's or daughter's three or four favorite activities?

5. What are the three activities your son or daughter likes least?

6. Does your son or daughter begin activities on his or her own?

Yes _____ No _____

If yes, which ones?

7. Does your son or daughter seek out people to do things with?

Yes _____ No _____

8. How does your son or daughter respond to new situations and settings?

withdraws _____ gets upset _____ explores _____

Describe what he or she actually does.

9. Describe how your son or daughter responds to children, teenagers, and adults in the community -- to neighbors, and to individuals in places he or she goes (e.g., ignores them, tries to communicate with children, pushes away people who get too close)?

 Student Activities

10. For each of the activities listed below indicate whether your son or daughter does the activity independently, with help, or not at all.

	Indep- endent	With Help	Not Done
Eating a meal			
Preparing a meal or snack			
Setting the table			
Cleaning up			
Selecting foods for meal or snack			
Dressing/Undressing			
Selecting clothes appropriate for activities and weather			
Selecting clothes to be purchased			
Using public toilets			
Managing menstrual care			
Shaving			
Making the bed			
Doing laundry			
Sweeping, mopping, or vacuuming			
Caring for plants			
Other housework (Specify)			

	Irdep- endent	With Help	Not Done
----- Using the telephone -----	-----	-----	-----
----- Using television or radio -----	-----	-----	-----
----- Using tape recorder or record player -----	-----	-----	-----
----- Shopping in neighborhood food store -----	-----	-----	-----
----- Eating in a restaurant -----	-----	-----	-----
----- Using neighborhood services (e.g., barber, cleaning store) -----	-----	-----	-----
----- Walking in the neighborhood -----	-----	-----	-----
----- Using local public transportation -----	-----	-----	-----
----- Participating in sports -----	-----	-----	-----
----- Attending religious service -----	-----	-----	-----
----- Using a park -----	-----	-----	-----
----- Going to a movie or musical event at a theatre -----	-----	-----	-----
----- Attending a neighborhood "Y" or other recreational agency ----- -----	-----	-----	-----

Comments

PARTICIPATING IN GOAL SELECTION

The selection of goals should be tied to what would enable your son or daughter to participate more fully in family life and community activities both now and in the future. Goals should focus on the attainment of skills and behaviors that would make a significant contribution to the quality of life of the student and the family. If it is important to the family to be able to include their son or daughter in dining out in a restaurant, and it is equally important to the student to be included, but his or her disruptive table behavior prevents this, then helping this student learn to behave appropriately while dining in a restaurant may become a goal.

If participation in a desired Saturday recreation program in the community requires that a student display more independence in toileting and hygiene then these would be appropriate goals. These would be "functional" goals for your son or daughter. "Functional" goals are goals that have usefulness in relation to the current and/or future lives of individual students.

On the following pages you will find forms designed to collect information from you that would help shape appropriate "functional" goals for your son or daughter. Your son's or daughter's teacher may ask you to complete these forms, or you

may want to do so and give them to her or him.

PLANNING PROCESS: PARENT INPUT II
GOALS FOR CURRENT HOME AND COMMUNITY LIVING

Student: _____ Parent Interviewed: _____

Interviewer: _____ Date: _____

1. What would you like your son or daughter to learn in school to increase his or her participation in family life?

2. What would you like your son or daughter to learn in school to increase his or her participation in community activities?

PLANNING PROCESS: PARENT INPUT IIIGoals for Adult Life

Student: _____ Parent Interviewed: _____

Interviewer: _____ Date: _____

1. What would you like your son or daughter to do after finishing school?
 - a. Living arrangements: Where would you like him or her to live?
 - b. Travel: How would you like him or her to travel to activities?
 - c. Work or other daily activity: Would you like him or her to work? If yes, what kind of work would you like your son or daughter to engage in? If no, what other kinds of activities?
 - d. Recreation activities (free time): What would you like him or her to do during free time?
2. Has your son or daughter ever indicated anything that he or she would like to do as an adult?
If yes, what?

School Learning for Adult Life

3. What would you like your son or daughter to learn while he or she is still going to school in preparation for adult life? Give two or three activities in each of the areas below.
 - a. Household activities:

 - b. Personal hygiene, grooming, and dressing:

 - c. Recreational activities:

 - d. Neighborhood activities:

 - e. Personnel Management:

4. What kinds of work experiences would you like your son or daughter to have while still in school?

PARTICIPATING IN THE SELECTION OF LEARNING EXPERIENCES AND SKILLS TO BE DEVELOPED

Once appropriate functional goals have been selected, needed skill development and learning experiences are easily defined. Here it may be helpful for parents to identify specific community sites that they and their son or daughter use. It may be appropriate to use community sites in the teaching process.

Parents may help teachers pinpoint the specific skills that would make a significant difference in meeting the desired goals. For example within the goal of more independent toileting behavior and personal hygiene, parents may pinpoint their son's need to zip and fasten his pants independently before he comes out of the public bathroom.

PARTICIPATING IN THE EXPLORATION OF POST-SCHOOL OPTIONS

If you completed the parent input forms that preceded this, you have already identified the long term goals you have for your son or daughter. As your son or daughter approaches the end of his or her schooling it is critical that you begin to work with the school team to explore what options exist in the community for your son or daughter after he or she leaves school. This process of matching the goals of the student and family for his or her adult life with community options should begin before the student's last year of school. This process

is called "transition planning."

PARTICIPATING IN THE DEVELOPMENT OF MORE APPROPRIATE OPTIONS

Sometimes it becomes clear that appropriate options for your son/daughter are not available in the community (this is another reason why it is important to begin transition planning early). When this is the case, parents need to get together and work with professionals from both local community and state agencies to develop options needed to fill gaps in the adult service system. Parents may need to form groups to develop awareness and bring pressure to bear on funding agencies and legislators about filling gaps in the service system.

TRANSITION PROCESS

An overview of the parent's role in transition planning was presented in the last section. This section will look at the process in greater detail, with particular attention to the transition team, to the Individualized Education Program (IEP), and to the Individualized Transition Plan (ITP).

THE TRANSITION PLANNING TEAM

Participants in the transition planning process are those people who are either very familiar with the student's needs and skills or who could play an active role in developing plans for the student's adult life. The members of the transition team, then, may vary with differences in school programs and personnel, community resources, the needs of each student, and his or her stage in the transition process.

The core transition team members are: the parent(s) or guardian, the teacher, the student (whenever possible), and a staff member of the program who has been appointed to coordinate the transition planning process for your son or daughter.

The transition planning team should include members of the multi-disciplinary team responsible for your son's or daughter's Individualized Education Program (IEP). This multi-

disciplinary team is legally assigned to design an appropriate program for your son or daughter. The participation of the school or program administrator is also often very valuable.

Once your son or daughter has turned 18, adult service agencies should be involved in the transition planning process. A representative of the appropriate state agency or agencies (in New York State, for instance, the Commission for the Blind and Visually Handicapped, the Office of Mental Retardation and Developmental Disabilities, and/or the Office of Vocational and Educational Services for Individuals with Disabilities) should be asked to meet with the transition team (or representatives of the team) to outline possible services for your son or daughter and your family. Representatives of community programs that offer appropriate services to your son or daughter (including work programs) might also be asked to participate in meetings designed to explore post-school options.

IEPS AND ITPS

An Individualized Education Program (IEP) is the official document that identifies the educational programs and services that your son or daughter is to receive. By now all of you are familiar with the IEP and the parent's role in its development. An Individualized Transition Plan (ITP) may be thought of as an age-appropriate IEP for a student of high

school age. In practice, it may be either an expanded version of an IEP or a supplement to the IEP.

THE TRANSITION PLANNING MEETING

A transition planning meeting can take different forms. It may be a new way of looking at an IEP meeting; or it may be a separate meeting that precedes the IEP meeting and shapes the thinking that goes into the official IEP meeting.

The purpose of a transition planning meeting will change with the age of your son or daughter and how far he or she is from leaving school. For a 15 year old, the purpose of the meeting might be to become better acquainted with your son's or daughter's needs, preferences, abilities, and goals, as well as with your family's goals for the future. A transition planning meeting for a 19 or 20 year old will have a different purpose, namely to plan more specifically for activities, services, and supports after your son or daughter leaves school. Both of these meetings, however, will focus on school goals to better prepare your son or daughter for the future.

AREAS FOR TRANSITION PLANNING

During your son's or daughter's early adolescent years the areas of focus for transition planning are vocational experiences, recreation and leisure skills, personal management, and any other community experiences that will lead

to greater self-sufficiency and integration. I.E.P. objectives and learning experiences are designed to support goals in these areas. As your son or daughter enters late adolescence other focuses emerge. Planning should then include specific attention to post-school needs in the following areas: finances, medical care and insurance options, living arrangements, vocational placement, transportation, and legal concerns.

A TRANSITION PLANNING FORM

A sample form for an individualized transition plan is presented on pages 23-36. This form has been completed for two students: Joanna and Robert. A brief profile of each of these students is presented below.

PROFILE OF JOANNA

Joanna, who is 20 years old, has no usable vision or hearing. She has cerebral palsy and moves in a wheelchair with the help of others. She spent her early years in a large state institution. If Joanna recognizes a person, she initiates social communication through tactile contact, placing the person's hand on her shoulder or hair. She recognizes people through their distinctive characteristics such as a beard, a particular bracelet, or aftershave lotion. Otherwise, she recoils from touch. Joanna is on a toileting schedule and needs assistance in eating. She uses gestures to communicate,

pantomiming eating when she is hungry, and holding or pulling on a part of her body that hurts.

PROFILE OF ROBERT

Robert, who is 18 years old, is deaf and visually impaired with tunnel vision. He has Usher's Syndrome.* He was born with a severe hearing impairment, and began losing his vision at about age 14. A physically able young man, he is capable of taking care of his personal needs. He always comes to school well dressed and groomed. Robert experiences grand mal seizures every few weeks even though he is on medication to control them. Recently, Robert has begun exhibiting self-abusive behavior, e.g, hitting himself on some occasions. Communication is accomplished both receptively and expressively through approximately twenty signs and a picture communication book. Robert does seem to understand and respond to some non-verbal expressions of emotion in another person such as sadness. He is quite withdrawn and usually waits until activities have been in progress for some time before he does anything. However, on occasion, he initiates

* Usher's Syndrome is a condition in which an individual has profound congenital deafness and a progressive visual loss due to retinitis pigmentosa (RP). Although the person is born with RP, the symptoms do not generally manifest themselves until adolescence. The first symptom is usually night blindness. The second symptom is progressive, restricted visual fields.

interaction. For example, he will sometimes use the sign for toilet to get permission to go to the bathroom; at other times he will leave the classroom without any gestures to staff.

INDIVIDUALIZED TRANSITION PLAN

NAME OF STUDENT Joanna DATE OF BIRTH 5/5/69 DATE OF PLANNING MEETING May 10, 1989
 PLANNING TEAM Joanna, mother, teacher, assistant teacher (AT), transition coordinator (TC), social worker (SW)

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
VOCATIONAL PLACEMENTS		SW on the team will contact the State Rehabilitation Agency for the Blind to arrange for purchase of Silent Pager SPII Wrist Receiver.	Work with school staff on implementing Joanna's use of Silent Pager SPII wrist receiver paired with signing to indicate toileting need.	Representative of State Rehabilitation Agency for the Blind to arrange for the purchase of the Silent Pager SPII Wrist Receiver, as this is necessary to support her participation in community based work experiences.	While wearing the Silent Pager SPII WristReceiver,* Joanna will make an approximated sign for "toilet" when the receiver begins to vibrate.
Competitive	___				
Supportive	___				
Sheltered	___	TC will contact a representative of the local office of the State MR/DD Agency to identify day programs that have or may be willing to develop a supported work module for individuals with dual sensory impairments.	Contact day programs on list provided by MR/DD Agency to explore suitability of these programs for Joanna's needs.	Representative of MR/DD Agency will provide Joanna's mother with a list of day programs.	Joanna will place sheets of paper to be photocopied in the appropriate position on a copy machine in the school office.
Specify the above or other	<u>X</u>				
<u>Day program with supported work module.</u>					
Identify current & past Vocational experiences		SW will help Joanna's mother contact day programs that might be able to admit Joanna and involve her in an appropriate supported work experience.			
<u>Activates camera at micro-graphics business, using adaptive switch.</u>		TC or SW will accompany Joanna's mother to interview with director of day program that will consider Joanna, to talk about Joanna's vocational experiences, and how vocational experiences can be adapted for Joanna.			

*Available from Quest Electronics (See Appendix C, Products List in the Handbook for Instructional Staff.)

NAME OF STUDENT JoannaDATE May 10, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
LIVING ARRANGEMENTS					
With Family	___	Teacher will make a home visit to work with Joanna's mother on how to implement a laundry skills instruction program at home.	Work with TC on identifying possible residential options.	MR/DD representative will provide a list of agencies operating ICF/MRs that either serve or might be willing to include persons with visual or dual sensory impairments.	Joanna will assist her parents at home in such activities as doing laundry, putting clothes away, preparing food and cleaning up.
Semi-independent Living	___	SW will contact the State Rehabilitation Agency for the Blind to explore whether it is possible to arrange for an ADL instructor to work with Joanna at home after school on food preparation and clothing care.	Work with teacher on home implementation of laundry skills program.	State Rehabilitation Agency for the Blind will respond to request for ADL instructor to work with Joanna at home.	Joanna will assist in activities involving food preparation and eating, and doing laundry at an ICF/MR near the school.
Community Residence	___	SW will work with Joanna's mother to explore residential alternatives, contacting the appropriate regional or local MR/DD office for a list of agencies operating ICF/MRs that either serve or might be willing to serve persons with visual or dual sensory impairments.	Provide opportunities for Joanna to make food choices at home using an object cue menu.		Given choices of food at lunch and snack time, Joanna will indicate her food preference by using an object cue menu.
Specify the above or other ICF/MR close enough to family home so that parents can visit Joanna frequently.	X				
Identify current living arrangements <u>Living at home with parents but parents would like Joanna to have a placement in the community within a year or two.</u>					

NAME OF STUDENT Joanna

DATE May 10, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
<p>RECREATION AND LEISURE Use of integrated, community facilities & programs</p>	<p><u>X</u></p>	<p>Physical therapist will modify a pet brush for Joanna to use in the pet grooming class at the YMCA.</p>	<p>Will recruit community volunteers/support persons to accompany Joanna to YMCA so that she can participate in pet grooming class.</p>	<p>YMCA staff meet with Joanna's mother to learn about Joanna.</p>	<p>Accompanied by a non-disabled school friend, Joanna will water, prune and fertilize the collection of plants in the school science room.</p>
<p>Use of specialized facilities & programs</p>	<p>_____</p>	<p>Joanna's teacher will invite the instructor of the pet grooming class to come to the classroom to observe Joanna.</p>	<p>Identified and arranged for Joanna's participation in community garden activities. Joanna will be accompanied to and assisted in this program by her sister.</p>	<p>Community garden organizers meet with Joanna's mother to learn about Joanna.</p>	
<p>Specify the above or other _____ <u>Local, volunteer-maintained community garden; pet grooming class offered by the local YMCA.</u></p>		<p>TC will help mother use school channels to try to recruit volunteers who will accompany and assist Joanna in YMCA pet grooming class.</p>		<p>Continue to include Joanna in UCP swimming program.</p>	
<p>Identify current recreation and leisure <u>Swimming program at the local UCP.</u></p>			<p>Continue arrangements for Joanna to participate in UCP swimming program.</p>		



NAME OF STUDENT Joanna

DATE May 10, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
TRANSPORTATION			Train volunteers/ support persons to use public bus with wheelchair lift to bring Joanna to and from the YMCA.		
Provided by family	---				
Public transportation	<u>X</u>				
Specialized transport	<u>X</u>		Joanna's sister will drive Joanna in the family van to and from the community garden.		
Orientation & Mobility assistance	---				
Specify the above or other _____	---		Joanna's family will travel with Joanna on public, wheelchair accessible buses to assist her in becoming accustomed to this form of travel prior to her traveling with a volunteer to the YMCA.		

Identify current modes of transportation used					



NAME OF STUDENT Joanna

DATE May 10, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
-------------------------------	------	----------------------------------------------	-----------------------------------	------------------------------------------------------------	----------------------------------------

INCOME

SSI _____

SSDI _____

Food Stamps _____

Earnings _____

Other (Specify) _____

Identify the above types of
assistance being received _____

Joanna receives SSI.

NAME OF STUDENT JoannaDATE May 10, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
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MEDICAL CARE

Insurance

Medicaid _____

Medicare _____

Other (Specify) _____
_____Specialized health care _____

_____Other (Specify) _____
_____Identify current health
insurance MedicaidIdentify current services
being used UCP Clinic

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NAME OF STUDENT JoannaDATE May 10, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP SERVICES
FAMILY SUPPORT					
Peer support network	<u>X</u>	SW on transition team will arrange introduction between Joanna's parents and parents of children with similar needs who recently completed the transition to adulthood.	Meet with other parents.	ARC to follow-up up on parent's requests of assistance regarding guardianship issues.	
Parent education	_____		Follow-up on contact with ARC.		
Counseling	_____				
Respite Care	_____	TC will contact local Association for Retarded Citizens (ARC) to assist parents in addressing guardianship.			
Economic assistance	_____				
Legal services (trusts, wills, guardianship)	<u>X</u>				
Advocacy	<u>X</u>	SW will encourage Joanna's parents to join with other parents of students of transition age at the school to work for the development of needed residential and vocational alternatives.			
Specify the above or other	_____				

Identify current family support services used	_____				

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INDIVIDUALIZED TRANSITION PLAN

NAME OF STUDENT Robert DATE OF BIRTH August 11, 1970 DATE OF PLANNING MEETING April 9, 1989
 PLANNING TEAM Robert, mother, teacher, transition coordinator (TC) social worker (SW), Counselor from State Rehabilitation Agency
serving people who are blind

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
VOCATIONAL PLACEMENTS		Teacher & TC will explore with the management of the commercial kitchen supply business where Robert's brother-in-law is employed the possibility of a vocational placement for Robert.	Will contact son-in-law to explore possible supported work opportunities for Robert.	The State Rehabilitation Agency for the Blind and the MR/DD representatives will provide lists of supported work programs.	Robert will use his communication book at the work site to communicate with his co-workers and his supervisor.
Competitive	—				
Supportive	<u>X</u>		Will reinforce Robert's use of communication book in varied settings.		Robert will expand his functional communication system (signs, object cues) to encompass the communication needed for his work experience.
Sheltered	—	Teacher & speech and language therapist will identify Robert's vocabulary needs relative to his vocational experience and work with him to expand communication skills.	Will work with social worker to contact programs on the lists provided by the MR/DD and the State Rehabilitation Agency for the Blind to explore their suitability for Robert.		Robert will initiate social communication with a peer of his choice when having lunch with that peer and a staff member of his choice once a week.
Specify the above or other	—				
Identify current & Past Vocational experiences <u>Robert has had previous vocational experience in the areas of: <u>dishwashing, stock work, hotel/ housekeeping & office services</u></u>		TC will contact local MR/DD office for a listing of agencies currently providing supported work experiences for individuals with severe disabilities.			

NAME OF STUDENT Robert

DATE April 9, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
LIVING ARRANGEMENTS		TC will contact local service agency to arrange for Robert and one other student plus a staff member to visit the agency's community residence (CR) twice a month.	Contact MR/DD to obtain lists of CRs in Robert's community.	MR/DD representative will provide a list of CRs in Robert's community.	Robert, one other student and a teacher assistant will shop for and prepare a snack at a local CR, inviting the CR staff and anyone who lives there to socialize and enjoy the prepared snack, twice a month.
With Family	___				
Semi-independent Living	___				
Community Residence	<u>X</u>				
Specify the above or other <u>Parents would like</u>	___	SW will assist Robert's mother to contact CRs in Robert's community to explore the appropriateness of these for Robert's future needs.			
<u>Robert to live in a small community residence not too far away from his home.</u>					
Identify current living arrangements <u>Currently at home with family.</u>					

NAME OF STUDENT RobertDATE April 9, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
RECREATION AND LEISURE Use of integrated, community facilities & programs	<u>X</u>	Teacher will continue to provide Robert with generalization training relative to using public toilet facilities.	Will encourage Robert to play games with family members, supporting his school's efforts in this regard.		Robert will become independent in his use of varied public restroom facilities.
Use of specialized facilities & programs	_____	Teacher will continue to work on desensitization program focused on assisting Robert to identify sources of environmental noises and become more comfortable with these noises.			Robert will be able to identify the environmental noises that cause him to become upset.
Specify the above or other _____	_____	Teacher will schedule instruction for Robert in the area of crafts and table games.			Robert will display less disruptive behavior in response to environmental noises.
Identify current recreation and leisure _____	_____	Teacher and teacher assistant will support Robert in playing games with nondisabled peers in integrated student game room.			Robert will learn to play three more interactive table games with peers of his choice.
_____	_____				Robert will learn two more leisure based craft activities/hobbies.
_____	_____				
_____	_____				

NAME OF STUDENT Robert

DATE April 9, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
TRANSPORTATION		When O&M instruction is provided attention will be focused on assisting Robert on travel to and from his community work site.	Will assist Robert in becoming accustomed to the use of public transportation after O&M instruction has begun.		O&M instruction will be considered for inclusion on Robert's IEP for the following year. This instruction will focus on the use of public transportation with an escort, and use of taxicabs.
Provided by family	___				
Public transportation	___				
Specialized transport	___				
Orientation & Mobility assistance	<u>X</u>		Will begin application process for Robert to become eligible for the transportation department's Half Fare program.		
Specify the above or other _____	___				

Identify current modes of transportation used

Family provides transportation to Robert.



NAME OF STUDENT RobertDATE April 9, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
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INCOME

SSI _____

SSDI _____

Food Stamps _____

Earnings _____

Other(Specify) _____

Identify the above types of
assistance being received _____

Robert began receiving SSI

payments shortly after his 18th

birthday.

NAME OF STUDENT RobertDATE April 9, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP GOAL(S)/OBJECTIVE(S)
MEDICAL CARE					
Insurance					
Medicaid	_____	SW will discuss with Robert's mother what kind of neurological assessment Robert has received, and how recently his medication has been reviewed.	Will arrange an appointment at low vision clinic for updated evaluation for possible optical aids.		
Medicare	_____				
Other(Specify) _____	_____				
Specialized health care _____	_____				
Other(Specify) <u>Updated evaluation at low vision clinic for possible optical aids for use outdoors.</u>	<u>X</u>				
Identify current health insurance <u>Medicaid coverage provided since SSI began.</u>					
Identify current services being used <u>Low vision clinic.</u>					

NAME OF STUDENT RobertDATE April 9, 1989

TRANSITION ISSUES AND OPTIONS	GOAL	SCHOOL REPRESENTATIVES & RESPONSIBILITIES	PARENT/FAMILY RESPONSIBILITIES	AGENCIES INVOLVED RESPONSIBILITIES, & CONTACT PERSON	SUPPORTIVE IEP SERVICES
FAMILY SUPPORT					
Peer support network	<u>X</u>	SW on Transition Team will arrange for introduction between Robert's parents and the parents of a former student with similar needs who recently completed school and is in a supported work program.	Meet with other paired parents.		
Parent education	---				
Counseling	---				
Respite Care	---	TC will provide parents with booklet from local Association for Retarded Citizens (ARC) that describes workshops on guardianship, wills and trusts.			
Economic assistance	---				
Legal services (trusts, wills, guardianship)	<u>X</u>				
Advocacy	---				
Specify the above or other	---				
<hr/>					
<hr/>					
Identify current family support services used.					
<hr/>					
<hr/>					

SOME ISSUES IN PLANNING FOR ADULTHOOD

WORKING WITH STATE AGENCIES

While there are differences from state to state on how state agencies work and what services they provide for adults with severe disabilities and visual or dual sensory impairments, there are some commonalities. Every state has a rehabilitation agency that focuses on the needs of people who have disabilities. In some states there is a separate rehabilitation agency that serves people who are blind and visually impaired, while in other states this service is provided by an office within the overall rehabilitation agency. Each state also has an agency serving persons who have mental retardation. Sometimes this agency is part of a broader state agency such as social services, public welfare, or mental hygiene. In addition, there are protection and advocacy agencies in each state. These agencies or programs represent the basic state resources for persons with severe disabilities that include visual or dual sensory impairments and cognitive disabilities.

The state rehabilitation agency serving persons who are blind and visually impaired focuses upon helping individuals move into the work world. This agency may work not only with students over age 18 but also with younger adolescents (or

even younger children) to help prepare them to assume roles in the workforce. This agency may provide, arrange and/or pay for such services as vocational evaluation, orientation and mobility training for more independent travel skills, training in activities of daily living, supported work experiences, and adaptive equipment. If your son or daughter is not yet known to this agency, it would be important to make contact with a representative of this agency to find out what services are available. A list of these state agencies is provided in Appendix B. Any transition planning implemented by school personnel should be based on an awareness of what services may be available to your son or daughter from this agency.

The state agency serving persons with mental retardation and developmental disabilities* may provide vocational services as well as residential services, day programs, recreation and leisure activities, and family support services. Even if your son or daughter receives vocational services from the state rehabilitation agency serving persons who are blind and visually impaired, he or she may also be eligible to receive other types of services from the state agency serving persons who have mental retardation or developmental disabilities.

* Developmental disabilities refers to the presence of a severe disability that results in substantial limitations in major life activities. Thus, all individuals who have both visual or dual sensory impairments and cognitive disabilities meet this definition.

Therefore, it is important that the services of this state agency also be explored in planning for your son or daughter's transition to adult living. Appendix C contains a list of the state mental retardation/developmental disabilities agencies.

Each state also has a network of "Protection and Advocacy" agencies that serve individuals of all ages who have developmental disabilities. These agencies are available to work on behalf of individuals with developmental disabilities whose rights are not being respected, or who are not being provided full access to services. As a parent, there may be times when you feel the need to consult an advocacy group to find out whether your son or daughter is receiving appropriate services. A list of the State Protection and Advocacy agencies is provided in Appendix D.

VOCATIONAL OPTIONS

Until recently, there were very few, if any, opportunities for adults with visual or dual sensory impairments and cognitive disabilities to obtain paid employment. This situation began to change in the mid 1980's, with the introduction of "supported employment" programs.

Supported employment is an approach that enables some individuals with severe disabilities to participate in paid

employment in the community for at least 20 hours per week. Support is provided by a representative of a service agency who gives training and assistance at the job site to the individual or individuals with disabilities. This approach may make it possible for many individuals with visual or dual sensory impairments and cognitive disabilities to obtain paid employment in the community.

Sheltered employment is a program that has existed for many years. It provides work for individuals with disabilities within an agency that serves this population. Sheltered workshops have been criticized in recent years because they continue the segregation of people with disabilities from the rest of the population, because the wage scale used often results in limited earnings and because there may be long periods when no work is available. Supported employment provides an alternative for individuals with disabilities who might otherwise have had no alternative other than sheltered employment.

Many adults with visual or dual sensory impairments and cognitive disabilities are, in fact, not in any work programs. They are, instead, in day treatment or day activity programs for adults. While these programs may be designed to assist persons move toward work, in practice, the individuals being served rarely move to work programs. However, some agencies

are exploring ways of incorporating work experiences into their day treatment programs.

The best current thinking is that preparation for work must: 1) begin during the school years; 2) include work experiences in the community during these years; and 3) continue after the school years through on-the-job training and support.

If your son or daughter has not been participating in work experiences, you may want to ask to meet with the teacher or other members of the school team to explore possibilities in this area.

If school personnel have not mentioned supported employment to you, and you are interested in finding out more about this, ask to discuss this idea with the transition planning team. You may also contact the state rehabilitation agency serving persons who are blind and visually impaired, as well as the state mental retardation/developmental disabilities agency.

LIVING ARRANGEMENTS

In the United States, when children reach the post school years, they very often begin to plan to leave the family home. In the case of children who have severe disabilities, some parents may want to consider options for living arrangements

outside the family home. The major alternative to family living for adults with severe disabilities is some form of group home.

For individuals who can live with a significant degree of independence, semi-independent living arrangements may be available. Such arrangements may involve clusters of apartments, with support staff available as needed. Support staff is available to assist with training and supervision, emergencies, and other special situations. This type of arrangement is most appropriate for individuals who can perform many everyday tasks independently.

A more common form of group living for individuals with severe disabilities is a community residence where supervision is provided on a continuous basis. An even more intensive level of supervision may be provided through small intermediate care facilities (ICFs/MR). This latter facility is supported by Medicaid funds and is specifically designed for people with severe disabilities, including those who have health care needs.

Not all of these options may not be available in your community, or they may not be available to individuals with visual or dual sensory impairments and cognitive disabilities. Therefore, if you wish to consider one of these alternatives,

you should begin collecting information about what is available in your community long before your son or daughter is ready to leave school.

A good place to start is with your son's or daughter's transition planning team. Ask them to put you in touch with the appropriate agencies in your community. The State Mental Retardation/Developmental Disabilities Agency can also (see Appendix C) help you identify appropriate local agencies to contact if the school cannot do this for you.

FINANCIAL PLANNING

As your son or daughter approaches adulthood you may begin to wonder about his or her future financial status. Will you always be responsible for their full support or is there any government financial assistance program available? There are two major government programs that may provide cash benefits for your son or daughter: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). If your son or daughter has not been receiving Supplemental Security Income (SSI), that situation can change when he or she reaches age 18. SSI benefits are available to children with disabilities under age 18 whose families are financially needy. However, once a child becomes age 18, he or she is eligible to receive part of the SSI cash benefits even when

their families are not financially needy. You should not wait until your son or daughter reaches age 18 before applying for SSI as this process may take several months.

If your son or daughter begins to earn substantial income after leaving school, his or her SSI payments may be decreased or even stopped after earned income reaches a certain point. However, even in those cases where payments are reduced substantially, or eliminated, SSI is important for other reasons. In most states eligibility for SSI provides eligibility for food stamps and Medicaid, and Medicaid can be continued even after cash benefits have stopped. Additionally, even when cash benefits from SSI are discontinued, your son or daughter will retain eligibility for SSI benefits for at least 12 months (and can reapply for cash benefits at any time after 12 months).

SSDI provides payment to all children (under age 18) of retired, deceased or disabled workers. However, it also provides payments to the adult disabled children of such workers (if the child became disabled before age 22.) If either you or your spouse is thinking about retirement, it is a good idea to go to your local Social Security Administrative Office to find out what benefits may be available to your son or daughter.

Your son or daughter may be eligible for both SSI and SSDI. However, payments from SSI will be decreased to take into account the cash benefits received from SSDI.

As noted earlier, SSI eligibility brings with it (in almost all states) eligibility for Medicaid. Medicaid provides comprehensive health care coverage. In addition, some states have Medicaid Waiver programs for individuals with severe disabilities that cover selected home based services not included in basic Medicaid programs. The local Social Security Administration office (where you go to apply for SSI) will direct you to the local agency that can answer your questions about Medicaid services. Medicaid is usually administered through a local office of the state social services agency.

If your son or daughter is eligible for SSDI, he or she may also be eligible for Medicare coverage. However, Medicare coverage is less comprehensive than that of Medicaid. Your son or daughter may be eligible for both Medicaid and Medicare, if he or she qualifies for both SSI and SSDI.

TRAVEL

The ability to get to and from work sites, recreation and leisure sites, and various community settings is central to

adult living. Therefore, acquiring greater independence in travel, both indoors and outside, should be a major focus of your son or daughter's education. However, for many of your sons or daughters completely independent travel in the community may not be a reality at the time he or she leaves school. There may be a continuing need for orientation and mobility instruction after your son or daughter leaves school. You may need to be active and assertive in obtaining this (continued) instruction from an adult service agency. Orientation and mobility services may be obtainable through the State Rehabilitation Agency serving persons who are blind or visually impaired.

While non-work day programs provide specialized transportation for adults with severe disabilities, such transportation is not generally available to individuals in supported or work programs. This lack of transportation is a serious obstacle to the participation of individuals with visual or dual sensory impairments and cognitive disabilities in work programs.

The best way of minimizing this barrier is to work with the school transition planning team, including local adult service providers, to identify possible supported or sheltered work sites within your immediate neighborhood; thereby eliminating the need for elaborate transportation arrangements. When an

individual is placed within his or her immediate community, it may be possible to arrange for car pools or escort services, either through friends, relatives and co-workers, at no cost; or through an escort service at minimal cost. (All fees paid for transportation are deductible from income when SSI cash benefits are being calculated.)

For example, in one community it was possible to arrange for two high school students to serve as escorts for an individual in a supported work program. One student who had a late schedule escorted the individual to his work site each morning, while the other student who had an early school schedule escorted the individual home from the work site. This is a situation that calls for flexible and creative thinking about alternative approaches.

RECREATION AND LEISURE

Recreation and leisure activities are a substantial part of the lives of most adults. These activities fulfill an important need. This is an area in which jointly planned activities involving the home and the school should begin when your son or daughter is young.

This might include:

1. Communicating to the school team what kinds of recreation and leisure activities you would like your son or daughter to participate in with the family, with peers, or by him or herself.
2. Enlisting the assistance of the school team in developing the skills and adaptations that would enable you to involve your son or daughter more fully in these activities.
3. Enlisting the assistance of the school in identifying or developing community recreational programs or activities in which your son or daughter might participate.
4. Enlisting the assistance of the school in identifying other students that your son or daughter enjoys being with, and enabling you to make contact with that student's family to explore the possibility of the two students spending time together after school or on weekends.

FAMILY SUPPORT

While all of the services that have been described in this handbook contribute to the support of families, there are

other services that are thought of when the term family support is used. These include: parent education or training, parent to parent networks, respite care and parent counseling. Parent education and parent training should be provided by all school programs serving students with severe disabilities. These services may take different forms. There may be a series of workshops for parents of students with severe disabilities over the school year. There may be individual conferences, with the teacher or member(s) of the multi-disciplinary team to help the parent develop skills that may be particularly relevant in the relationship between an individual parent and her son or daughter. School programs can also arrange for parents to attend appropriate parent education activities that are operated by local service agencies (e.g. local branch of United Cerebral Palsy or Association for Retarded Citizens) most of which have well developed parent education programs. Parent education and parent training activities provided by the school program should reflect the interests and needs of the parents of students in the program on the basis of consultation with these parents. If your son's or daughter's school has not informed you of any plans for parent education or parent training, and this is something that you feel is important for you, you should speak to either your son's or daughter's teacher or a member of the multi-disciplinary team serving the program. If it does not appear that this contact will result

in the parent education or training services that you need, the next step would be to go to the program administrator.

Parent to parent networks are a relatively new form of family support but, in fact, networking is something that some parents have been doing on their own initiative for years. A parent to parent network may include telephone partners in which two or three parents agree to exchange telephone numbers and be available to one another to listen, to share experiences, and to provide advice and assistance over the telephone. Telephone networks can be expanded to include activities in which two or three parents with their sons or daughters get together in the community or each others' homes. It could also include arrangements in which the parents take turns participating in community activities with their two or three sons or daughters. The primary role of the school, in the formation of such networks, is to arrange opportunities for parents to get together, both without their sons and daughters and with them, so that the parents can get to know each other. Out of such opportunities natural networks may develop. When they don't, school personnel may serve as catalysts by presenting such ideas as telephone number exchanges.

If you are interested in exploring the idea of a parent to parent network or telephone partners, speak to either your

son's or daughter's teacher or a member of the multi-disciplinary team (e.g. social work or guidance counselor) and make your interest in such a parent to parent network known.

Respite care was developed primarily as a service to parents of younger children. However, when one is thinking about individuals with severe disabilities, who need some form of support or supervision at all times, this concept of providing parents with a break in their care giving responsibilities is appropriate. Find out from a member of the multi-disciplinary team (e.g. social worker, guidance counselor) what state agencies support respite care programs and, if possible, what local service agencies provide this service. If you cannot get information about local service providers from your son's or daughter's school, then contact the nearest office of the state agency serving persons with mental retardation and developmental disabilities (See Appendix C, pp. 66 for state offices). In most states it is the agency serving persons with mental retardation and developmental disabilities that supports respite care services; however, in some states the Department of Social Services, or the Department of Mental Health and Hygiene may support respite care programs as well.

Sometimes parents want counseling services for themselves or other family members (e.g., siblings). While this service may not be available at the school, a member of the multi-

disciplinary team should be able to assist the parent in identifying local agencies at which such counseling services would be available.

LEGAL SERVICES

Until your son or daughter becomes 18 years of age you, as the parent, are the natural guardian. Once your son or daughter is 18, you are no longer legally empowered to be his or her guardian. This means that your son or daughter may have to make decisions about such things as medical and financial matters. Guardianship transfers the authority to provide consent from one person, e.g., your daughter, to another person, e.g., yourself or another family member. Guardianship should be considered only when your son or daughter lacks the competence to provide consent.

There are two major types of guardianship--complete and limited. Complete guardianship is meant to be used only when an individual is incompetent in all areas of decision making. Limited guardianship is meant to be used when an individual is able to give consent for some kinds of decisions.

Guardianship is not to be undertaken lightly. If you would like to find out more about it, ask a member of the multi-disciplinary school team to refer you to a local adult service

provider, e.g., an Association for Retarded Citizens, that can provide written information and consultation in this area. If you are not able to obtain the assistance you need in this way, contact your local Protection and Advocacy Agency (see Appendix D, pp. 75). These same agencies may be able to help you with another legal matter, namely trusts, or the protection of financial assets that you may wish to make available to your son or daughter. Trusts can protect money from being used by the state to pay for your son's or daughter's services, while allowing your son or daughter to be eligible for SSI, Medicaid and other benefits.

ADVOCACY

As a parent you may already have found or may find in the future that your son's or daughter's needs are not being met and/or their rights are not being fully respected. You may accept this situation, even though you don't like it, or you may work to change this situation. If you make this latter decision, you are becoming involved in advocacy.

Advocacy can have different forms and purposes. It may be one parent trying to ensure that her daughter receives the related services to which she is entitled. It may be this same parent working to ensure an appropriate supported work program or community residence for her daughter after she leaves school.

It may also be a group of parents working together to obtain integrated educational programs for their children, or this same group of parents working together to ensure the option of semi-independent living for their sons and daughters in the future. Most of the important improvements in the quality of life for persons with disabilities achieved during the past 20 years, were rooted in the activities of organized groups of parents.

- o The first step in advocacy is to know what you want to accomplish and why.
- o The next step would be to make your objectives very clear to those responsible for the programs and services involved. For example, if you feel that your son is not getting vocational experiences in the community, and this is important for his development, make this known to the team responsible for the development of his IEP and ask for a change.
- o If the program providers do not respond, seek help from your local protection and advocacy agency or from the State agency responsible for funding and monitoring the service provider. (When school services are involved, parents may request a hearing by an impartial hearing officer, and may bring an advocate with them to that hearing.)
- o Join with other parents, service providers, and

established advocacy groups to influence legislators and administrators of State programs.

Advocacy for services that will benefit your son or daughter is your right. Some parents may be afraid to engage in such activities, fearing that their sons or daughters may be excluded from programs because of this. Don't be. There are laws and Protection and Advocacy Systems to ensure that this will not happen. If you use these resources, your rights, as well as your son's or daughter's will be protected. (See Appendix D for a listing of State Protection and Advocacy Agencies.)

APPENDIX A

SOME REFERENCES AND RESOURCE CENTERS FOR PARENTS

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APPENDIX A

SOME REFERENCES AND RESOURCE CENTERS FOR PARENTS

Lehr, S. (1985). After school...then what? The transition to adulthood. Syracuse: Syracuse University, the Center on Human Policy.

Available from:

Technical Assistance to Parent Programs (TAPP)
Project
312 Stuart Street, 2nd Floor
Boston, MA 02116
1-617-482-2915
Order price: \$5/each; \$4 when ordering 10 or more
copies

Turnbull, A.P., & Turnbull III, H.R. (1986). Families, professionals, and exceptionality: A special partnership. Columbus, OH: Merrill.

Turnbull, H.R., Turnbull, A., Bronicki, G.J., Summers, J.A., & Roeder-Gordon, C. (1989). Disability and the family: A guide to decisions for adulthood. Baltimore, MD: Paul H. Brookes.

More information can be obtained by contacting:

Beach Center on Families and Disability
Bureau of Child Research
4138 Haworth Hall
University of Kansas
Lawrence, Kansas 66045-2300

National Information Center for Handicapped Children and
Youth (NICHY)
P.O. Box 1492
Washington, D.C. 20013

Technical Assistance to Parent Programs (TAPP) Project
312 Stuart Street, 2nd Floor
Boston, MA 02110

APPENDIX B
STATE REHABILITATION AGENCIES AND RESOURCE CENTERS
SERVING PERSONS WITH VISUAL IMPAIRMENTS

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APPENDIX B
STATE REHABILITATION AGENCIES AND RESOURCE CENTERS
SERVING PERSONS WITH VISUAL IMPAIRMENTS

Services for the Blind and Deaf
P.O. Box 11586
Montgomery, **ALABAMA** 36111
205/281-8780

Division of Vocational Rehabilitation
Pouch F
Mail Stop 05810
Juneau, **ALASKA** 99811-0500
907/465-2814

Division of Vocational Rehabilitation
Dept. of Human Resources
American Samoa Govt.
Pago Pago, **AMERICAN SAMOA** 96799
(011)684/633-1805

Navaho Vocational Rehabilitation Program
P.O. Box 1420
Window Rock, **ARIZONA** 86515

State Services for the Blind
4620 North 16th Street, Room 100
Phoenix, **ARIZONA** 85016
602/255-5853

Division of Services for the Blind
Dept. of Human Services
Box 3237
411 Victory Street
Little Rock, **ARKANSAS** 72203
501/371-2587

Department of Rehabilitation
830 K Street Mall
Sacramento, **CALIFORNIA** 95814
916/445-3971

Services for the Blind
1575 Sherman Street
Denver, **COLORADO** 80203-1714
303/866-5196

State Board of Education and
Services for the Blind
Dept. of Human Resources
170 Ridge Road
Wethersfield, **CONNECTICUT** 06109
203/566-5800

Division for the Visually Impaired
Biggs Building
Health & Social Service Campus
1901 N. Dupont Highway
New Castle, **DELAWARE** 19720
302/421-5730

Rehabilitation Services Administration
Commission on Social Services
Dept. of Human Services
Govt. of the District of Columbia
605 G Street, N.W. Room 1101
Washington
DISTRICT OF COLUMBIA 20001
202/727-3227

Division of Blind Services
Dept. of Education
2540 Executive Center Circle, W
Douglas Building
Tallahassee, **FLORIDA** 32301
904/488-1330

Division of Rehabilitation Services
Field Services, Program for the Blind
878 Peachtree Street, N.E.
Atlanta, **GEORGIA** 30309
404/894-7616

Department of Rehabilitation
Government of Guam
122 Harmon Plaza, Rm. B201
Harmon Industrial Park, **GUAM** 96911
011/671/646-9468

Services for the Blind
1901 Bachelot Street
Honolulu, **HAWAII** 96817
808/548-7408

Idaho Commission for the Blind
341 W. Washington Street
Boise, **IDAHO** 83720
208/334-3220

Illinois Department of Rehab. Services
623 East Adams Street
P.O. Box 19429
Springfield, ILLINOIS 62794-9429
217/782-2093

Office of Vocational Rehabilitation
Indiana Dept. of Human Services
P.O. Box 7083
ISTA Building
150 West Market St.
Indianapolis, INDIANA 46207-7083
317/232-1319

Department for the Blind
524 Fourth Street
Des Moines, IOWA 50309-2364
515/281-7986

Dept. of Social & Rehabilitation Services
300 Southwest Oakley St.
Biddle Building, 1st floor
Topeka, KANSAS 66606
913/296-3911

Department for Blind Services
Education & Arts Cabinet
427 Versailles Road
Frankfort, KENTUCKY 40601
502/564-4754

Division of Rehabilitation Services
Dept. of Social Services
P.O. Box 94371
Baton Rouge, LOUISIANA 70804
504/342-2285

Bureau of Rehabilitation
Dept. of Human Services
32 Wintrop Street
Augusta, MAINE 04330
207/289-2266

Vocational Rehabilitation Division
Commonwealth of the Northern
Mariana Islands
P.O. Box 1521-CK
Saipan, MARIANA ISLANDS MR 96950
011/670/234-6538

Division of Vocational Rehabilitation
Administrative Offices
2301 Argonne Drive
Baltimore, MARYLAND 21218
301/554-3000

Massachusetts Commission for the Blind
88 Kingston Street
Boston, MASSACHUSETTS 02111
617/727-5550

Michigan Commission for the Blind
Dept. of Labor
201 N. Washington St.
Lansing, MICHIGAN 489
517/373-2062

Minnesota State Services for the Blind
Dept. of Jobs & Training
1745 University Avenue
Saint Paul, MINNESOTA 55104
612/642-0508

Division of Vocational Rehabilitation for the Blind
P.O. Box 4872
Jackson, MISSISSIPPI 39215
601/354-6411

Bureau for the Blind
Division of Family Services
619 East Capitol
Jefferson City, MISSOURI 65101
314/751-4249

Visual Services Division
Dept. of Social & Rehabilitation Services
P.O. Box 4210, 111 Sanders
Helena, MONTANA 59604
406/444-3434

Services for the Visually Impaired
Dept. of Public Institutions
4600 Valley Road
Lincoln, NEBRASKA 68510-4844
402/471-2891

Rehabilitation Division
Dept. of Human Resources
505 East King Street, Room 503
Carson City, NEVADA 89710
702/687-4440

Division of Vocational Rehabilitation
 State Dept. of Education
 78 Regional Dr.
 Concord, **NEW HAMPSHIRE** 03301
 603/271-3471

Commission for the Blind and Visually Impaired
 New Jersey Dept. of Human Services
 1100 Raymond Boulevard
 Newark, **NEW JERSEY** 07102
 201/648-2324

Commission for the Blind
 Pera Building Room 205
 Santa Fe, **NEW MEXICO** 87503
 505/827-4479

State Dept. of Social Services
 Commission for the Blind and Visually Handicapped
 10 Eyck Office Building
 40 North Pearl Street
 Albany, **NEW YORK** 12243
 518/473-1801

Division of Services for the Blind
 North Carolina Dept. of Human Resources
 309 Ashe Avenue
 Raleigh, **NORTH CAROLINA** 27606
 919/733-9822

Office of Vocational Rehabilitation
 Dept. of Human Services
 State Capitol
 600 E. Boulevard Ave.
 Bismarck, **NORTH DAKOTA** 58505-0295
 701/224-2907

Ohio Rehabilitation Services Commission
 400 E. Campus View Boulevard
 Columbus, **OHIO** 43235-4604
 614/438-1210 TDD

Rehabilitation Services Division
 Dept. of Human Services
 2409 N. Kelley
 Oklahoma City, **OKLAHOMA** 73125
 405/424-6006, ext. 2840

Commission for the Blind
 535 S.E. 12th Avenue
 Portland, **OREGON** 97214
 503/238-3375

Bureau of Blindness and Visual Services
 Dept. of Public Welfare
 1301 North 7th Street
 P.O. Box 2675
 Harrisburg, PENNSYLVANIA 17105
 717/787-6176

Vocational Rehabilitation Program
 Dept. of Social Services
 Box 1118
 Hato Rey, PUERTO RICO 00919
 809/725-1792

Rhode Island State Services for
 the Blind and Visually Impaired
 275 Westminister St., 5th floor
 Providence, RHODE ISLAND 02903
 401/277-2300

Commission for the Blind
 1430 Confederate Avenue
 Columbia, SOUTH CAROLINA 29201
 803/734-7520

Division of Services to the Visually Impaired
 Department of Vocational Rehabilitation
 State Office
 700 N. Governors Drive
 Pierre, SOUTH DAKOTA 57501-2275
 605/773-4644

Services for the Blind
 Division of Rehabilitation Services
 Dept. of Human Services
 Citizens Plaza, 15th Floor
 400 Deaderick Street
 Nashville, TENNESSEE 37219
 615/741-2521

Texas State Commission for the Blind
 Administration Building
 4800 N. Lamar St.
 Capitol Station
 Austin, TEXAS 78711
 512/459-2600

Utah State Office of Rehabilitation
 250 E. 500 South
 Salt Lake City, UTAH 84111
 801/538-7530

Vermont Division for the Blind and Visually Impaired
 Agency of Human Services
 103 South Main Street
 Waterbury, VERMONT 05676
 802/241-2211

Virginia Department for the Visually Handicapped
 397 Azalea Avenue
 Richmond, VIRGINIA 2227-3697
 804/371-3145

Division of Disabilities & Rehabilitation Services
 c/o Dept. of Human Services
 Barbel Plaza South
 Saint Thomas, VIRGIN ISLANDS 00802
 809/774-0930

Acting Director
 Department of Services for the Blind
 521 E. Legion Way, MS: FD-11
 Olympia, WASHINGTON 98504-1422
 206/586-1224

Services for the Blind
 Division of Rehabilitation Services
 State Board of Rehabilitation
 State Capitol Complex
 Charleston, WEST VIRGINIA 25305
 304/766-4630

Bureau of Education
 P.O. Box 189
 Koror, Palau
 WESTERN CAROLINE ISLANDS 96940

Division of Vocational Rehabilitation
 Dept. of Health & Social Services
 1 W. Wilson, 8th floor
 P.O. Box 7852
 Madison, WISCONSIN 53702
 608/266-5466

Division of Vocational State Board
 Dept. of Employment
 1100 Herschler Building
 Cheyenne, WYOMING 82002
 307/777-7385

APPENDIX C

**STATE AGENCIES SERVING PERSONS WITH MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES**

APPENDIX C

**STATE AGENCIES SERVING PERSONS WITH MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES***

Department of Mental Health
200 Interstate Park Drive
P.O. Box 3710
Montgomery, **ALABAMA** 36193
(205) 271-9295

Developmental Disabilities Section
Division of Mental Health and
Developmental Disabilities
Department of Health and
Social Services
Pouch H-04
Juneau, **ALASKA** 99811
(907) 465-3372

Division of Developmental
Disabilities
Department of Economic Security
P.O. Box 6123, 1841 West Buchanan
Phoenix, **ARIZONA** 85005
(602) 258-0419

Developmental Disabilities
Services
Department of Human Services
P.O. Box 1437, Waldon Building
7th and Main Streets, 5th Fl.
Little Rock, **ARKANSAS** 72203
(501) 682-8662

Department of Developmental Services
Health and Welfare Agency
1600 9th Street, N.W., 2nd Floor
Sacramento, **CALIFORNIA** 95814
(916) 323-3131

*From: National Association of State Mental Retardation
Program Directors, Inc., 1988.

Division for Developmental
Disabilities
3824 West Princeton Circle
Denver, **COLORADO** 80236
(303) 762-4550

Department of Mental Retardation
90 Pitkin Street
East Hartford, **CONNECTICUT** 06108
(203) 528-7141

Division of Mental Retardation
Department of Health and Social
Services
Robins Building
802 Silver Lake Boulevard
Walker Road
Dover, **DELAWARE** 19901
(302) 736-4386

Department of Human Services
Commission on Social Services
Developmental Disabilities
Administration
409 O Street, N.W.
Washington, DC 20001
(202) 673-7678

Developmental Services Program
Office
Department of Health and
Rehabilitation Services
1311 Winewood Blvd.
Building 5, Room 215
Tallahassee, **FLORIDA** 32301
(904) 488-4257

Mental Retardation Services
Division of Mental Health and Mental Retardation
Department of Human Resources
878 Peachtree Street, N.E.
Atlanta, **GEORGIA** 30309
(404) 894-6313

Community Services for the
Developmentally Disabled
741 A Sunset Avenue
Honolulu, **HAWAII** 96816
(808) 732-0935

Division of Community Rehabilitation
 Department of Health and Welfare
 450 W. State, 19th Floor
 Boise, IDAHO 83720
 (208) 334-5531

Department of Mental Health and
 Developmental Disabilities
 402 Stratton Office Building
 Springfield, ILLINOIS 62706
 (217) 782-7395

Division of Developmental
 Disabilities
 Department of Mental Health
 117 East Washington Street
 Indianapolis, INDIANA 46204-3647
 (317) 232-7836

Division of Mental Health Resources
 Department of Social Services
 Hoover State Office Building
 Des Moines, IOWA 50319
 (515) 281-6003

Department of Social and
 Rehabilitative Services
 State Office Building, 5th Floor
 Topeka, KANSAS 66612
 (913) 296-3471

Division of Mental Retardation
 Department for Mental Health
 and Mental Retardation Svcs.
 275 East Main
 Franfort, KENTUCKY 40621
 (502) 564-7700

Office of Mental Retardation
 Department of Health and Human
 Resources
 721 Government Street, Room 308
 Baton Rouge, LOUISIANA 70802
 (504) 342-6811

Maine Department of Mental Health and
 Mental Retardation
 411 State Office Building, Station 40
 Augusta, MAINE 04333
 (207) 289-4220

Developmental Disabilities
Administration
Department of Health and Mental
Hygiene
201 W. Preston Street
4th Floor, O'Connor Building
Baltimore, MARYLAND 21201
(301) 225-5600

Department of Mental Retardation
160 N. Washington Street
Boston, MASSACHUSETTS 02114
(617) 727-5608

Bureau of Community Residential
Services, Program Development,
Policy and Standards
Department of Mental Health
6th Floor, Lewis Cass Building
Lansing, MICHIGAN 48913
(517) 335-0196

Department of Public Welfare
Centennial Office Building
5th Floor
St. Paul, MINNESOTA 55155
(612) 297-1241

Bureau of Mental Retardation
Department of Mental Health
1500 Woolfolk Building
Jackson, MISSISSIPPI 39201
(601) 359-1290

Division of Mental Retardation and
Developmental Disabilities
Department of Mental Health
2002 Missouri Blvd.
P.O. Box 687
Jefferson City, MISSOURI 65102
(314) 751-4054

Division of Developmental
Disabilities
Department of Social and
Rehabilitation Services
P.O. Box 4210
111 Sanders, Rm. 202
Helena, MONTANA 59604
(406) 444-2995

Office of Mental Retardation
 Department of Public Institutions
 P.O. Box 94728
 Lincoln, **NEBRASKA** 68509
 (402) 471-2851 Ex. 5110

Mental Hygiene
 Mental Retardation Division
 Gilbert Building
 1001 N. Mountain Street, Suite 1-H
 Carson City, **NEVADA** 89710
 (702) 885-5943

Division of Mental Health and
 Developmental Services
 State Office Park South
 105 Pleasant Street
 Concord, **NEW HAMPSHIRE** 03301
 (603) 228-5010

Division of Developmental
 Disabilities
 Department of Human Services
 222 South Warren Street
 Capital Place One
 Trenton, **NEW JERSEY** 08625
 (609) 292-3742

Developmental Disabilities Bureau
 Department of Health and the
 Environment
 P.O. Box 968
 Santa Fe, **NEW MEXICO** 87504-0968
 (505) 827-0020 Ext. 2578

Office of Institutional Services
 P.O. Box 968
 Santa Fe, **NEW MEXICO** 87504-0968

New York State Office of Mental
 Retardation and Developmental
 Disabilities
 44 Holland Avenue
 Albany, **NEW YORK** 12229
 (518) 473-1997

Division of Mental Health/Mental
 Retardation Services
 Department of Human Services
 Ablemare Building
 325 N. Salisbury Street
 Raleigh, NORTH CAROLINA 27611
 (919) 733-3652

Developmental Disabilities Division
 Department of Human Services
 State Capitol Building
 Bismarck, NORTH DAKOTA 58505
 (701) 224-2768

Department of Mental Retardation and
 Developmental Disabilities
 State Office Tower
 30 E. Broad St., Room 1284
 Columbus, OHIO 43215
 (614) 466-5214

Developmental Disabilities Services
 Department of Human Services
 P.O. Box 25352
 Oklahoma City, OKLAHOMA 73125
 (405) 521-3571

Program for Mental Retardation and Developmental
 Disabilities Division of Mental Health
 Department of Human Resources
 2575 Bittern Street, N.W.
 Salem, OREGON 97310
 (503) 378-2429

Department of Public Welfare
 Room 302, Health and Welfare Bldg.
 Harrisburg, PENNSYLVANIA 17120
 (717) 787-3700

Department of Social Services
 P.O. Box 11398
 Santurce, PUERTO RICO 00910
 (809) 723-2127

Division of Retardation
 Department of Mental Health,
 Mental Retardation and Hospitals
 Aime J. Forand Building
 600 New London Avenue
 Cranston, RHODE ISLAND 02920
 (401) 464-3234

Department of Mental Retardation
 2712 Middleburg Drive
 P.O. Box 4706
 Columbia, **SOUTH CAROLINA** 29240
 (803) 737-6444

Office of Developmental Disabilities and Mental
 Health
 Department of Social Services, Kneip Building
 Pierre, **SOUTH DAKOTA** 57501
 (605) 773-3438

Department of Mental Health and
 Mental Retardation
 Doctor's Building
 706 Church Street
 Nashville, **TENNESSEE** 37219-5393
 (615) 741-3803

Department of Mental Health and
 Mental Retardation
 Box 12668, Capitol Station
 Austin, **TEXAS** 78711
 (512)M465-4520

Division of Services to the
 Handicapped
 Department of Social Services
 150 West N. Temple, Suite 234
 P.O. Box 45500
 Salt Lake City, **UTAH** 84145
 (801) 538-4199

Department of Mental Health
 103 S. Main Street
 Waterbury, **VERMONT** 05676
 (802) 241-2636

Office of Mental Retardation Services
 P.O. Box 1797
 Richmond, **VIRGINIA** 23214 (804) 786-1746

Division of Developmental
 Disabilities
 Department of Social and Health
 Services
 P.O. Box 1788, OB-42C
 Olympia, **WASHINGTON** 98504
 (206) 753-3900

Developmental Disabilities Services
Division of Behavioral Health
Department of Health
1800 Washington Street, East
Charleston, WEST VIRGINIA 25305
(304) 348-0627

Developmental Disabilities Office
Department of Health and Social
Services
P.O. Box 7851
Madison, WISCONSIN 53707
(608) 266-9329

Division of Community Programs
355 Hathaway Bldg.
Cheyenne, WYOMING 82002-0170
(307) 777-6488

Independent Living Program
Office of Manpower Resources
TERRITORY OF AMERICAN SAMOA Fagatoga 97699

APPENDIX D
STATE PROTECTION AND ADVOCACY AGENCIES

APPENDIX D

STATE PROTECTION AND ADVOCACY AGENCIES

Alabama DD Advocacy Program
918 4th Avenue
Tuscaloosa, ALABAMA 35401
(205) 348-4928

Protection and Advocacy for the
Developmentally Disabled Inc.
325 E. 3rd Ave., 2nd FL.
Anchorage, ALASKA 99501
(907) 274-3658

Client Assistance Program
P.O. Box 3492
Pago Pago, AMERICAN SAMOA
(9) 011-633-2418

Arizona Center for Law in the
Public Interest
112 North Central Avenue, Suite 400
Phoenix, ARIZONA 85004
(602) 252-4904

Advocacy Services, Inc.
12th & Marshall Streets, Suite 504
Little Rock, ARKANSAS 72202
(501) 371-2171

California Protection & Advocacy, Inc.
2131 Capitol Avenue
Sacramento, CALIFORNIA 95816
(916) 447-3331
(800) 952-5746

Legal Center for Handicapped Citizens
1060 Bannock Street, Suite 316
Denver, COLORADO 80204
(303) 573-0542

Office of P&A for Handicapped & DD
Persons
90 Washington Street, Lower Level
Hartford, CONNECTICUT 06105
(203) 566-7616
(203) 566-2102 (Teletype)
(800) 842-7303 (Statewide Toll free)

Disabilities Law Program
114 E. Market Street
Georgetown, **DELAWARE** 19947
(302) 856-0038

Information Center for Handicapped Individuals
605 G Street, N.W.
Washington, **DC** 20001
(202) 347-4986

Governor's Commission on Advocacy
for Persons with Disabilities
Office of the Governor, Capitol
Tallahassee, **FLORIDA** 32301
(904) 488-9070

Georgia Advocacy Office, Inc.
1447 Peachtree Street, N.E., Suite 811
Atlanta, **GEORGIA** 30309
(404) 885-1447
(800) 282-4538

Office for Developmentally Disabled People
P.O. Box 8319
Tamuning, **GUAM** 96911
(671) 447-7280

Protection and Advocacy Agency
1580 Makaloa Street, Suite 860
Honolulu, **HAWAII** 96814
(808) 949-2922

Idaho's Coalition of Advocates
for the Disabled, Inc.
1510 W. Washington
Boise, **IDAHO** 83702
(208) 336-5353

Illinois DD P&A Board
160 N. LaSalle, Suite 435
Chicago, **ILLINOIS** 60601
(312) 793-3536

Indiana P&A Service Commission for
the Developmentally Disabled
850 N. Meridian Street, Suite 2-C
Indianapolis, **INDIANA** 46204
(317) 232-1150
(800) 622-4845

Iowa Protection and Advocacy Service, Inc.
3015 Merle Hay Road, Suite 6
Des Moines, IOWA 50310
(515) 278-2502

Kansas Advocacy & Protective Services
Suite 2, 513 Leavenworth Street
Manhattan, KANSAS 66502
(913) 776-1541
(800) 432-8276

Office for Public Advocacy
Division for P&A
151 Elkhorn Court
Frankfort, KENTUCKY 40601
(502) 564-2967
(800) 372-2988

Advocacy Center for the Elderly & Disabled
1001 Howard Ave., Suite 300A
New Orleans, LOUISIANA 70113
(504) 522-2337
(800) 662-7705

Advocates for the DD
2 Mulliken Court
P.O. Box 5341
Augusta, MAINE 04330
(207) 289-5755
(800) 452-1948

Maryland Advocacy Unit for DD (MAUDD)
2510 St. Paul Street
Baltimore, MARYLAND 21218
(301) 333-7600

DD Law Center for Massachusetts
11 Beacon Street, Suite 925
Boston, MASSACHUSETTS 02108
(617) 723-3455

Michigan P&A Service
313 South Washington Square, Lower Level
Lansing, MICHIGAN 48933
(517) 487-1755

Legal Aid Society of Minneapolis
222 Grain Exchange Building
323 Fourth Avenue, South
Minneapolis, MINNESOTA 55415
(612) 332-7301

Mississippi P&A System for DD, Inc.
 4750 McWillie Dr. Suite 101
 Jackson, **MISSISSIPPI** 39206
 (601) 981-8207

Missouri DD P&A Service, Inc.
 211 B Metro Drive
 Jefferson City, **MISSOURI** 65101
 (314) 893-3333
 (800) 392-8667

DD/Montana Advocacy Program, Inc.
 1219 East 8th Avenue
 Helena, **MONTANA** 59601
 (406) 444-3889; (800) 332-6149

Nebraska Advocacy Services for DD Citizens, Inc.
 422 Lincoln Center Building
 215 Centennial Mall So. Rm. 422
 Lincoln, **NEBRASKA** 68508
 (402) 474-3183

DD Advocate's Office
 480 Galletti Way, Bldg. #14-E
 Sparks, **NEVADA** 89431
 (702) 789-0223
 (800) 992-5715

DD Advocacy Center, Inc.
 6 White Street
 P.O. Box 19
 Concord, **NEW HAMPSHIRE** 03301
 (603) 228-0432

N.J. Dept. of Public Advocate
 Office of Advocacy for the DD
 Hughes Justice Complex CN850
 Trenton, **NEW JERSEY** 08625
 (609) 292-9742
 (800) 792-8600

P&A System for New Mexicans with DD
 San Pedro N.E., Bldg. 4, Suite 140
 Albuquerque, **NEW MEXICO** 87110
 (505) 888-0111
 (800) 432-4682

NY Commission on Quality of Care for the Mentally Disabled
 99 Washington Avenue
 Albany, **NEW YORK** 12210
 (518) 473-4057
 (518) 473-7995

Governor's Advocacy Council for Persons with Disabilities
115 West Jones Street
Raleigh, NORTH CAROLINA 27611
(919) 733-9250

P&A Project for the DD
Governor's Council on Human Resources
13th Floor, State Capitol
Bismarck, NORTH DAKOTA 58505
(701) 224-2972
(800) 472-2670

Catholic Social Services, Box 745
Saipan, Commonwealth of the
NORTHERN MARIANA ISLANDS 96950
9-011-670-6981

Ohio Legal Rights Service
8 East Long Street, 6th Floor
Columbus, OHIO 43215
(614) 466-7264
(800) 282-9181

Protection and Advocacy Agency for DD
9726 East 42nd
Osage Building, Room 133
Tulsa, OKLAHOMA 74146
(918) 664-5883

Oregon DD Advocacy Center
400 Board of Trade Building 310 Southwest 4th Avenue
Portland, OREGON 97204
(503) 243-2081

DD Advocacy Network (DDAN), Inc.
3540 N. Progress Avenue
Harrisburg, PENNSLYVANIA 17110
(717) 657-3320
(800) 692-7443

Protection and Advocacy
Puerto Rico Dept. of Consumer Affairs
Minillas Governmental Center
North Building
P.O. Box 41059 Minillas Station
Santurce, PUERTO RICO 00904
(809) 727-8880

Rhode Island P&A System (RIPAS), Inc.
 86 Weybosset Street, Suite 508
 Providence, RHODE ISLAND 02903
 (401) 831-3150

S.C. P&A System for the Handicapped. Inc.
 2360-A Two Notch Road
 Columbia, SOUTH CAROLINA 29204
 (803) 254-1600

South Dakota Advocacy Project, Inc.
 221 South Central Avenue
 Pierre, SOUTH DAKOTA 57501
 (605) 224-8294
 (800) 742-8108

EACH., Inc.
 P.O. Box 121257
 Nashville, TENNESSEE 37212
 (615) 298-1080
 (800) 342-1660

Advocacy, Incorporated
 7700 Chevy Chase Drive, Suite 300
 Austin, TEXAS 78752
 (512) 475-5543
 (800) 252-9108

Legal Center for the Handicapped
 254 West 400 South, Suite 300
 Salt Lake City, UTAH 84101
 (801) 363-1347
 (800) 662-9080

Vermont DD P&A, Inc.
 6 Pine Street
 Burlington, VERMONT 05401
 (802) 863-2881

Advocacy Department for the Developmentally Disabled
 9th Street Office Bldg, Suite 527
 Richmond, VIRGINIA 23219
 (804) 786-4185
 (800) 552-3962 (TDD & Voice)

Committee on Advocacy for the Developmentally Disabled, Inc.
 47A Mars Hill, Star Route
 Fredericksted, St. Croix
 U.S. VIRGIN ISLANDS 00863
 (809) 772-1200

The Troubleshooters Office
1550 West Armory Way, Suite 204
Seattle, WASHINGTON 98119
(206) 284-1037

West Virginia Advocates for the Developmentally
Disabled, Inc.
1200 Brooks Medical Bldg.
Quarrier Street, Suite 27
Charleston, WEST VIRGINIA 25301
(304) 346-0847
(800) 642-9205

Wisconsin Coalition for Advocacy, Inc.
30 W. Mifflin, Suite 508
Madison, WISCONSIN 53703
(608) 251-9600; (800) 328-1110

DD P&A System, Inc.
2424 Pioneer Avenue, #101
Cheyenne, WYOMING 82001
(307) 632-3496; (800) 328-1110

APPENDIX E

NEW YORK BOROUGH/DISTRICT DEVELOPMENTAL SERVICES OFFICES

APPENDIX E

NEW YORK BOROUGH/DISTRICT DEVELOPMENTAL SERVICES OFFICES

B/DDSO	County Served
BDSO 97-45 Queens Blvd. REGO PARK, New York 11374 (718) 262-4263	Queens
BDSO Bronx Developmental Center 1200 Waters Place BRONX, New York 10461 (212) 430-0885	Bronx
BDSO 111 Livingston Street BROOKLYN, New York 11201 (718) 834-6641	Kings
DDSO Broome Developmental Center Glenwood Road BINGHAMTON, New York 13905 (607) 770-0211	Broome Otsego Tioga
DDSO 254 Main Street HORNELL, New York 14843 (607) 776-9800	Chemung Livingston Wyoming
DDSO 110 West Third St., Suite 1 JAMESTOWN, New York 14701 (716) 664-3141	Steuben Schuyler
DDSO 2 Secor Road THIELLS, New York 10984 (914) 947-1115	Cattaraugus Allegany Chatauqua
DDSO 415 A. Oser Avenue HAUPPAUGUE, NEW YORK 11788 (516) 434-6013	Orange Sullivan
	Rockland
	Nassau Suffolk

B/DDSO**County Served**

BDSO
111 Eighth Avenue
NEW YORK, New York 10014
(212)741-3866

New York

DDSO
Basin Park, Building H
1160 Pittsford-Victor Rd.
PITTSFORD, New York 14534
(716) 248-4600

Monroe

DDSO
Newark Developmental Center
703 East Maple Avenue
NEWARK, New York 14513
(315)331-1700

Ontario
WayneSeneca
Yates

DDSO
Oswald D. Heck Developmental Center
Schenectady Balltown & Consaul Rds.
Schoharie Rensselaer
SCHENECTADY, New York 12304
(518)370-7370

Albany
Greene

Columbia

DDSO
Rome Developmental Center
Box 550
ROME, New York 13440
(315)336-2300

Herkimer
Oneida

Lewis

BDSO
2760 Victory Blvd.
STATEN ISLAND, New York 10314
(718)983-5321 or 5322

Staten Island

DDSO
Sunmount Developmental Center
Franklin St.
TUPPER LAKE, New York 12986
(518)359-3311

Clinton
Lawrence
Jefferson

Essex

DDSO
416 Onondaga St.
SYRACUSE, New York 13202
(315)425-5311

Cayuga
Madison
OswegoCortland
Onondaga

DDSO
149 Union Street
POUGHKEEPSIE, New York 12601
(914)473-5050

Dutchess
Putnam

Ulster

B/DDSO**County Served**

DDSO
 580 White Plains Road
TARRYTOWN, New York 10591
 (914)631-8188

Westchester

DDSO
 2001 Niagara Falls Blvd.
TONAWANDA, New York 14150
 (716)691-3341

Erie Genesee
 Niagara Orleans

DDSO
 10 Railroad Place
SARATOGA SPRINGS, New York 12866
 (518)583-2810

Fulton Saratoga
 Hamilton Warren
 Montgomery
 Washington

APPENDIX F

**PROTECTION AND ADVOCACY AGENCIES
NEW YORK STATE REGIONAL OFFICES**

APPENDIX F

PROTECTION AND ADVOCACY AGENCIES

NEW YORK STATE REGIONAL OFFICES

NYS Commission on Quality of Care
99 Washington Avenue
Suite 1002
ALBANY, New York 12210
(518) 473-7378

NEW YORK CITY REGION

NYS Commission on Quality of Care
Bureau of Protection and Advocacy
Suite 320 B
80 Maiden Lane
NEW YORK, New York 10038
(212) 804-1640

New York Lawyers for the Public Interest, Inc.
135 E. 15th Street
NEW YORK, New York 10003
(212) 777-7707

LOWER HUDSON REGION

Westchester Independent Living Center, Inc.
297 Knollwood Road
WHITE PLAINS, New York 10607
(914) 682-3926 (VOICE or TTY)

CENTRAL REGION

Legal Services of Central New York, Inc.
633 South Warren Street
SYRACUSE, New York 13202
(315) 475-3127

UPPER HUDSON REGION

Mid-Hudson Legal Services, Inc.
429 Main Street
POUGHKEEPSIE, New York 12601
(914) 452-7911

Disabilities Law Clinic at Albany Law School
 80 New Scotland Avenue
 ALBANY, New York 12208
 (518) 445-2328

NORTH COUNTRY REGION

North Country Legal Services
 61 Brinkerhoff St.
 PLATTSBURGH, New York 12901
 (518) 563-4022

North Country Legal Services
 P.O. Box 648
 CANTON, New York 13517
 (315) 386-4586

WESTERN REGION

Advocacy for the Developmentally Disabled, Inc.
 242 Andrews Street, 2nd Floor
 ROCHESTER, New York 14604
 (716) 546-1700

Neighborhood Legal Services, Inc.
 495 Ellicot Square Building
 BUFFALO, New York 14203
 (716) 847-0650

SOUTHERN TIER REGION

Broome Legal Assistance Corporation
 30 Fayette Street
 PO Box 2011
 BINGHAMTON, New York 13902
 (607) 723-7966

LONG ISLAND REGION

Long Island Advocacy Center
 Herricks Community Center
 999 Herricks Road
 NEW HYDE PARK, New York 11040
 (516) 248-2222

APPENDIX G

**DISTRICT OFFICES OF THE NEW YORK STATE
OFFICE OF VOCATIONAL AND EDUCATIONAL SERVICES
FOR INDIVIDUALS WITH DISABILITIES**

APPENDIX G**DISTRICT OFFICES OF THE NEW YORK STATE
OFFICE OF VOCATIONAL AND EDUCATIONAL SERVICES
FOR INDIVIDUALS WITH DISABILITIES**

VESID district office addresses and phone numbers are listed below. If you can't reach a district office, or want more information, call the VESID HOTLINE, at 1-800-222-JOBS.

55 Elk Street
ALBANY, New York 12207
(518) 473-8097
(518) 473-8467

92 Hawley Street
BINGHAMTON, New York 13901
(607) 773-7830
(607) 773-7998TDD

ELMIRA Satellite Office
(607) 734-5294
(607) 734-4676 V/TDD

1500 Pelham South
1st Floor
BRONX, New York 10461
(212) 931-3500
(212) 828-4003 TDD

111 Livingston Street, 23rd Floor
BROOKLYN, New York 11201
(718) 834-6550
(718) 834-6562 TDD

General William J. Donovan State Office Building
8th Floor
125 Main Street
BUFFALO, New York 14203
(716) 867-3294
(716) 847-1495 TDD

State Office Building
Veterans Highway
HAUPPAUGE, New York 11788
(516) 360-6357
(516) 360-6370 TDD

50 Clinton Street
Room 708
HEMPSTEAD, New York 11550
(516) 483-6510
(516) 483-6510 TDD

East Main Street Road
R.D. #1 Box 39
MALONE, New York 12953
(518) 483-3530
(518) 483-6070 V/TDD

116 West 32nd Street
6th Floor
NEW YORK, New York 10001
(212) 563-6400
(212) 563-6454 TDD
(212) 563-8351 TDD
(212) 563-8361 TDD

120 Dutchess Turnpike
Canterbury Plaza
1st Floor
POUGHKEEPSIE, New York 12603
(914) 452-5325
(914) 452-5995 TDD

1 LeFrak City Plaza
59-17 Junction Boulevard
20th Floor
QUEENS, New York 11368
(718) 271-9346
(718) 271-9799 TDD

109 South Union Street
2nd Floor
ROCHESTER, New York 14607
(716) 325-5990
(716) 325-6278 TDD

State Office Building
Room 230
333 East Washington Street
SYRACUSE, New York 13202
(315) 428-4179
(315) 428-4164 TDD

State Office Building
207 Genesee Street
UTICA, New York 13501
(315) 793-2536
(315) 793-2667 TDD

55 Church Street
3rd Floor
WHITE PLAINS, New York 10601
(914) 946-1313
(914) 946-1520 TDD