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OA/ID Number: 52089
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Folder Title:
"Grant Proposal to Establish Centers for Independent Living Submitted by the Texas Rehabilitation Commission" [1980]

Stack: **Row:** **Section:** **Shelf:** **Position:**

GRANT PROPOSAL TO ESTABLISH CENTERS FOR INDEPENDENT LIVING SUBMITTED BY THE TEXAS REHABILITATION COMMISSION

OMB Approval No. 29-R0218

FEDERAL ASSISTANCE

1. TYPE OF ACTION (Mark appropriate box)
- ☐ PREAPPLICATION
- ☒ APPLICATION
- ☐ NOTIFICATION OF INTENT (Opt.)
- ☐ REPORT OF FEDERAL ACTION

2. APPLICANT'S APPLICATION
a. NUMBER: NA
b. DATE (Year month day): 19 80 3 08

3. STATE APPLICATION IDENTIFIER
a. NUMBER:
b. DATE ASSIGNED (Year month day): 19

Leave Blank

4. LEGAL APPLICANT/RECIPIENT
- a. Applicant Name: Texas Rehabilitation Commission
- b. Organization Unit: Division of Vocational Rehabilitation
- c. Street/P.O. Box: 118 E. Riverside Drive
- d. City: Austin
- e. County: Travis
- f. State: Texas
- g. ZIP Code: 78704
- h. Contact Person (Name & telephone No.): Ted M. Thayer (512) 447-0122

5. FEDERAL EMPLOYER IDENTIFICATION NO.
1-74-1647061-A1

6. PROGRAM (From Federal Catalog)
a. NUMBER:
b. TITLE: P.L. 95-602 Title VII, Part B. Centers for Independent Living

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT
Texas Rehabilitation Commission Ctrs. for Independent Living. Plan provides for contracting with private non-profit organizations for the operation of Ctrs. for IL. The Texas Rehabilitation Commission will be accountable for the administration of the ctr. programs thus established and assures that ctrs. operated by contractors will adhere to the requirements of P.L. 95-602 Title VII, Part B.

8. TYPE OF APPLICANT/RECIPIENT
A-State; B-Interstate; C-Substate District; D-County; E-City; F-School District; G-Special Purpose District; H-Community Action Agency; I-Higher Educational Institution; J-Indian Tribe; K-Other (Specify):
Enter appropriate letter: A

9. TYPE OF ASSISTANCE
A-Basic Grant; B-Supplemental Grant; C-Loan; D-Insurance; E-Other
Enter appropriate letter(s): A

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)
State of Texas

11. ESTIMATED NUMBER OF PERSONS BENEFITING
400-600

12. TYPE OF APPLICATION
A-New; B-Renewal; C-Revision; D-Continuation; E-Augmentation
Enter appropriate letter: A

13. PROPOSED FUNDING

a. FEDERAL	$ 223,826 .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ .00

14. CONGRESSIONAL DISTRICTS OF:
a. APPLICANT: 10
b. PROJECT: statewide

15. TYPE OF CHANGE (For 12c or 12e)
A-Increase Dollars; B-Decrease Dollars; C-Increase Duration; D-Decrease Duration; E-Cancellation; F-Other (Specify): NA
Enter appropriate letter(s):

16. PROJECT START DATE (Year month day): 19 80 5 01

17. PROJECT DURATION: 36 Months

18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY (Year month day): 19 80 3 15

19. EXISTING FEDERAL IDENTIFICATION NUMBER
NA

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)
Office of Human Development Services

21. REMARKS ADDED
☐ Yes ☒ No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT ▶

a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:

	No response	Response attached
(1) State	☒	☐
(2)	☐	☐
(3)	☐	☐

23. CERTIFYING REPRESENTATIVE
a. TYPED NAME AND TITLE: Doyle Wheeler, Deputy Commissioner for Programs
b. SIGNATURE: Doyle Wheeler
c. DATE SIGNED (Year month day): 19 80 3 11

SECTION III—FEDERAL AGENCY ACTION

24. AGENCY NAME

25. APPLICATION RECEIVED (Year month day): 19

26. ORGANIZATIONAL UNIT

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

29. ADDRESS

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAKEN
- ☐ a. AWARDED
- ☐ b. REJECTED
- ☐ c. RETURNED FOR AMENDMENT
- ☐ d. DEFERRED
- ☐ e. WITHDRAWN

32. FUNDING

a. FEDERAL	$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ .00

33. ACTION DATE ▶ (Year month day): 19

34. STARTING DATE (Year month day): 19

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE (Year month day): 19

37. REMARKS ADDED
☐ Yes ☐ No

38. FEDERAL AGENCY A-95 ACTION

a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.

b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

OMB NO. 80-RO 186

PART II

PROJECT APPROVAL INFORMATION

Item 1.
Does this assistance request require State, local, regional, or other priority rating?
____ Yes X No
Name of Governing Body ____
Priority Rating ____

Item 2.
Does this assistance request require State, or local advisory, educational or health clearances?
____ Yes X No
Name of Agency or Board ____
(Attach Documentation)

Item 3.
Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?
X Yes ____ No
(Attach Comments) Submitted to the Governor's Office of Budget & Planning simultaneously with this application

Item 4.
Does this assistance request require State, local, regional or other planning approval?
____ Yes X No
Name of Approving Agency ____
Date ____

Item 5.
Is the proposed project covered by an approved comprehensive plan?
X Yes ____ No
Check one: State ☒ Local ☐ Regional ☐
Location of Plan Texas Rehabilitation Commission Interim State Plan for IL

Item 6.
Will the assistance requested serve a Federal installation?
____ Yes X No
Name of Federal Installation ____
Federal Population benefiting from Project ____

Item 7.
Will the assistance requested be on Federal land or installation?
____ Yes X No
Name of Federal Installation ____
Location of Federal Land ____
Percent of Project ____

Item 8.
Will the assistance requested have an impact or effect on the environment?
____ Yes X No
See instructions for additional information to be provided.

Item 9.
Will the assistance requested cause the displacement of individuals, families, businesses, or farms?
____ Yes X No
Number of:
Individuals ____
Families ____
Businesses ____
Farms ____

Item 10.
Is there other related assistance on this project previous, pending, or anticipated?
____ Yes X No
See instructions for additional information to be provided.

OMB NO. 80-R0186

PART III – BUDGET INFORMATION

SECTION A – BUDGET SUMMARY

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Independent Living	13.653	$ 0	$ 0	$ 223,826.	$	$ 223,826.
2.						
3.						
4.						
5. TOTALS		$	$	$ 223,826	$	$ 223,826

SECTION B – BUDGET CATEGORIES

6. Object Class Categories	– Grant Program, Function or Activity				Total
	(1) FY 1980	(2) FY 1981	(3) FY 1982	(4)	(5)
a. Personnel	$ 159,250	$ 183,138	$ 210,610	$	$ 552,718
b. Fringe Benefits	17,163	19,738	22,699		59,600
c. Travel (Staff)	4,000	4,600	5,291		13,891
d. Equipment	4,548	2,930	3,370		10,808
e. Supplies	4,300	4,945	5,687		14,932
f. Contractual					
g. Construction					
h. Other	34,565	39,750	45,715		120,030
i. Total Direct Charges	223,826	255,101	293,372		772,218
j. Indirect Charges					
k. TOTALS	$ 223,826	$ 255,101	$ 293,372	$	$ 772,218
7. Program Income	$	$	$	$	$

OMB NO. 80-R0186

SECTION C – NON-FEDERAL RESOURCES

(a) Grant Program	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTALS	$	$	$	$

SECTION D – FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal					
15. TOTAL	$	$	$	$	$

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16.	$ FY 1981	$ FY 1982	$	$
17. Independent Living	255,101	293,372		
18.				
19.				
20. TOTALS	$	$	$	$

SECTION F – OTHER BUDGET INFORMATION

(Attach additional Sheets If Necessary)

21. Direct Charges: See attached Budget Narrative

22 Indirect Charges: None

23. Remarks: Increases in budgeted amounts for the second and third years of the project are based primarily upon an inflation rate of 15 percent.

PART IV PROGRAM NARRATIVE (Attach per instruction)

PART V

ASSURANCES

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines and requirements, including OMB Circulars No. A—95, A—102 and FMC 74—4, as they relate to the application, acceptance and use of Federal funds for this federally-assisted project. Also the Applicant assures and certifies to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement.

3. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.

4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.

5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.

6. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.

7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

8. It will give the sponsoring agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.

9. It will comply with all requirements imposed by the Federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.

10. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listd on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

11. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards.

12. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 U.S.C. 470), Executive Order 11593, and the Archeological and Historic Preservation Act of 1966 (16 U.S.C. 469a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE REGULATION UDNER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Texas Rehabilitation Commission (hereinafter called the "Applicant")
(Name of Applicant)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45 CRF Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Dated March 11, 1980

Texas Rehabilitation Commission
(Applicant)

By Doyle Wheeler
(President, Chairman of Board, or comparable authorized official)
Deputy Commissioner for Programs

118 East Riverside Drive

Austin, Texas 78704
(Applicant's mailing address)

HEW-441
(12-64)

GPO 885-128

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PROTECTION OF HUMAN SUBJECTS ASSURANCE/CERTIFICATION/DECLARATION

[XX] ORIGINAL [ ] FOLLOWUP [ ] REVISION

[X] GRANT [ ] CONTRACT [ ] FELLOW [ ] OTHER

[ ] NEW [ ] RENEWAL [ ] CONTINUATION

APPLICATION IDENTIFICATION NUMBER *(If known)*

STATEMENT OF POLICY: Safeguarding the rights and welfare of subjects at risk in activities supported under grants and contracts from DHEW is primarily the responsibility of the institution which receives or is accountable to DHEW for the funds awarded for the support of the activity. In order to provide for the adequate discharge of this institutional responsibility, it is the policy of DHEW that no activity involving human subjects to be supported by DHEW grants or contracts shall be undertaken unless the Institutional Review Board has reviewed and approved such activity, and the institution has submitted to DHEW a certification of such review and approval, in accordance with the requirements of Public Law 93-348, as implemented by Part 46 of Title 45 of the Code of Federal Regulations, as amended. (45 CFR 46) Administration of the DHEW policy and regulation is the responsibility of the Office for Protection from Research Risks, National Institutes of Health, Bethesda, Md 20014.

1. TITLE OF PROPOSAL OR ACTIVITY

Centers for Independent Living

2. PRINCIPAL INVESTIGATOR/ACTIVITY DIRECTOR/FELLOW

Doyle Wheeler, Deputy Commissioner for Programs

3. DECLARATION THAT HUMAN SUBJECTS EITHER WOULD OR WOULD NOT BE INVOLVED

[X] A. NO INDIVIDUALS WHO MIGHT BE CONSIDERED HUMAN SUBJECTS, INCLUDING THOSE FROM WHOM ORGANS, TISSUES, FLUIDS, OR OTHER MATERIALS WOULD BE DERIVED, OR WHO COULD BE IDENTIFIED BY PERSONAL DATA, WOULD BE INVOLVED IN THE PROPOSED ACTIVITY. (IF NO HUMAN SUBJECTS WOULD BE INVOLVED, CHECK THIS BOX AND PROCEED TO ITEM 7. PROPOSALS DETERMINED BY THE AGENCY TO INVOLVE HUMAN SUBJECTS WILL BE RETURNED.)

[ ] B. HUMAN SUBJECTS WOULD BE INVOLVED IN THE PROPOSED ACTIVITY AS EITHER: [ ] NONE OF THE FOLLOWING, OR INCLUDING: [ ] MINORS, [ ] FETUSES, [ ] ABORTUSES, [ ] PREGNANT WOMEN, [ ] PRISONERS, [ ] MENTALLY RETARDED, [ ] MENTALLY DISABLED. UNDER SECTION 6. COOPERATING INSTITUTIONS, ON REVERSE OF THIS FORM, GIVE NAME OF INSTITUTION AND NAME AND ADDRESS OF OFFICIAL(S) AUTHORIZING ACCESS TO ANY SUBJECTS IN FACILITIES NOT UNDER DIRECT CONTROL OF THE APPLICANT OR OFFERING INSTITUTION.

4. DECLARATION OF ASSURANCE STATUS/CERTIFICATION OF REVIEW

[ ] A. THIS INSTITUTION HAS NOT PREVIOUSLY FILED AN ASSURANCE AND ASSURANCE IMPLEMENTING PROCEDURES FOR THE PROTECTION OF HUMAN SUBJECTS WITH THE DHEW THAT APPLIES TO THIS APPLICATION OR ACTIVITY. ASSURANCE IS HEREBY GIVEN THAT THIS INSTITUTION WILL COMPLY WITH REQUIREMENTS OF *DHEW Regulation 45 CFR 46*, THAT IT HAS ESTABLISHED AN INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS AND, WHEN REQUESTED, WILL SUBMIT TO DHEW DOCUMENTATION AND CERTIFICATION OF SUCH REVIEWS AND PROCEDURES AS MAY BE REQUIRED FOR IMPLEMENTATION OF THIS ASSURANCE FOR THE PROPOSED PROJECT OR ACTIVITY.

[ ] B. THIS INSTITUTION HAS AN APPROVED GENERAL ASSURANCE (DHEW ASSURANCE NUMBER _____) OR AN ACTIVE SPECIAL ASSURANCE FOR THIS ONGOING ACTIVITY, ON FILE WITH DHEW. THE SIGNER CERTIFIES THAT ALL ACTIVITIES IN THIS APPLICATION PROPOSING TO INVOLVE HUMAN SUBJECTS HAVE BEEN REVIEWED AND APPROVED BY THIS INSTITUTION'S INSTITUTIONAL REVIEW BOARD IN A CONVENED MEETING ON THE DATE OF _____ IN ACCORDANCE WITH THE REQUIREMENTS OF THE *Code of Federal Regulations on Protection of Human Subjects (45 CFR 46)*. THIS CERTIFICATION INCLUDES, WHEN APPLICABLE, REQUIREMENTS FOR CERTIFYING FDA STATUS FOR EACH INVESTIGATIONAL NEW DRUG TO BE USED (SEE REVERSE SIDE OF THIS FORM).

THE INSTITUTIONAL REVIEW BOARD HAS DETERMINED, AND THE INSTITUTIONAL OFFICIAL SIGNING BELOW CONCURS THAT:

EITHER [ ] HUMAN SUBJECTS WILL NOT BE AT RISK; OR [ ] HUMAN SUBJECTS WILL BE AT RISK.

5. AND 6. SEE REVERSE SIDE

7. NAME AND ADDRESS OF INSTITUTION

Texas Rehabilitation Commission
118 East Riverside Drive
Austin, Texas 78704

TITLE OF INSTITUTIONAL OFFICIAL	TELEPHONE NUMBER
Deputy Commissioner for Programs	(512) 447-0122
SIGNATURE OF INSTITUTIONAL OFFICIAL: Doyle W Wheeler	DATE: March 11, 1980

HEW-596 (Rev. 4-75)

5. INVESTIGATIONAL NEW DRUGS - ADDITIONAL CERTIFICATION REQUIREMENT

SECTION 46.17 OF TITLE 45 OF THE Code of Federal Regulations states, "Where an organization is required to prepare or to submit a certification . . . and the proposal involves an investigational new drug within the meaning of The Food, Drug, and Cosmetic Act, the drug shall be identified in the certification together with a statement that the 30-day delay required by 21 CFR 130.3(a)(2) has elapsed and the Food and Drug Administration has not, prior to expiration of such 30-day interval, requested that the sponsor continue to withhold or to restrict use of the drug in human subjects; or that the Food and Drug Administration has waived the 30-day delay requirement; provided, however, that in those cases in which the 30-day delay interval has neither expired nor been waived, a statement shall be forwarded to DHEW upon such expiration or upon receipt of a waiver. No certification shall be considered acceptable until such statement has been received."

INVESTIGATIONAL NEW DRUG CERTIFICATION

TO CERTIFY COMPLIANCE WITH FDA REQUIREMENTS FOR PROPOSED USE OF INVESTIGATIONAL NEW DRUGS IN ADDITION TO CERTIFICATION OF INSTITUTIONAL REVIEW BOARD APPROVAL, THE FOLLOWING REPORT FORMAT SHOULD BE USED FOR EACH IND: (ATTACH ADDITIONAL IND CERTIFICATIONS AS NECESSARY).

- IND FORMS FILED: ☐ FDA 1571, ☐ FDA 1572, ☐ FDA 1573

- NAME OF IND AND SPONSOR _____

- DATE OF 30-DAY EXPIRATION OR FDA WAIVER
  (FUTURE DATE REQUIRES FOLLOWUP REPORT TO AGENCY) _____

- FDA RESTRICTION _____

- SIGNATURE OF INVESTIGATOR _____ DATE _____

6. COOPERATING INSTITUTIONS - ADDITIONAL REPORTING REQUIREMENT

SECTION 46.16 OF TITLE 45 OF THE *Code of Federal Regulations* IMPOSES SPECIAL REQUIREMENTS ON THE CONDUCT OF STUDIES OR ACTIVITIES IN WHICH THE GRANTEE OR PRIME CONTRACTOR OBTAINS ACCESS TO ALL OR SOME OF THE SUBJECTS THROUGH COOPERATING INSTITUTIONS NOT UNDER ITS CONTROL. IN ORDER THAT THE DHEW BE FULLY INFORMED, THE FOLLOWING REPORT IS REQUESTED WHEN APPLICABLE.

USE FOLLOWING REPORT FORMAT FOR EACH INSTITUTION OTHER THAN GRANTEE OR CONTRACTING INSTITUTION WITH RESPONSIBILITY FOR HUMAN SUBJECTS PARTICIPATING IN THIS ACTIVITY: (ATTACH ADDITIONAL REPORT SHEETS AS NECESSARY).

INSTITUTIONAL AUTHORIZATION FOR ACCESS TO SUBJECTS

- SUBJECTS: STATUS (WARDS, RESIDENTS, EMPLOYEES, PATIENTS, ETC.) _____

NUMBER _____ AGE RANGE _____

NAME OF OFFICIAL (PLEASE PRINT) _____

TITLE _____ TELEPHONE _____

NAME AND ADDRESS OF COOPERATING INSTITUTION _____

- OFFICIAL SIGNATURE _____

NOTES: *(e.g., report of modification in proposal as submitted to agency affecting human subjects involvement)*

ANNOTATED BUDGET FOR THE COALITION FOR
BARRIER FREE LIVING PROJECT
(First Year)

Personnel (12 months):		
Director	$18,000	
Peer Counseling Supervisor	14,000	
Four Quarter-time Peer Counselors	10,000	
Independent Living Skills Training Supervisor	14,000	
Four Quarter-time Independent Living Skills Trainers	10,000	
Outreach and Information Specialist	12,000	
Secretary	9,000	
Total Personnel		$87,000
Fringe Benefits		13,050
Staff Travel (outreach services, community development, visits to other CIL's, etc.)		1,000
Equipment (Portatel teletypewriter, typewriter, calculator)		1,000
Office Supplies ($150 per month for 12 months)		1,800
Other:		
Rent and Utilities (400 square feet @ $1.00 per square foot for 12 months)	$4,800	
Telephone ($150 per month for 12 months)	1,800	
Publications and Printing (information handouts for participants, information handouts for educators, project publications for other CIL's)	3,000	
Consultants (technical assistance, contracted bookkeeping)	3,000	
Liability Insurance (premises and professional staff)	2,000	
Total Other Expenses		14,600
TOTAL BUDGET		$118,450

ANNOTATED BUDGET FOR THE COALITION FOR
BARRIER FREE LIVING PROJECT
(Second Year)

Personnel (12 months):		
Director	$20,700	
Peer Counseling Supervisor	16,100	
Four Quarter-time Peer Counselors	11,500	
Independent Living Skills Training Supervisor	16,100	
Four Quarter-time Independent Living Skills Trainers	11,500	
Outreach and Information Specialist	13,800	
Secretary	10,350	
Total Personnel		$100,050
Fringe Benefits		15,008
Staff Travel		1,150
Office Supplies		2,070
Other:		
Rent and Utilities	$5,520	
Telephone	2,070	
Publications and Printing	3,450	
Consultants	3,450	
Liability Insurance	2,300	
Total Other Expenses		16,790
TOTAL BUDGET		$135,068

ANNOTATED BUDGET FOR THE COALITION FOR
BARRIER FREE LIVING PROJECT
(Third Year)

Personnel (12 months):		
Director	$23,805	
Peer Counseling Supervisor	18,515	
Four Quarter-time Peer Counselors	13,225	
Independent Living Skills Training Supervisor	18,515	
Four Quarter-time Independent Living Skills Trainers	13,225	
Outreach and Information Specialist	15,870	
Secretary	11,903	
Total Personnel		$115,058
Fringe Benefits		17,259
Staff Travel		1,323
Office Supplies		2,381
Other:		
Rent and Utilities	$6,348	
Telephone	2,381	
Publications and Printing	3,968	
Consultants	3,968	
Liability Insurance	2,645	
Total Other Expenses		19,310
TOTAL BUDGET		$155,331

ANNOTATED BUDGET FOR THE AUSTIN RESOURCE CENTER FOR INDEPENDENT LIVING
(First Year)

Personnel	Base	%	Actual	
Director	$20,000	100%	$20,000	
Information and Referral Specialist	16,000	87.5%	14,000	
Peer Advocate (3/5 time)	15,000	60%	9,000	
Community Relations	15,000	50%	7,500	
Adm. Assistant	11,500	50%	5,750	
Sec./Receptionist	10,000	100%	10,000	
Secretary	8,500	70%	6,000	
Total Personnel				$72,250
Fringe Benefits (Workers Compensation, Health/Life Insurance, Unemployment)				4,113
Staff Travel				
In-town at $.20 per mile		600		
Conferences:				
Two out-of-state (2 people)		1,600		
Four in-state (2 people)		800		
Total Staff Travel				3,000
Equipment (4 desks, 4 chairs, 1 typewriter, adaptive equipment, copier rental)				3,548
Office Supplies (copy supplies, paper, postage, general supplies)				2,500
Other:				
Consultants (Technical assistance, audit)		$1,250		
Interpreters for the deaf		1,000		
Rent ($500 per month for 12 months)		6,000		
Utilities		3,600		
Telephone				
Installation	$792			
Monthly Service ($240 X 12 mo.)	2,880			
Long Distance	843			
Total Telephone		4,515		
Publications and Subscriptions		500		

Fees for conferences	500	
Printing	2,000	
Liability Insurance (Premises and Professional staff)	600	
Total Other Expenses		19,965
TOTAL BUDGET		$105,376

ANNOTATED BUDGET FOR THE AUSTIN RESOURCE CENTER
FOR INDEPENDENT LIVING
(Second Year)

Personnel:		
Director	$23,000	
Information and Referral Specialist	16,100	
Peer Advocate	10,350	
Community Relations	8,625	
Adm. Assistant	6,613	
Sec./Receptionist	11,500	
Secretary	6,900	
Total Personnel		$83,088
Fringe Benefits		4,730
Staff Travel		3,450
Equipment (adaptive equipment, copier rental)		2,930
Office Supplies		2,875
Other:		
Consultants	$1,438	
Interpreters for the deaf	1,150	
Rent	6,900	
Utilities	4,140	
Telephone	5,192	
Publications and Subscriptions	575	
Fees for Conferences	575	
Printing	2,300	
Liability Insurance	690	
Total Other Expenses		22,960
TOTAL BUDGET		$120,033

ANNOTATED BUDGET FOR THE AUSTIN RESOURCE CENTER FOR INDEPENDENT LIVING
(Third Year)

Personnel:		
Director	$26,450	
Information and Referral Specialist	18,515	
Peer Advocate	11,903	
Community Relations	9,919	
Adm. Assistant	7,605	
Sec./Receptionist	13,225	
Secretary	7,935	
Total Personnel		$95,552
Fringe Benefits		5,440
Staff Travel		3,968
Equipment (adaptive equipment, copier rental)		3,370
Office Supplies		3,306
Other:		
Consultants	$1,654	
Interpreters for the deaf	1,323	
Rent	7,935	
Utilities	4,761	
Telephone	5,971	
Publications and Subscriptions	661	
Fees for Conferences	661	
Printing	2,645	
Liability Insurance	794	
Total Other Expenses		26,405
TOTAL BUDGET		$138,041

FINANCIAL, PROGRAM, AND ADMINISTRATIVE CONTRIBUTIONS TO THE CENTERS FOR INDEPENDENT LIVING PROJECT BY THE TEXAS REHABILITATION COMMISSION

The Texas Rehabilitation Commission will provide technical assistance, staff training and orientation, data processing and accounting activities, and program evaluation to the project. It is estimated that this will amount to 15% of the total amount of Title VII, Part B funds in the project ($33,574).

These activities will be provided with no charge to Title VII, Part B funding. They will be charged to Title I funds available to the Commission. This funding procedure is justified on the basis that the two centers for independent living in this project will serve both eligible vocational rehabilitation clients and other severely disabled individuals who are in need of independent living services. Hence, the use of Title I funds for administrative purposes in this project is felt to be appropriate.

PART IV - PROJECT NARRATIVE

INTRODUCTION:

With the passage of P.L. 95-602 and subsequent funding of Title VII, Part B of that legislation, a new impetus was given to the development of service delivery systems for severely disabled persons. Since the implementation of the 1978 Amendments to the Rehabilitation Act of 1973, the rehabilitation community has been mandated to provide more services to the severely disabled, but continued emphasis on employment as the major criterion of success necessitated closure of many clients' cases as "too severely handicapped" to benefit from that pursuit. As a result of these closures, individuals with severe impairments were not able to obtain support services needed to keep them from being dependent on families, institutions, "charity" and an array of available but unorganized resources.

The concept of independent living is one whose time has finally come. Although employment remains a possible goal, the overriding orientation of this movement is self-determination for the severely disabled through removal of barriers to their equal opportunity for participation in their communities and families. Some of these barriers are physical and architectural, some are attitudinal and some are logistical in nature. The intent of the Texas Rehabilitation Commission is to begin dismantling such obstacles in Texas by assisting in the development of two innovative consumer-based centers for independent living.

The Rehabilitation Services Administration funded and oversaw the evaluation of five independent living demonstration projects of three different types in order to gather information about alternative organizational patterns (REHAB BRIEF, October, 1979). The three basic patterns were medically oriented services, services through Vocational Rehabilitation agencies, and consumer action organizations.

The first two types of projects are typically administered in terms of the "medical model," which presumes that since the handicap is exaccerbated by forces outside the individual, minimization of those forces can also be imposed from the outside through technical, medical and educational means. This mentality has obvious applications and can provide successful "intervention" in the lives of the clients. However, a potential shortcoming of these methods is that a mind set often exists in which both staff and clients come to feel that services are performed on or distributed to the clients. Thus the client may develop the attitude that he/she is not an integral and essential factor in the process, but rather that he/she is outside the process and that if it does not work it is the fault of the methods and providers of services. The client has an excuse to avoid accepting responsibility for the success of the program.

Consumer action organizations, on the other hand, encourage the client from an interpersonal and peer perspective to take a more active, assertive, participatory role in the process of minimizing his/her problems. The advantages of this method can include higher motivational level on the client's part and identification with center personnel who themselves come from a similar background vis-a-vis disabling conditions and having been consumers of rehabilitation services.

It seems that a cooperative effort between these two basic methodologies would benefit from both consumer involvement in policy development, decision-making and program implementation, and the expertise of state rehabilitation personnel who are skilled in complementary areas of service provision. The centers for independent living concept has been endorsed by RSA for the current round of funding and the

Texas Rehabilitation Commission has had considerable guidance from rehabilitation consumers in gathering information on the degree to which independent living services are being provided in Texas and in assessing needs which exist.

In recent years, a major component of the Texas Rehabilitation Commission's emphasis upon services to the most severely disabled Vocational Rehabilitation Clients has centered around the development of resources to meet the needs of this population. As a result of that effort, the Commission has acquired considerable experience in developing and providing services that focus upon independent living. It has long been recognized that such factors as housing, transportation, attendant care, and adjustment services focused upon the ability to function independently in society have a direct bearing upon the success or failure of severely disabled Vocational Rehabilitation clients as well as the rest of the severely disabled population. In recognition of these needs, the Texas Rehabilitation Commission began working with other community organizations in the early 1970's to develop resources to improve the independent living skills and potential of its severely disabled clients.

One notable example began in 1972 with the development of the Cooperative Living Program in Houston. This program was developed as a Research and Demonstration Project under the auspices of the Institute for Rehabilitation and Research (TIRR) and consisted of a residential project for severely physically disabled young adults who had previously been living with families or in nursing homes and who were finding it difficult to achieve satisfying levels of independence in those settings. The purpose of the project was to test the feasibility of a group of 14 handicapped individuals operating a residential system offering shared attendant and transportation services. The Texas Rehabilitation Commission participated in the planning and development of this program and provided financial sponsorship for virtually all of the individuals who participated in the three-year project. The program proved imminently successful and the final project report to the Rehabilitation Services Administration revealed that the vast majority of the participants substantially improved their independent living skills and their abilities to develop meaningful, productive lives in spite of severe disabilities. So significant was the impact of the program that several of the participants developed other independent living programs, utilizing the shared services concept, after leaving the project.

One of the programs developed as an outgrowth of the Cooperative Living Project was Independent Life Styles, Inc. The program's impetus came from the factor that several residents of the Cooperative Living Program felt the need for an even more independent environment than Cooperative Living. They convinced a builder in the Houston area to construct 32 architecturally barrier-free apartments as a part of a larger apartment complex (Westbury Country Village Apartments). The special modifications to these apartments for the handicapped were designed by Independent Life Styles members. The program began operation in 1974 and it offered shared housing, transportation, and attendant care services to approximately 30 severely physically disabled individuals. No State or federal grant funds were utilized. The only sources of financial support were case service sponsorship of residents by the Texas Rehabilitation Commission and funds from private foundations.

In 1976 the Independent Life Styles organization substantially expanded its program by developing one of the first condominium complexes in the United States specifically designed for the handicapped. The program of services was moved to a new location (Banyon) and its unique feature was that the condominiums were purchased by the severely handicapped residents. The same program of shared attendant care and transportation services was utilized. Independent Life Styles

continues to provide services to approximately 21 severely physically disabled residents at Banyon and has recently expanded its operation to include services to eight more residents of the Ironwood Apartments in another area of Houston. Since its inception, the only third-party purchaser of ILS services has been the Texas Rehabilitation Commission. Moreover, the Commission has been continuously involved in providing support and technical assistance for this enterprising organization.

Another group of residents from the initial Cooperative Living Program formed an organization entitled Free Lives, Inc., and in 1974 they developed an independent living program at Independence Hall, a 300 unit, barrier-free apartment complex owned by Goodwill Industries of Houston. Free Lives functioned in one wing of this apartment complex and provided consumer managed attendant care services for eleven residents. The Texas Rehabilitation Commission was significantly involved in the development of this program and provided financial sponsorship for virtually all of the residents. The program continues to operate as the Goodwill Industries of Houston Attendant Care Project and is still a viable independent living resource for severely physically disabled individuals.

Also in 1974, the Texas Rehabilitation Commission was instrumental in developing an independent living resource in the San Antonio area in cooperation with St. Benedict Hospital. The program offered housing, attendant care, and transportation services for 12 severely physically disabled residents and was largely managed by a resident council. A grant from the Texas Rehabilitation Commission was utilized to establish the specialized transportation program and the Commission provided financial sponsorship for all services through case service funds.

In 1976 the Texas Rehabilitation Commission participated in the development of the New Options Program in Houston, a transitional independent living program under the auspices of the Institute for Rehabilitation and Research. This Research and Demonstration Project consisted of a six-week residential program for groups of eight severely physically disabled individuals and included shared attendant and transportation services in addition to the independent living training modules. Its purpose was to facilitate development of independent living skills and successful transition to independent living environments. The Texas Rehabilitation Commission provided substantial input in the development of the program and financial sponsorship for virtually all of the participants. The training modules included living arrangements, educational/vocational opportunities, attendant and financial management, functional and social skills, consumer affairs, medical needs, mobility, sexuality, and time management. Concepts such as peer modeling and field trips to independent living projects were an integral part of the program. It should be noted that materials developed in the New Options training modules are to be utilized in the Center for Independent Living being developed by the Coalition for Barrier Free Living through this proposal.

The Texas Rehabilitation Commission has been operating a state funded Extended Rehabilitation Services program since 1977 for individuals who are too severely disabled to be eligible for the regular Vocational Rehabilitation program. A majority of the clients of this program have lived in custodial care facilities without the benefit of a work-oriented program. ERS, by subcontracting with local parties, provides group homes, along with work adjustment training and sheltered workshop employment, and has enabled many of these clients to develop their independent living and working potential to a degree not before deemed feasible.

Maximum possible use is made of existing resources with the Texas Rehabilitation Commission facilitating and coordinating for the clients the provision

of benefits through Section 8 and Section 202 of the Department of Housing and Urban Development, Homemaker and Chore Services through the Department of Human Resources, Supplemental Security Income, Social Security Disability Insurance, Medicaid and ICFMR programs as well as community service groups such as the Lion's Club. Existing transportation modes have also been developed into a system for getting nearly 300 severely impaired persons to and from their work stations daily.

The Texas Rehabilitation Commission recognizes that extended rehabilitation services will be provided in many cases without regard to "successful closures," so that gains clients make can be consolidated and ensured through continued provision of the support services these individuals need to maintain their level of adaptation to their environment.

A strong emphasis of Extended Rehabilitation Services is vocational, and as such it is a program which will be kept separate from the centers for independent living planned through Title VII, Part B authorization. However, the similarities between the two programs ensure that the Texas Rehabilitation Commission has developed expertise in administering and subcontracting for services which assist severely handicapped individuals to live and work more independently.

In developing this proposal to establish centers for independent living through Title VII, Part B, funding and other resources, considerable consumer input and involvement was utilized. The Texas Rehabilitation Commission Consumer Consultation Committee has a Subcommittee on Independent Living consisting of nine members (See Appendix A). The Subcommittee represents a broad spectrum of the severely disabled community and has been extremely active in the planning and development of this proposal.

In the formation of the Subcommittee, letters soliciting input and recommendations were sent to a large number of consumer organizations representing all geographical areas of the state and all major disability groups served by the Commission. The Subcommittee was subsequently formed and asked to assist in the development of the proposal to establish centers for independent living.

The Subcommittee first identified eight potential sites for centers. Identification of these sites was based upon evidence of strong, stable consumer organizations in the areas and evidence of substantial need for independent living services for the severely disabled community. It is significant to note that the chairman of the Subcommittee is the Director of the Independent Living Research Utilization Project in Houston. Consequently, the Subcommittee had the benefit of the information developed in that project to formulate its recommendations.

The Subcommittee also identified priority services that should be included in the proposal and made on-site visits to the potential sites identified. They prioritized the potential sites and made specific recommendations concerning the development of the centers included in this proposal.

The administration of the Texas Rehabilitation Commission reviewed the recommendations of the Subcommittee carefully and found them to be compatible with the objectives of the Texas Rehailitation Commission in developing independent living services. Consequently, this proposal reflects the input of the Subcommittee virtually without exception.

PROJECT OBJECTIVES (Both Centers):

The Texas Rehabilitation Commission will be contracting with two consumer-based organizations to develop systems to deliver independent living services to individuals so severely handicapped that they do not presently evidence vocational potential. It is anticipated that these individuals will benefit from independent living services by developing their skills and their ability to utilize available resources to function more independently in their families and communities and to lead more self-directed lives. It is possible that independent living services may assist some individuals to secure or maintain employment.

The two centers which will plan, establish and facilitate delivery of independent living services, will operate independently of each other and,consequently, will have somewhat different emphases on specific details of their service components, but both will seek to achieve the same objectives.

1. Develop a system for providing or coordinating independent living services. This will be done by assessing services currently available and determining areas of service needs. Each center will attempt to provide services which will fill gaps in existing programs.

2. Persons with severe disabilities will participate in policy making, management, and staff roles in both centers. The Boards of Directors will continue to be composed to a substantial degree of severely handicapped persons. Persons with severe handicaps will be recruited for management and staff positions.

3. The center directors will commit effort to seeking ways to continue operation of center programs beyond the initial grant period. This will be done by developing sound fiscal management practices and by actively seeking out resources which can provide financial support for center activities.

4. A major project objective will focus upon advocacy for both disabled individuals and groups of disabled individuals. Center personnel will advocate on behalf of clients who are not receiving services to which they have a legal or economic right. In addition, advocacy will be conducted on a larger scale on behalf of populations of disabled individuals. This latter effort will focus upon federal and state laws affecting the handicapped; policies and regulations of federal, state, and local agencies; etc. Advocacy will be viewed as a thread that permeates all activities and services of the centers.

5. Considerable emphasis will be placed upon outreach activities to make services of the centers available to severely disabled individuals who cannot ordinarily participate in the service delivery system and who are in dire need of services. This will include homebound individuals.

6. A major objective will involve making the activities and services of the centers available and meaningful for a broad range of disability groups. This will include orientation of agencies and organizations in both the public and private sectors regarding the services of the centers. The Texas Rehabilitation Commission will assist in the orientation of its counselors and other staff and, hopefully, this effort will result in adequate referrals to the centers of a broad range of disabled individuals.

Each project will provide the following services for severely disabled persons:

1. Intake counseling to determine the client's need for specific independent living services.

2. Referral and counseling regarding attendant care.

3. Counseling and advocacy services to assist clients to understand and receive the economic and legal rights and benefits to which they are entitled. Advocacy will also be conducted on a larger scale for groups of handicapped individuals (removal of architectural barriers, etc.).

4. Independent living skills training including development of the skills necessary for living in the community and accessing services and opportunities for community involvement.

5. Housing and transportation information and referral.

6. Development and periodic updating of a directory of support services.

7. Peer counseling.

8. Outreach activities to benefit as many disabled individuals as possible.

Details of specific services to be offered by each center follow along with descriptions of their plans for delivery systems.

PROJECT PLAN (CBFL):

The Coalition for Barrier Free Living (CBFL) was formed in 1975 by a group comprised mostly of wheelchair users. It assisted in organizing job fairs for handicapped persons and printed a monthly newsletter as well as A Guide to Houston for the Handicapped.

By 1977 the Coalition for Barrier Free Living had begun actively advocating for removal of architectural barriers and lobbied successfully for the City of Houston to begin an accessibility program. The membership of the group had expanded to include numerous disability groups, including the hearing impaired and the visually impaired. Although the Coalition for Barrier Free Living is now more representative of the entire range of the disabled community, it is felt that the visually impaired and their organizations have not become as actively involved as some other groups.

The Coalition for Barrier Free Living Board plans to maintain its current advocacy role, and will oversee management of its Center for Independent Living without getting involved in the actual service delivery.

The CBFL plans to locate the Independent Living Project in a building which will be free of architectural barriers. The use of at least one Porta-Tel (portable telecommunicator) along with staff skilled in manual communications will prevent communications barriers from being a problem.

The Porta-Tel is described in detail following the job descriptions of the CBFL staff. To summarize, it is a teletypewriter which is small enough to be carried, and can thus be used from any standard telephone simply by placing the telephone receiver in the cradle of the Porta-Tel. An electronic visual display shows the message as it is typed, and it is transmitted simultaneously to the visual display at the other end of the line.

This high technology device is an example of efforts that will be made to attend to the special needs of the hearing impaired.

The Coalition for Barrier Free Living Independent Living Project is designed to serve the population of disabled people generally represented by CBFL. This group includes mostly severely physically disabled individuals: persons with mobility impairments; persons with visual impairments; and persons with hearing impairments.

CBFL OUTREACH COMPONENT

An important aspect of this program will be community relations and participant recruitment. This outreach component will have the goal of acquainting the community with the program, involving them as consultants and participants, and accessing existing community resources. Raising the level of awareness of participants and their families, while actively involving the community, are essential to project success.

The Coalition for Barrier Free Living is intimately familiar with the special needs of the disabled population in Houston. However, those needs may be complicated by other factors such as language, age, race, cultural background, and socio-economic status. In order to insure that persons who might be served by this project are aware of the opportunity to take part in it as participants, peer counselors, associates, or otherwise, a major component dealing with outreach has been planned into the program and will focus on disabled members of minority groups.

One large minority group in the Houston area is the Mexican-American population, which comprises nearly one-third of the overall population. A disproportionately large percentage of this group is in the lower socio-economic range. With the additional factor of language differences, many Chicanos have gravitated toward geographically well defined and socially homogeneous areas, generally found close to the center of the city. The overwhelming importance of the family unit in the Mexican-American culture keeps them unified both territorially and emotionally.

Once in the "barrio", there are innumerable activities which could be implemented with the objective of identifying handicapped Mexican-Americans. The high degree of devotion to God and Catholicism which exists helps the Mexican-American find strength, hope, and a strong sense of belonging in his church. It is felt that "barrio" priests will be of great assistance in locating the population, who because of language barriers and a machistic attitude which condemns crying out for help, have long gone unnoticed by the rehabilitation community.

The community center serves as a focal point for many in the barrio. Because of its wide range of available services and the limited capacity for mobility of many barrio residents, the community center has often become a part of the day to day life of many local residents. Several centers house clinics whose personnel are overloaded with clients rendering them unable to effectively deal with some of the daily living skills. The community centers offer programs such as vision clinics, drug abuse programs, and nutrition programs. It is evident that they touch the lives of many in the Mexican-American community, and they will be an excellent source of client referrals.

The Coalition for Barrier Free Living has already been offered support by the three largest community centers in Houston (Casa de Amigos, Association for the Advancement of Mexican Americans, and Ripley House), all of which are located in the heart of the barrio.

Another potential source of referrals is the school system. The schools located in the barrio have special education programs. The teachers and counselors who deal with these students on a daily basis will be very helpful in providing names of potential clients. The Coalition has already solicited support from two "barrio" schools whose assistance appears to be forthcoming.

An important outreach goal would be the inclusion of the various organizations and service providers who service a large Hispanic population. With a myriad of available services, these agencies come into contact with large numbers of Hispanics. Included in the long list of agencies whose support and cooperation will be solicited are the Catholic Council on Human Relations, Chicano Training Center, Educational Advancement for Mexican Americans, Hispanic International University, League of United Latin American Citizens (LULAC), Magnolia Business Center, Minority Women Employment Program, Jobs for Progress Inc. of Houston, and Operation SER-CETA. Hopefully, by making these programs and agencies aware of this project, they will be able to actively assist in the identification process.

Because of cultural factors unique to the Hispanic population somewhat different techniques may be necessary to effect outreach in the black handicapped community. On the other hand, certain methods of establishing contact may work equally well with either group and will be applied vigorously. A partial listing of these methods follows.

The primary objective of the Outreach, Recruitment, and Community Relations Component is the actual recruitment of participants. The activities developed to accomplish this objective will be directly related to the activities involved in identification. This project intends to directly involve family members, the clergy, community center personnel, educators, and service providers in the recruitment process. Workshops and seminars providing information about the project will be offered in the homes, schools, community centers, and churches located in the neighborhood. Personnel directly involved with the local clientele will be asked to assist in the planning, presentation, and implementation of these workshops and seminars.

Another outreach goal might be the inclusion of local community leaders in project presentations. People whom the community believe in and trust may be most helpful in the recruitment of volunteers. As community leaders they should be well aware of the special needs of the population they represent.

Other activities which might help in accomplishing the stated objective would be use of the media. With special consideration given to newspapers, magazines, radio, and television progams that reach the Hispanic and black populations, the project may be able to access the homebound, who otherwise might not be reached. The disabled themselves are another excellent tool for recruitment. The concept of peer interaction should yield positive results in efforts to involve new participants.

Another objective of the outreach component of the project is good community relations. Essential to good community relations is ample community involvement. The first step here is the inclusion of the community in the outreach and recruitment process. Interagency cooperation is another step toward good community relations. Assistance in the planning, design, content and implementation of the project has been requested and offered from several agencies and organizations with substantial contact in the Hispanic community. Other activities for developing community relations would be inviting members of the minority groups to be on the advisory board thus effecting policy. A newsletter written in part by involved participants might serve as a liaison between the project and the inhabitants of Houston. This would provide an opportunity to spread the word throughout the entire city.

CBFL PEER COUNSELING COMPONENT

This component of the project will provide core services designed to link project participants with the independent living skills training and vocational development components of the project and with other appropriate independent living support services and human service agencies in the community.

In this component direct counseling with both participants and their families will be a key element encompassing goal-setting, decision-making, values clarification, referral and coordination with local community services, and follow-up. Contact with each participant will be on-going throughout the project using the modes of role modeling and peer counseling.

The principal objectives of the peer counseling effort will be: 1) To identify the personal/social adjustment strengths and needs of each participant as these relate to the individual's vocational and independent living skills. 2) To develop a joint individualized independent living plan with each person aimed at his/her strengths and needs. 3) To take part in individualized personal/social adjustment training programs, providing each participant with constructive insight and skills for improving their employability and independent living competencies. 4) To monitor

participant progress. 5) To provide continuous feedback to participants during all phases of the program. 6) To follow-up the participants to ascertain training and program effectiveness and to provide follow-up services as needed.

It is proposed that this component of the project be staffed by one professional counselor/supervisor and four quarter-time peer counselor/educators. The professional counselor should have a minimum of a Master's degree in social work, psychology or a related field. The peer counselors do not necessarily need to have college degrees but must possess certain specific qualities in order to adequately fulfill their roles. These qualities include the following: 1) The peer counselor should have a physical disability in order to better relate to the potential clientele to be served. 2) The peer counselor should demonstrate a healthy adjustment to his/her disability by exhibiting a comfort level with himself or herself and others both verbally and behaviorally. 3) The peer counselor should be able to interact with participants and families in a non-threatening, non-judgmental manner in order to build rapport and trust in the relationship. 4) The peer counselor should play an advocate role with participants and families, assisting them in setting goals and making decisions rather than assuming this function for them. This is an important factor since a major goal is to enable participants and families to assume responsibility for their own lives. One of the best ways to accept personal responsibility is to practice making personal decisions and accepting the consequences of these decisions. 5) The peer counselor should be able to model good problem-solving, decision-making, and planning skills. It is important that the peer counselor be able to demonstrate these qualities in his/her own life. Sharing common experiences with participants can be a good learning tool in the counseling process. This modeling concept will also be considered in choosing instructors for the community living skills aspect of this proposal. 6) The peer counselor should be able to determine the value systems of participants and families and should be able to work within any limitations set by these values and beliefs. To increase understanding and awareness in this area an attempt will be made to hire peer counselors with backgrounds similar to the minority populations to be served. 7) The peer counselor should be able to work in the participants' home territory rather than the traditional office environment. It is felt that peer counseling can be most effective in familiar and comfortable surroundings for the participant, particularly when dealing with low-income, disadvantaged individuals. 8) The peer counselor should be able to express himself or herself verbally. Writing skills are not a requirement since reports and summaries can be dictated and transcribed. 9) The peer counselor should demonstrate skill at coordinating the participant's use of this program.

As mentioned above, the supervisor of the proposed counseling unit should have completed a master's degree in a field which focuses on developing counseling skills. This person would be expected to be responsible for the overall functioning of the unit, assigning cases, monitoring progress, evaluating the effects of service, and providing feedback and guidance to the peer counseling staff. The supervisor should subscribe to the philosophy of self-direction and independent thinking and must have a working knowledge of physical disability and cultural influences on various lifestyles. Familiarization with the concept of independent living and the different models for attaining this goal would be helpful.

Basically, there will be four functions of the counseling component: intake and assessment of needs, development of a joint individualized independent living plan with participant and/or family, referral to other program units and/or community resources, and follow-up. This unit will play a coordinating role with all other elements.

1. Intake and Assessment

As participants are identified, the participant recruiter will make the initial arrangements for the peer counselor to meet with the participant. This meeting could take place in the participant's home, school, church, or neighborhood service agency. Through pre-determined questions, the peer counselor will collect information regarding the participant's current status, relationship with family, educational and financial background, strengths and weaknesses, and potential for change. The peer counselor will attempt to establish a working relationship with the participant and will explain the purposes of the program to him/her. (NOTE: One of the first responsibilities of the counseling unit will be to develop an intake questionnaire).

2. Joint Individualized Independent Living Plan

The peer counselor will assist the participant in developing a plan of action including short-term and long-term goals as well as a reasonable timetable for reaching the agreed-upon goals. These goals might include independent living needs, vocational/educational needs, financial needs, and/or personal skills needs. The peer counselor might work jointly with existing agency personnel already involved with the participant such as the Texas Rehabilitation Commission, Department of Human Resources, Social Security Office, and others. Again, the emphasis will be on helping the participant set his/her own goals and make his/her own decisions by involving him/her directly in every phase of the process.

3. Referral

After the joint individualized independent living plan has been developed, the peer counselor will refer the participant to various community agencies and/or programs that will enable him/her to attain his/her goals. This might include other elements of this project such as community living skills or the vocational counselor as well as existing community services such as schools, vocational evaluation and training centers, medical facilities, and interpersonal counseling centers. One objective of the counseling unit will be to assist the outreach and information specialist in the continuous development of a directory of independent living support services.

4. Follow-up

A final function of the peer counselor will be to periodically monitor the progress of each participant through regular meetings. At these meetings the individualized plan can be reviewed, renegotiated, and revised if needed. It is suspected that this function will allow the peer counselor to determine the factors that lead to successful participation in the program. Conversely, the counselor should also be able to isolate those factors which hinder successful participation in the program.

Throughout the process the supervisor will conduct weekly staff meetings with the peer counselors to discuss mutual problem areas, to propose solutions, and to update information on referral resources. An effort will be made to assist existing community agencies in integrating physically disabled individuals into their regular services and programs rather than to create special services.

Recent research has indicated that counseling intervention is most effective in a systems approach, i.e. analyzing the individual's total environment and relationships.

The handicapped individual is often most directly influenced by his/her family: their customs, values, beliefs, and behavior. Thus, it seems inevitable that the family system must be included in the counseling process. The family's support is a necessary ingredient in positive adaptation to a disability, assuming the individual resides with his family unit.

Another form of peer counseling involving families could be to arrange meetings with other families who have disabled members in the household. It is suspected that role modeling will also be an effective tool as families come into contact with physically disabled peer counselors who are active and successfully integrated into community life. A primary goal will be to assist families and participants in determining the individual's strengths and abilities rather than his/her disabilities.

As the counseling program develops and stabilizes, an effort will be made to investigate funding sources for eventual self-support. One way this might be accomplished is to establish a fee-for-service system, perhaps on a sliding-scale basis. Other agencies might be willing to purchase the service for their clients. United Way funding is another possibility. Part of the supervisor's role will be to develop working relationships with existing agencies and to develop a plan of self-support for the peer counseling services component.

CBFL INDEPENDENT LIVING SKILLS COMPONENT

A Rehabilitation Services Administration Research and Demonstration grant in 1976 enabled the New Options Project to develop a curriculum guide for independent living skills. This system uses criterion-referenced standards of success, as it is based on the experiences of many handicapped persons who achieved independent living. CBFL proposes to use these New Options Training Modules as the basis for their independent living skills component.

The training modules cover eleven basic subjects which are as follows.

1. Vocational/Educational Opportunities - exploration of vocational and educational programs; range of employment opportunities available to persons with various disabilities.

2. Attendant Management - methods of locating, training, and working with personal care attendants.

3. Functional Skills - rearranging environmental elements to improve personal capabilities; self-analysis of personal skills; assistive equipment needs.

4. Mobility - exploration of various modes of transportation, both public and private.

5. Financial Management - financial assistance programs; money management.

6. Living Arrangements - comparison of diverse living situations and support services.

7. Social Skills - learning skills to enhance communication and assertiveness; self-concept vs. public image; personal feelings about common concerns.

8. Medical Needs - self-directed care; routine medical maintenance; emergency care plans; medical resources in the community.

9. Consumer Affairs - issues of public concern affecting handicapped persons.

10. Sexuality - sexuality and disabilities; close personal relationships.

11. Time Management - utilization of time and energy; leisure activities.

For each module a standardized guide has been prepared with options which can be chosen at the discretion of the instructor, based on the needs of individual clients as stated on their service plans.

An important feature of this component is that the supervisor and trainers should all be severely disabled persons who have successfully adapted to their condition, and thus can serve as role models to the clientele.

ADDITIONAL CBFL STRATEGIES

A glance at the Administrative Flow Chart of the CBFL shows that there are several program areas which will be part of the CBFL, but will receive no funding from the Title VII, Part B grant being sought. The CBFL plans to integrate the various service programs administratively to provide any of the center independent living services necessary to eligible clients. A brief summary of the alternatively funded program areas follows.

The Attendant Training Referral and Information Project (ATRIP) was established in October, 1979 by a CETA grant channeled through the City of Houston to CBFL. The purpose of this component is to improve the quality and availability of personal care attendants (P.C.A.'s) for severely disabled persons. See Appendix B for specific details of this component.

Another program proposed to complement CBFL services is an as yet unfunded project for the hearing impaired (see Appendix C for details). This component is not being included as part of the current Title VII, Part B grant proposal, and alternative funding is being sought actively. The four basic services to be provided are: 1) specialized information and referral; 2) interpreter provision and coordination; 3) TDD/voice telephone exchange service; 4) community education.

CBFL hopes to obtain funding through sources other than this Title VII, Part B grant for an employment placement service (HOUSE) to function as a clearinghouse between qualified handicapped persons, industry and the rehabilitation community (see Appendix D for details).

Title VII, Part B funds are considered as "seed money" for the CBFL Project and every effort will be made to secure additional funding from both public and private sources after the three-year project period. Hopefully, Title VII, Part A funding will be available by the end of the project period and can be utilized to support the project on a "fee for service" basis. Project staff will, however, aggressively seek other funding as well through such sources as CETA, Title XX, Developmental Disabilities, Innovation and Expansion grants, and private foundations.

CBFL has been extremely active from an advisory standpoint in assisting the City of Houston to develop a Multi-service Center for the Handicapped. A $3,000,000 Community Development Block Grant has been awarded to the city for that purpose and a site is currently being selected for construction. It is anticipated that many and perhaps all of the CBFL programs and services in this proposal will be incorporated into the Multi-service Center when it is completed.

The Multi-service Center will provide a broad array of recreational programs for the handicapped; hence, those services are not included in this proposal. Similarly, such services as transportation and health maintenance are not included in this proposal because they are readily available in the Houston area.

Recruitment of qualified handicapped individuals for all center positions will be given high priority by the CBFL Board. Assistance in this effort will be sought from such agencies as the Texas Rehabilitation Commission and the Texas Employment Commission. Recruiting efforts will also include contact with other consumer organizations in the state and other centers for independent living.

JOB DESCRIPTIONS FOR COALITION FOR BARRIER FREE LIVING STAFF

DIRECTOR

DUTIES:

1. Administrative supervision of entire program.
2. Liaison with Governing Committee and Board.
3. Responsible for fiscal integrity (budgeting, financial management), management of grant funds.
4. Development of additional (and continuing) grant proposals.
5. Liaison with other centers for independent living and community service organizations.
6. Public relations.
7. Liaison for planning with other state, local and federal agencies.
8. Responsible for coordinating services provided by other Coalition service projects, including ATRIP, Hearing Impaired Project, HOUSE Employment Project, Newspaper Editor.
9. Direct supervision of Peer Counseling Supervisor, Independent Living Skills Supervisor, Outreach and Information Specialist, Secretary.
10. Ultimate responsibility for all other positions.
11. Responsibility of transferring information and methodologies to other organizations.
12. Maintaining client service statistics and conduct program evaluation for all service programs.

QUALIFICATIONS

1. Has demonstrated management and supervisory skill.
2. Experience in grants management.
3. Bachelor's Degree.
4. Knowledge of community resources and Independent Living movement.
5. Efforts will be made to recruit a qualified handicapped individual for this position.

PEER COUNSELING SUPERVISOR

DUTIES:

1. Coordinates and supervises the four quarter-time Peer Counselors.
2. Provides direct counseling services to Coalition for Barrier Free Living clients.
3. Provides intake and assessment services.
4. Develops Individualized Written Independent Living Plan.
5. Arranges referrals to existing services both in and outside Coalition for Barrier Free Living.
6. Provides follow-up services to individual clients to determine status and success of service delivery.
7. Performs particularly difficult counseling in situations which would be beyond the capability of the other peer counseling staff.
8. Maintains individualized case records for all peer counseling clients.

QUALIFICATIONS

1. Master's Degree in Social Work, Psychology or other related field.
2. Demonstrated administrative and supervisory abilities.
3. Physical disability.
4. Healthy adjustment to own disability.
5. Good interpersonal skills.
6. Possesses good problem solving, decision making and planning skills.
7. Must be sufficiently mobile to see clients in their home environments.

PEER COUNSELOR

DUTIES:

1. Provides direct counseling services to Coalition for Barrier Free Living clients.
2. Provides intake and assesment services.
3. Develops Individualized Written Independent Living Plan.
4. Arranges referrals to existing services both in and outside Coalition for Barrier Free Living.

5. Provides follow-up services to individual clients to determine status and success of service delivery.

6. Maintains individualized case records for all peer counseling clients.

QUALIFICATIONS

1. Physical disability.

2. Healthy adjustment to own disability.

3. Good interpersonal skills.

4. Possesses good problem solving, decision making and planning skills.

5. Must be sufficiently mobile to see clients in their home environments.

OUTREACH AND INFORMATION RESOURCE SPECIALIST

DUTIES:

1. Acquaints community with Coalition for Barrier Free Living Independent Living program.

2. Involves members of the community in the program as consultants and participants.

3. Develops and maintains lists of community Independent Living support services.

4. Organizes outreach casefinding activities with particular focus on minority areas.

QUALIFICATIONS

1. Sufficient mobility to function in all segments of the community.

2. Sufficient interpersonal skills to communicate with a broad spectrum of individuals and groups.

3. Knowledge of Independent Living concepts.

4. Skills in both accessing and organizing information.

SECRETARY

DUTIES:

1. Responsible for typing of correspondence, reports, etc.

2. Assists staff in routine record keeping.

3. Maintains filing system.

QUALIFICATIONS

1. Preference will go to qualified disabled person.

2. Sufficient typing and clerical skills to perform the job duties.

INDEPENDENT LIVING SKILLS SUPERVISOR

DUTIES:

1. Adapts New Options Project materials to a wide variety of disabilities (New Options focus is on spinal cord injuries).

2. Coordinates and supervises four quarter-time Independent Living Skills Trainers.

3. Works cooperatively with mainstream educational services in community.

4. Advocates to mainstream educational services for inclusion of Independent Living Skills Training as a regular curriculum component.

5. Serves as resource for other staff in area of Independent Living skills.

6. Is able to teach Independent Living skills modules as caseload requires.

7. Maintains records of clients' participation in training modules.

QUALIFICATIONS

1. Must be a disabled person.

2. Is knowledgeable about Independent Living skills, preferrably New Options Training Modules.

3. Demonstrated administrative and supervisory skills.

4. Ability to adapt training materials to other uses.

INDEPENDENT LIVING SKILLS TRAINERS

DUTIES:

1. Train disabled individuals in Independent Living skills using the following modules:

   a) Consumer Affairs
   b) Financial Management
   c) Functional Skills and Equipment Needs
   d) Alternate Living Arrangements
   e) Ways to Meet Medical Needs
   f) Mobility
   g) Sexuality

h) Social Skills
i) Time Management
j) Educational/Vocational Alternatives

2. Maintain records of client participation in training modules.

QUALIFICATIONS

1. Disabled individual.

2. Demonstrated personal success in the area they will be teaching.

3. Good interpersonal skills (individual and group).

A telephone for deaf developed

It seems a bit incongrous. A telephone for the deaf.

How can you expect to use a telephone if you can't even hear the darn thing ring? While the concept doesn't seem to fit, phones for people who can't hear are about to arrive in a big way.

For years, invisibly handicapped people have relied on work-at-home tinkerers who have outfitted special typewriters with telephone hookups so they could communicate with each other. Several people in the Austin deaf community have been using such a system for a number of years.

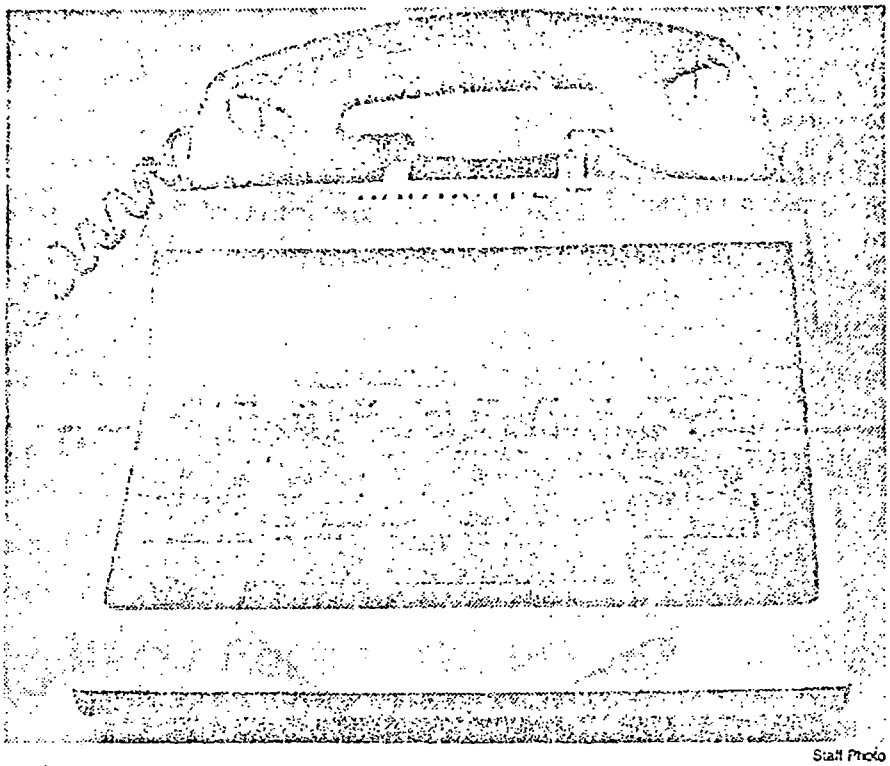
But, the concept has never been marketed on a large and commercially oriented scale. For the most part, the telephone communication between persons either deaf, hard-of-hearing or with speech impairments has been because of the home-made equipment.

The limitations have been obvious. How does a single deaf woman call the police to report a prowler? How does a deaf individual report a stolen credit card? How does he call his bank to find out his checking account balance? How can a drug prescription be telephoned in? The list is as long as you care to make it.

The first telecommunicator system to be used in coordination with the public telephone system was designed in 1964 by a deaf engineer and a deaf orthodonist. But, like the systems used today by some in the Austin deaf community, the telecommunicator was too large and bulky to move around.

Recently, however, a San Diego, Calif., company has come up with a portable telecommunicator, or TTY, for the cummunicatively handicapped. The Porta-Tel, as it is called by SSI Telecommunications Systems Inc., is small enough to be carried, allowing the individual to communicate through a regular telephone anywhere, simply by hooking it up to the receiver of the phone.

The unit basically consists of a typewriter on which the deaf individual types the message. An electronic visual display screen shows the message being typed, and at the same time it is



Staff Photo

A communications breakthrough: a telephone for the deaf

david frink

Business Editor

transmitted to the visual display at the receiving end.

There is one rather simple restriction. For one to communicate via the Porta-Tel with another, both parties must have some sort of telecommunicator.

That's where three Austin businessmen have come into the picture. Dick Haney, Buddy Fults and Will Thurman acquired the distributorship for Porta-Tel in Texas late last year and have been working with the deaf community since November. Active marketing of the product has only recently begun.

"The theme of our business is total communication between the deaf community and the hearing community," Fults said.

Fults said SSI is working on three markets; deaf individuals and their relatives, small businesses and large institutions such as state, local and federal government agencies.

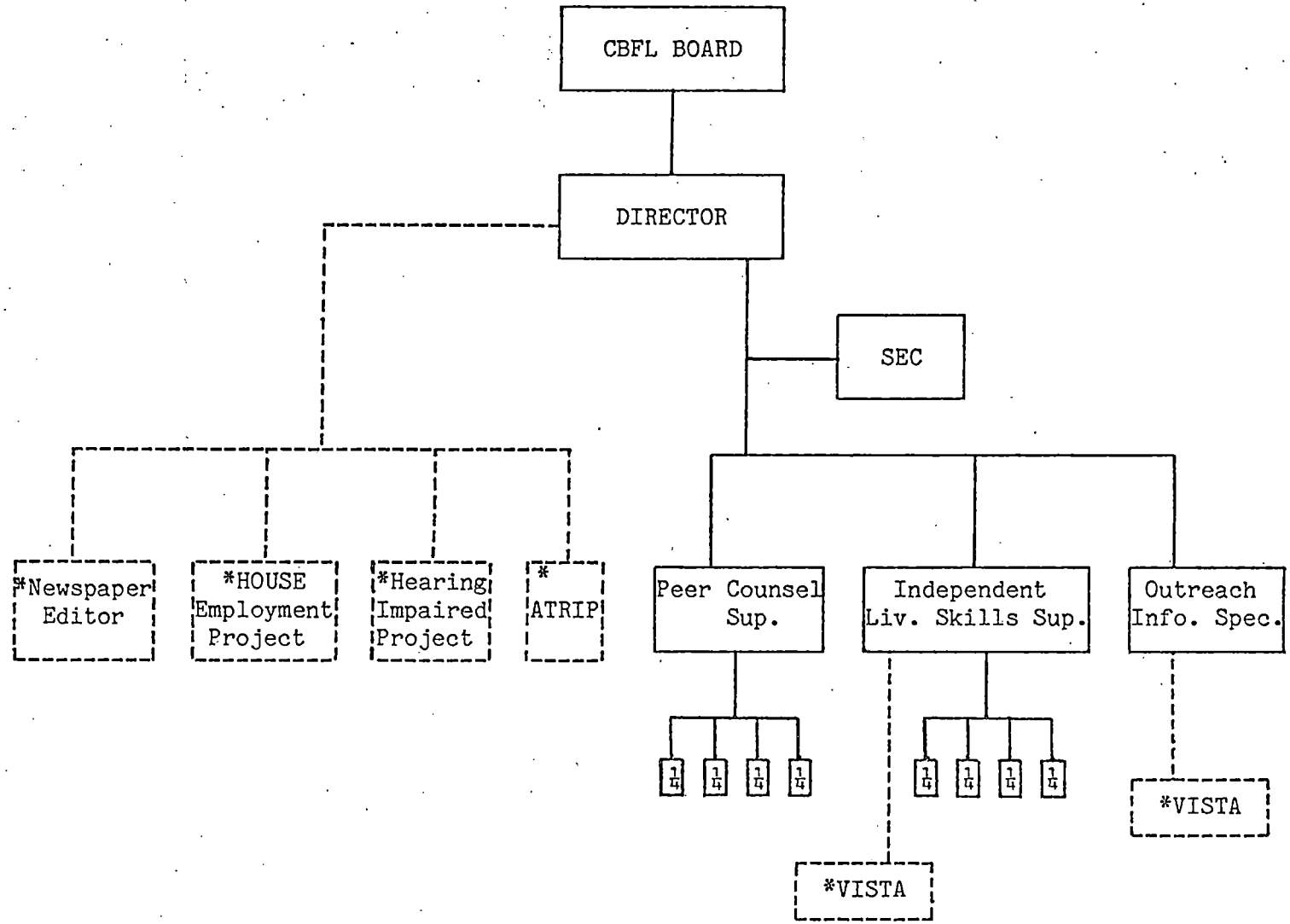
The price of the unit varies depending on the market and accessories, said Fults, but averages about $500.

He said the business community is becoming aware of the importance of making its services available to deaf and hearing impaired individuals. The market in Austin alone is larger than one would think, said Fults..

"The figures are vague, but the best we've been able to come up with is that there are between 3,000 and 4,000 totally deaf individuals in Travis County and an additional 28,000 hearing impaired," he said.

Apparently, several businesses see the opportunity the new system might mean for them and operations ranging from a bank to a drug store, lock shop, travel agency and print shop have purchased the equipment.

COALITION FOR BARRIER FREE LIVING ADMINISTRATIVE FLOW CHART



*Positions preceded by an asterisk will be funded by sources other than Title VII.

AUSTIN RESOURCE CENTER FOR INDEPENDENT LIVING (ARCIL)

The parent organization of ARCIL is MIGHT! (Mobility Impaired Grappling Hurdles Together). It was founded in 1971 to help eliminate architectural and social barriers facing disabled persons of all ages and disabilities. MIGHT! is a non-profit state-chartered and federally tax-exempt consumer-based organization.

Listed below are a number of projects that exemplify the commitment and talents that MIGHT! members have demonstrated in representing the needs of the disabled.

1. MIGHT! members have served as volunteer consultants to the City of Austin in the area of barrier-free design, including ramps in the downtown area, parks and recreation facilities and expansion of municipal airport.

2. MIGHT! has been instrumental in helping formulate the Austin Parks and Recreation Department's plan for recreation for the physically and mentally handicapped, and members continue to serve on the Parks and Recreation Department's Advisory Board for Special Populations.

3. MIGHT! members have provided input and represented the mobility impaired perspective for proposed state legislation to benefit the physically handicapped and the elderly.

4. MIGHT! has served in a similar role, providing input and representing the mobility impaired, to aid the City of Austin in complying with federal transportation guidelines.

5. MIGHT! provides educational information and conducts presentations about the handicapped for university classes, conferences, and workshops composed of professionals in many disciplines.

6. MIGHT! operates an Equipment Loan program (wheelchairs, crutches, etc.) for the mobility impaired.

7. On May 15, 1978, MIGHT! sponsored an Awareness Day for the Physically Handicapped. The purpose was to acquaint civic leaders and, through the news media, the general public, with the physical and attitudinal barriers faced by physically disabled citizens in their everyday lives.

8. On February 1, 1979, MIGHT! completed the production of Access Austin, A Guide to Austin for the Mobility Impaired. A grant for $5,200 from the Texas Rehabilitation Commission and $580 in donations covered the cost of publication and distribution. All labor was volunteer. Ten thousand copies were made, 7,200 of which have been distributed in the first six weeks.

In their efforts to provide the consultative services listed above, MIGHT! members soon realized that among the barriers facing severely handicapped persons are factors rendering tasks of daily living difficult or impossible to perform independently of family or institutional help. To investigate more fully the nature and scope of services needed in this regard, MIGHT! established a planning project: the Austin Resource Center for Independent Living (ARCIL).

In mid-1979 ARCIL was awarded a grant from the Developmental Disabilities Council and hired a full-time project director and a full-time administrative technician. The first year objectives were to: 1. conduct and analyze a survey of independent living needs of the disabled population of Austin/Travis County; 2. develop a service delivery plan to provide for unmet or undermet needs; 3. seek further funding to support proposed program development.

NEEDS ASSESSMENT SURVEY. One of the primary planning tools ARCIL developed was the "Comprehensive Survey of Individuals with Disabilities Who Live in the Austin/Travis County Area." Please see Appendix D which is the text and analysis of the first part of this survey's results.

It must be pointed out that the 170 respondents completed the extensive questionnaire as volunteers. Therefore, the sample cannot be considered random. It is, however, representative of persons with a wide range of disabling conditions who wanted to make their thoughts known.

Eighty-four percent of the respondents report that they use special equipment or adaptive devices. Only 58.6% indicate they are satisfied all or most of the time with repairs the equipment needed. The dissatisfaction reportedly arises from length of time and cost for repairs.

Slightly over 41% feel they need from some assistance to a great deal of assistance to function on a daily basis. Over 21% of those surveyed said almost all (over 90%) of the services they receive are being provided by family and friends. Another 11.7% estimated that more than half the services they receive come from family or friends.

Sixty-one percent of the population surveyed have a personal income of less than $4,800. Twenty-eight percent report relying to some degree on family contributions to make ends meet.

No particular effort was made to include in this needs survey only persons with severe disabilities. However, these preliminary results point out several areas of need which especially impact that group of people.

Based on the survey results and other consumer input, communications with established centers for Independent Living, review of the Federal guidelines for such centers, and consultation with staff of the Texas Rehabilitation Commission, ARCIL developed the following rationale and plan.

SERVICE NEEDS. People with disabilities have essentially the same needs and hopes as non-disabled people. They desire a suitable place to live, satisfying ways to use their time, adequate health care, a reasonable degree of safety and, perhaps most of all, opportunity and freedom to make the choices that create a personal lifestyle. Instead, they most often experience the isolation and regimentation of group living. This isolation frequently results in reduced functional ability, impaired social skills, and lowered self-esteem. Because of these factors, an individual may benefit little from society, and conversely, he or she may be unable or not motivated to contribute to society within the limits of his/her own capabilities. Community integration for the physically and mentally disabled is a way to conserve and develop human potential.

A non-residential center for independent living in Austin will help disabled people meet some of their extraordinary needs for maintaining a self-determined

lifestyle in the community. An office will be centrally located and once in full operation, a staff will direct each of the services listed below. The office space will be chosen on the basis of accessibility and any existing barriers to severely handicapped persons will be removed.

Disabled citizens will be able to call into or stop by the Center to obtain counseling, information, or referrals in the area of their specific need. An adjunct office could be the site of emergency equipment repairs and storage for loaner equipment. This would be a service center through which the consumers themselves could be directly responsible for identifying and satisfying their independent living needs.

A general summary of the needs of the disabled population in Austin is as follows:

1. Personal Care
   a. Peer counseling in health, nutrition and sexual awareness.
   b. Recruitment, training and referral of attendants and readers.
   c. Training and counseling for handicapped individuals concerning their attendant needs (how to interview, screen, select, supervise, terminate attendant personnel).
2. Homemaker Chore Services -- Recruitment and Referral
3. Housing Referral
   a. Development and maintenance of a current list of accessible housing.
   b. Information referral and counseling concerning home modifications.
   c. Liaison with builders, apartment owners, realtors.
4. Equipment Maintenance and Repair
   a. Emergency repair services.
   b. Loaner equipment.
   c. Information clearinghouse.
5. Advocacy
   a. Financial and legal counseling.
   b. Feedback mechanism for state and local agencies and legislators.
   c. Peer counseling.

6. Public Awareness

   a. Awareness seminars

   b. Publication of relevant materials

   c. Outreach programs for schools, community groups and industry

While some of these needs are selectively filled by service agencies and consumer groups, there is no comprehensive cross-disability service provider or information clearinghouse, nor is there currently much consumer involvement in existing service provision. The need is especially obvious in the area of attendants. Various funding sources are available to cover the cost, but there is no systematic effort to recruit and refer people to serve as attendants to anyone who requires them. Likewise in the area of equipment maintenance and repair. Only one rental agency in Austin handles wheelchair repairs for a population that could apparently provide business for three such agencies. For the blind, despite the existence of several service-providing agencies, it is still difficult to find readers for personal business, such as paying bills. A general paid and volunteer reader pool would solve this problem.

ADMINISTRATIVE ORGANIZATION. ARCIL is currently funded as a planning project and is directed by a planner who is a severely disabled consumer. The planner is assisted by an administrative technician. Both staff persons are under the supervision of the Governing Committee of MIGHT!

The Governing Committee is composed of three members of the Governing Board of MIGHT! and nine additional members from community organizations representing a wide variety of disabled consumers and advocates (these include mobility impaired, deaf, blind and mentally retarded). The Governing Committee sets policy for the operation of the planning project and maintain fiscal control as agreed upon with the Texas Rehabilitation Commission.

The Committee serves in a voluntary capacity. The staff of the planning project reports to the Committee on a monthly basis. All documents prepared by the project staff are reviewed and approved by the Committee before release and distribution, and by the membership of MIGHT! at the discretion of the Committee.

The Project Director is responsible for the overall and day-to-day direction of project activities. This person is responsible for the timely completion of project tasks and adherence to budget limitations. She is responsible for establishing and maintaining productive working relationships with agencies, organizations and potential users of ARCIL services.

The Administrative Technician is responsible for data collection, office management and all clerical functions. Both staff members are particularly sensitive to the needs and concerns of handicapped persons, able to deal with their problems and strengths, and committed to the concept of maximizing personal choice and responsibility in lifestyle selection.

As currently functioning, ARCIL has provided effective planning and information and referral services for interested parties. The governing Committee of MIGHT! has determined that their experience with the planning project has been helpful to the disabled community in Austin and has revealed areas of need. Therefore, the governing Committee feels competent to manage a grant to expand ARCIL's services to become a center for independent living.

PROJECT OBJECTIVES FOR ARCIL:

In relating to the identified needs described above, the objectives of the proposed center for independent living are as follows:

1. Advocacy with state and local governmental bodies and agencies as well as local providers of services. The goal of these activities will be to influence the evolution of legislation and policy for working with severely handicapped persons.

2. Increased public awareness of and support for the independent living movement.

3. Improved understanding and provision of financial and legal benefits to which the severely disabled are entitled.

4. Development of a system for recruiting, training and coordinating personal care attendant services.

5. Improved understanding of abilities and enhanced self-concept of persons with severe disabling conditions through peer counseling and role modeling.

6. Development of daily living skills needed by clients for independent living.

7. Removal of architectural and communication barriers in the community and service providing organizations.

PROJECT PLAN (ARCIL):

It should be noted that the range of services to be offered by ARCIL will be made possible by successful competition for not only this Title VII, Part B grant, but also by obtaining alternative sources of funding. The combination of grants being sought and already awarded will enable ARCIL to offer a more diversified continuum of services to eligible clients than would be possible under the auspices of one funding source. Also, the ability of ARCIL to locate and obtain additional monies will help establish their longevity as a center, insulating them as much as possible from the vacillations of any one funding source.

Please refer to the Administrative Flow Chart for ARCIL. The positions preceded by an asterisk are ones for which proposals have been made for funding by sources other than Title VII, Part B. Also see the ARCIL job descriptions for an explanation of the responsibilities of the proposed staff.

Qualified severely disabled individuals, persons bilingual in Spanish and English and people who are skilled in manual communications will be given priority consideration for all positions. It is important that communications barriers be precluded at ARCIL, and to supplement the language ability of the staff, a TTY has been purchased and is currently in use at the center where it will remain.

The position of Executive Director of ARCIL is seen as extremely important since this individual will administer the program, develop proposals for new and continued funding, and be the major liaison with the state legislature and human service organizations. He or she will supervise the ARCIL staff in the performance of their job duties and will insure delivery of quality services to ARCIL clients.

The Governing Committee of MIGHT! will organize efforts to recruit a qualified individual with a severe disability for the Executive Director position. The

Committee plans to register with the Texas Employment Commission and notify other state agencies which have a job placement function. Disabled consumer organizations throughout Texas will be contacted for possible suggestions. Centers for Independent Living across the United States will be notified of the opening. The position of Executive Director is seen as crucial to the success or failure of the proposed project and no effort will be spared to seek out the most competent person available.

ARCIL INFORMATION AND REFERRAL COMPONENT

The information and referral specialist will be a very important member of the center's staff in that he or she will be the first staff member with whom new clients have significant contact. A major role of this component will be to conduct intake activities with new clients including an initial interview, gathering of appropriate information, orientation to the programs and services of the center, and development of a joint individualized independent living plan. This latter function will often require consultation with other center staff and direct referrals will be made to other ARCIL programs and other services in the community.

In order to make the service as meaningful as possible for severely handicapped clients, a comprehensive file of existing services for the handicapped in Austin and Travis County will be developed and maintained. Information from this file will be disseminated to center clients as a part of the service delivery system and to community organizations upon request.

This component will be involved in outreach activities and home visits will be conducted when necessary and appropriate. Hopefully, this will make the services of the center available to virtually all severely disabled individuals in the community who need them regardless of whether they can come to the center or not.

The information and referral specialist will maintain a storehouse of loan equipment for the handicapped and will coordinate the lending of that equipment to handicapped individuals. This service should substantially decrease the hardship placed upon severely handicapped individuals when their equipment is being repaired. It is a direct effort to alleviate a substantial problem identified in ARCIL's "Needs Assessment Survey" described above (see Appendix F).

Follow-up will be conducted with clients who have utilized the information and referral service to determine the extent to which it met their needs and whether they are in need of additional services.

ARCIL PEER COUNSELING COMPONENT

This component will utilize both individual and group counseling techniques by severely disabled peer counselors to assist clients in developing meaningful life styles and in adjusting to the society in which they live. Role modeling will be an important part of the program and the peer counseling coordinator wil recruit and coordinate th involvement of sucessful individuals in the severely disabled community to assist in this activity.

Peer counseling activities will be conducted both at the center and in clients' residences. They will relate to a wide variety of client needs, including social and recreational issues.

The peer counselor will assist, as needed, in the development of the joint individualized independent living plan and will conduct follow-up activities to assess the effectiveness of the peer counseling program.

This component will be funded entirely through a Developmental Disabilities Grant.

ARCIL INDEPENDENT LIVING SKILLS EVALUATION AND TRAINING COMPONENT

Shortly after implementation of the program, a procedure will be developed to assess clients' independent living skills. This procedure will be utilized to evaluate clients' capabilities and needs in the area of independent living skills and will follow referral by center intake personnel.

A curriculum will be developed by the independent living skills trainer and this curriculum will be used to improve the independent living skills of severely disabled clients. Both evaluation and training will be conducted in clients' homes when necessary. Group techniques will also be utilized in this effort.

Outreach efforts will include work with institutionalized individuals in the Austin State School, Austin State Hospital, and Travis State School. These efforts will also include individuals who are in danger of becoming institutionalized and particular emphasis will be placed upon provision of services to severely disabled members of minority groups.

Considerable use will be made of disabled community peers in the training process, and follow-up procedures will be used to assess the effectiveness of the services and the need for additional services.

Funding for this component will be through an Innovation and Expansion Grant.

ARCIL PERSONAL CARE ASSISTANT COMPONENT

This component, funded through a Developmental Disabilities Grant, will involve development of a program to recruit personal care assistants and readers. A registry of personal care assistants and readers will be maintained and referrals will be made in response to requests by severely disabled individuals.

Classes will be organized to nurture sensitivity to the needs of severely disabled individuals in personal care assistants. Other classes will relate to management of personal care assistants by disabled consumers.

Efforts will be made to develop personal care assistant training through Austin Community College and a system of exchanged services between disabled individuals will be developed.

The personal care assistant will conduct follow-up services and will also mediate disputes between disabled individuals and personal care assistants.

ARCIL HOUSING COMPONENT

This component, funded through a Community Development Block Grant, will serve a dual function. On the one hand, it will be the liaison between ARCIL and the Austin Redevelopment Authority. In this capacity, requests from disabled individuals for home modification will be received and processed. Home visits will

then be made to interview clients and evaluate their housing needs. Architectural consultants will be procured for each home modification project and the ARCIL housing coordinator will serve in a consultative capacity with both the ARA staff and Board regarding issues related to the disabled.

This component will also function in an advocacy role to assist disabled individuals in utilizing ARA services.

In its second major capacity, the housing component will function as a resource to severely disabled individuals in all matters related to housing. In addition to its advocacy function with ARA, the housing component will actively seek to increase the amount of accessible housing in the area by working with relevant community resources. An index of accessible housing and related services will be maintained and this information will be shared with severely disabled individuals as a part of the center's program of services.

ARCIL PEER ADVOCATE/FINANCIAL BENEFITS COMPONENT

Advocacy will be a major thrust of this component to assist individuals in securing medical, social, and financial benefits to which they are entitled. Clients will be advised of their legal rights and available resources in the community that might offer assistance to them. Advocacy services will also be provided for clients who are having difficulty obtaining benefits from human service agencies and linkage will be provided, when appropriate, with the protection and advocacy departments of the respective agencies.

Emphasis will be placed upon nurturing self-advocacy in disabled individuals in order that they might aggressively access the services and benefits in the community to which they are entitled.

This component will also investigate current legislative issues concerning financial and other benefits for the disabled and report on these matters to the director of the center. Assistance will be provided to the director in preparing testimony and other statements concerning the problems faced by the disabled. Such statements will be presented to legislative and other governmental entities as a part of the advocacy function.

ARCIL COMMUNITY RELATIONS COMPONENT

A major function of this component will involve outreach activities. A major focus will be directed at seeking out and informing minorities, institutionalized individuals, and underserved disabled populations of independent living services available through ARCIL.

Similarly, a publicity program will be organized to acquaint the community with independent living concepts and specific ARCIL programs. This will include presentations to businesses and community organizations and publication and distribution of an ARCIL newsletter. Through its community contacts, this component will be of assistance to the director in community fund-raising activities.

Volunteers utilized in all ARCIL programs will be recruited through the Community Relations Component.

This component, funded jointly through Title VII and Developmental Disabilities, will be very important to the success of the center's efforts in that the image of the center in the community and the community's awareness of its purpose and services will have a definite impact upon referrals, fund raising activities, etc.

JOB DESCRIPTIONS (ARCIL)

EXECUTIVE DIRECTOR

1. Administrative supervision of total program
2. Liaison with Governing Committee
3. Financial management; grants management
4. Development of additional and continued grants
5. Some responsibility for public relations
6. Some responsibility for legislative advocacy
7. Liaison with federal, state and local agencies
8. Liaison with other CIL's
9. Responsible for personnel management
10. Coordinate activities of direct service staff
11. Supervise fund-raising activities with the Director of Community Relations
12. Develop plans for the expansion of client services

QUALIFICATIONS:

Demonstrated supervisory skills, experience in grants management, Bachelor's Degree, indepth knowledge of community resources and the IL movements. Efforts will be made to recruit a qualified handicapped individual for this position.

ADMINISTRATIVE ASSISTANT

1. Performs general clerical duties, including office management.
2. Assist other clerical staff when time permits
3. Maintains financial records in keeping with good business practices
4. Responsible for all financial disbursements, including I.R.S. withholding, Workers Comp., Insurance, payroll, rent, travel
5. Assists Exec. Director in the development of grant budgets
6. Prepares quarterly and annual financial statements

QUALIFICATIONS:

2-3 years experience and knowledge of budgeting and accounting for non-profit organizations; 2-3 years office experience, type 50 wpm, shorthand desirable,

knowledge of office equipment. Efforts will be made to recruit a qualified handicapped individual for this position.

INFORMATION & REFERRAL SPECIALIST

1. Develop and maintain current files of existing services for the handicapped of Austin/Travis County
2. Disseminate this information to handicapped individuals and organizations serving them on request
3. Make direct referrals of individuals to existing service programs
4. Make home visits when necessary
5. Maintain a storehouse of loaner equipment and coordinate the loan of that equipment
6. Conduct intake activities with new Center clients including initial interviewing, information gathering, orientation to ARCIL services, and development of IWILP (including consultation with Center staff when appropriate)
7. Preside over Center staffings
8. Make direct referals to other ARCIL service components
9. Maintain client statistics and records
10. Provide follow-up on I & R services
11. Develop a tool for I & R program evaluation, and use it to report to the Director monthly
12. Function as Acting Director in the absence of the Executive Director

QUALIFICATIONS:

Bachelor's Degree or acceptable equivalent in a human service related field; emphasis on counseling, knowledge of the acquisition, management and dissemination of information. Efforts will be made to recruit a qualified handicapped individual for this position.

INDEPENDENT LIVING SKILLS EVALUATOR & TRAINER

1. Develop a procedure for evaluating I.L. skills
2. On the recommendation of intake personnel, conduct I.L. skills evaluation for designated clients
3. Develop a curriculum guide for I.L. skills training
4. Provide specialized training as needed on I.L. skills to clients as specified in the IWILP

5. Make home visits when necessary

6. Organize classes when that is the most efficient way to meet the I.L. skill development needs of several individuals

7. Recruit and coordinate the involvement of community peers in such group situations

8. Do outreach to institutionalized individuals (such as in the Austin State School, Travis State School, and Austin State Hospital), or individuals in danger of being institutionalized, with an emphasis on minorities

9. Act as an I.L. skills consultant and liaison with ATCMHMR, TRC, TCB, Educational Services Center for Region XIII, or any other interested agencies and organizations

10. Maintain client statistics and records

11. Develop a tool for program evaluation and use it to report to the Director monthly

12. Provide follow-up services

QUALIFICATIONS:

Knowledge of adaptive techniques and devices; certification and/or experience in skills evaluation and training, knowledge of the I.L. movement, familiarity with a wide variety of handicapping conditions. Efforts will be made to recruit a qualified handicapped individual for this position.

PEER COUNSELING COORDINATOR

1. Develop and manage a system of group peer counseling sessions in areas of need, as revealed by the needs assessment survey

2. Recruit and coordinate the involvement of community persons in such sessions

3. Provide one-on-one counseling to clients at the Center, on-site, or on the phone

4. Assist client and ARCIL staff in the development of the IWILP

5. Develop a tool for program evaluation and use it to report to the Director monthly

6. Provide consultant services to cooperating agencies

7. Program social/recreational activities and creative sharing of talents among disabled individuals

8. Maintain client statistics and records

QUALIFICATIONS:

Bachelor's Degree and/or experience in personal and group counseling, personal experience in I.L., working knowledge of a variety of handicapping conditions, sign language and Spanish skills desirable, experience in working with volunteers. Efforts will be made to recruit a qualified handicapped individual for this position.

PERSONAL CARE ASSISTANT COORDINATOR

1. Develop a program to recruit personal care assistants (PCA's) and readers
2. Interview and screen applicants
3. Conduct sensitivity classes for PCA's and PCA management classes for disabled individuals
4. Establish a registry of PCA's and readers and refer them in response to requests
5. Mediate disputes between PCA's and their disabled employees
6. Develop a system of exchanged services between disabled individuals
7. Investigate the development of PCA training courses through Austin Community College and AISD
8. Provide follow-up on referred PCA's and readers
9. Maintain client statistics and records
10. Develop a tool for program evaluation and use it to report to the Director monthly

QUALIFICATIONS:

Personal experience with PCA, personal and/or professional experience in counseling, working knowledge of a variety of handicapping conditions, sign language and Spanish skills desirable. Efforts will be made to recruit a qualified handicapped individual for this position.

HOUSING COORDINATOR

1. As liaison between Austin Resources Center for Independent Living (ARCIL), potential clients and Austin Redevelopment Authority:
   a. Accept relevant inquiries and process the applications of clients requesting home modifications
   b. Make on-site visits, interview clients, evaluate their needs
   c. Locate and procure the services of an architectural consultant for each home modification project

d. Consult with the Austin Redevelopment Authority staff in pre- and post-construction conferences and prepare recommendations for the ARA Board

e. Act as an advocate for each client to insure their receipt of fair, prompt and appropriate housing services

f. Cooperate with the ARA in publicizing the ABRP (Architectural Barrier Removal Program) through various media

g. Refer ABRP clients to other social services as needed

h. Recommend and help develop sources for commonly needed adaptations and equipment

2. As a community resource person in the field of housing of individuals with disabilities:

a. To advocate for the housing needs of individuals and groups by working to increase the amount of accessible housing, coordinating and utilizing existing and potential housing services and facilities, and referring clients to existing resources

b. To initiate an index of accessible housing and related services, facilities and information

c. To provide consultation regarding accessible modification, consideration, and financial incentives to interested persons, organizations and businesses

d. To coordinate and conduct public relations activities to encourage public use of current resources, development of additional resources, and to provide education and increase sensitivity to the housing needs of disabled persons.

QUALIFICATIONS:

At least three years experience (volunteer or paid) in a field related to the helping profession (i.e., occupational therapy, physical therapy, social work, rehabilitation counseling); working knowledge of various disabilities, adaptive devices, and structural modifications necessary for maximum independence; familiarity with federal and community programs, laws and regulations at all levels; experience in public relations activities; ability to travel and make on-site visits to individuals' homes and related agencies in Austin. Efforts will be made to recruit a qualified handicapped individual for this position.

PEER ADVOCATE/FINANCIAL BENEFITS COUNSELOR

1. Advise clients of their legal rights and available financial resources

2. Assist clients in locating and obtaining financial, social, medical, and other services to which they are entitled

3. Provide advocacy services for persons having difficulty obtaining benefits from any human service agency, and linking them, when appropriate, with the protection and advocacy department of that agency

4. Investigate current legislative issues concerning financial benefits for disabled people and report regularly to the Exec. Director

5. Provide group instruction on self-advocacy

6. Maintain client statistics and records

7. Develop a tool for program evaluation and use it to report to the Director monthly

8. Assist the Exec. Director in preparing statements and testimonies concerning financial problems faced by the disabled and presenting them to the appropriate authorities

9. Work as a consultant to agencies to coordinate and improve financial and other services to disabled individuals

QUALIFICATIONS:

Bachelor's Degree, knowledge of human service system, and consumer benefits and rights, experience in personal counseling, personal experience with agencies serving disabled people, sign language and Spanish skills desirable. Efforts will be made to recruit a qualified handicapped individual for this position.

DIRECTOR OF COMMUNITY RELATIONS

1. Seek out and inform minorities, institutionalized individuals, and underserved populations of IL and ARCIL

2. Develop and implement a publicity program for ARCIL

3. Present talks to community organizations and businesses on the concept of IL and services provided by ARCIL

4. Supervise the production of an ARCIL newsletter

5. Recruit volunteers for assistance in all programs

6. Represent ARCIL at relevant functions with or in the place of the Exec. Director

7. Assist the Director in community fund-raising activities

8. Develop a tool for program evaluation and use it to report to the Director monthly

9. Provide consultant services to cooperating agencies and to interested businesses and organizations

QUALIFICATIONS:

Experience and skill in public speaking and publicity programs, personal experience in IL and knowledge of the IL movement, knowledge of a variety of handicapping conditions, ability to travel. Efforts will be made to recruit a qualified handicapped individual for this position.

SECRETARY/RECEPTIONIST

1. Answers phone
2. Provides general information on ARCIL services
3. Refers inquiries to proper service personnel
4. Performs general clerical duties for the I & R Specialist and the IL Skills Evaluator and Trainer, including some office management

QUALIFICATIONS:

1-2 years office experience, sign language and Spanish skills desirable. Efforts will be made to recruit a qualified handicapped individual for this position.

SECRETARY

1. Answers phone
2. Performs general clerical duties for Peer Counselor and Peer Advocate, Housing Coordinator, PCA Coordinator, and Director of Community Relations
3. Maintains client records
4. Schedules appointments and gives general information concerning respective services

QUALIFICATIONS:

One year office experience (or suitable training), sign language and Spanish skills desirable. Efforts will be made to recruit a qualified handicapped individual for this position.

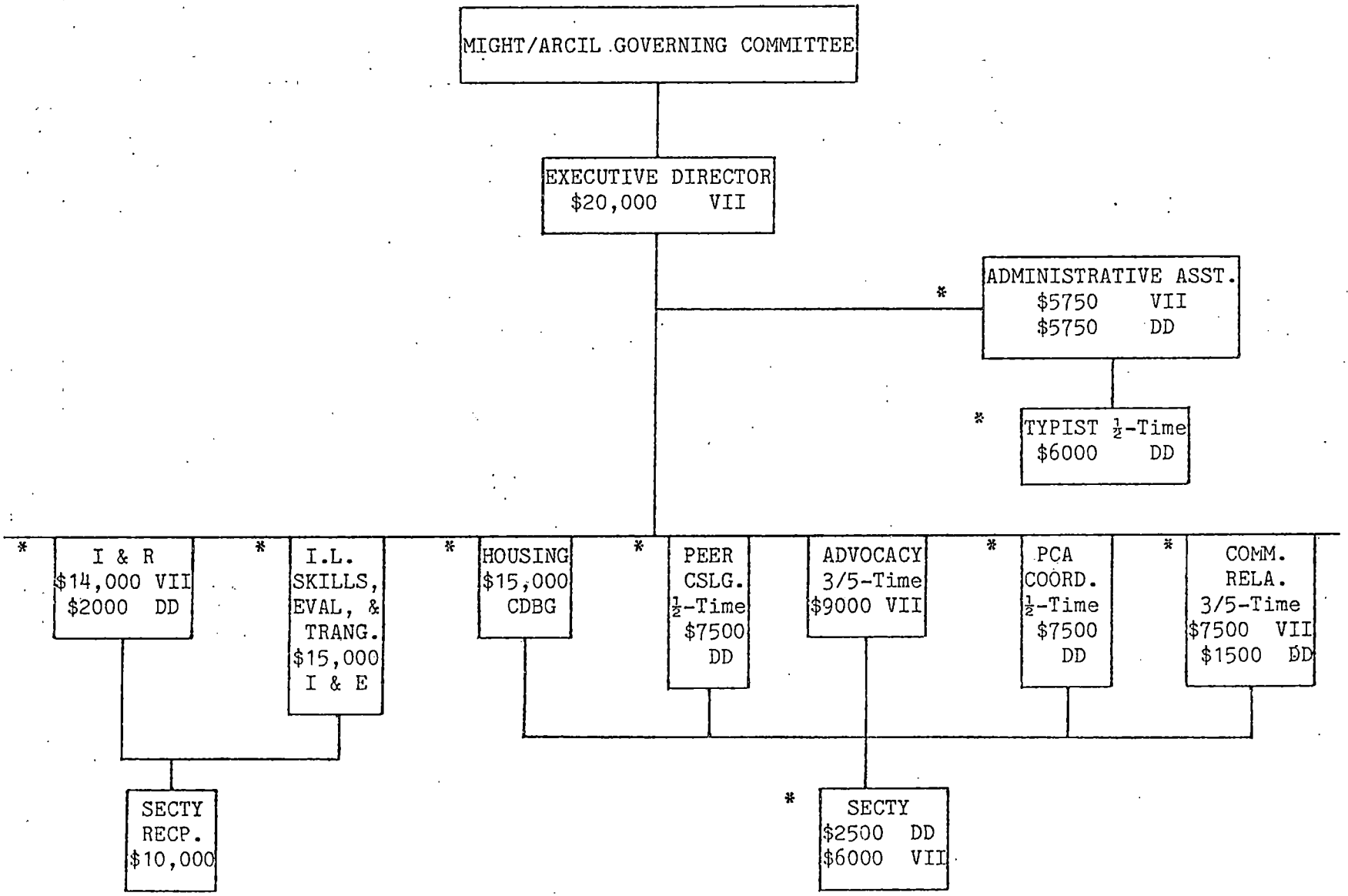
TYPIST

Responsible for the bulk of typing for the entire Center as delegated by the Executive Secretary

QUALIFICATIONS:

Ability to type 75-90 wpm. Efforts will be made to recruit a qualified handicapped individual for this position.

ARCIL ADMINISTRATIVE FLOW CHART



* Positions in asterisk are funded in part or wholly by sources other than Title VII, Part B

FACILITIES (Both Centers):

Specific details concerning the facilities to be utilized are contained in various parts of this proposal. However, to summarize, each facility will be or will be rendered accessible to persons with mobility impairments. Modifications for purposes of accessibility will be made in accordance with recognized national standards. Each facility will make use of persons with manual communications and Spanish-speaking skills to effect removal of communication barriers.

Each center will also have at least one tele-typewriter for telephone communication with deaf or hearing impaired individuals. Appropriate job site modifications will be made to accommodate disabled employees.

The Coalition for Barrier Free Living anticipates needing only about 400 square feet of actual floor space, since a great deal of their services will be conducted at other facilities and clients' homes. The Austin Resource Center for Independent Living (ARCIL) anticipates needing about 1,000 spuare feet of floor space, since a greater portion of their services will be provided at the center.

It should be noted that sites chosen for each center will be served by accessible transportation modes.

RESULTS OR BENEFITS EXPECTED (Both Centers):

Each of the proposed centers will serve approximately 250 to 300 clients the first year of operation. The number of severely handicapped individuals served should increase in succeeding years as the service delivery system is further developed and refined by center staff.

It is anticipated that a number of clients previously deemed too severely handicapped to benefit from traditional vocational rehabilitation services will, through the provision of independent living services, develop latent skills and attitudes which will enable them to engage in vocational rehabilitation programs. Research indicates that the percentage of such clients will be relatively small, something in the range of 10 to 15 percent of clients served. Although the goals of Independent Living do not emphasize development of vocational potential, neither do they preclude it. It is, therefore, felt that some individuals not otherwise capable of maintaining or obtaining employment will be able to do so following provision of independent living services.

Please see the section entitled, "Project Objectives," for further description of expected results.

EVALUATION (Both Centers):

Evaluation of the two Centers for Independent Living described in this proposal will be the joint responsibility of the Texas Rehabilitation Commission and the respective Centers. Each Center will be evaluated individually and primary emphasis will be placed upon determining the degree to which the specific program objectives of each Center are accomplished. Both process evaluation (numbers of clients served, staff qualifications, utilization of Independent Living Rehabilitation Plans, etc.) and outcome evaluation (degree to which individuals are able to live independently after services, etc.) measures will be utilized. Data will be collected as a part of the client service process in the form of referral information, Independent Living Rehabilitation Plans, records of services provided, staff

observations, progress reports, statistical records and reports, financial records and reports, and follow-up information from both referral services and handicapped consumers of services. Both administrative and other staff in the Centers will be involved in program evaluation activities.

Program evaluation by the Texas Rehabilitation Commission will be primarily the responsibility of the Coordinator for Independent Living Services. He will, however, be assisted, as necessary, by other resources within the Commission, e.g., program evaluation staff, internal audit staff, research staff, consumer advisory committee on independent living, etc.

The effectiveness of each project will be measured against project goals and objectives in the following areas:

A. Project Operations

1. The degree to which handicapped individuals are recruited and hired as staff members, promoted to more responsible positions when available, etc.

2. The degree to which severely disabled consumers are involved in policy making and administration of the projects, and the degree to which input concerning program development and effectiveness is solicited from consumers of the services and acted upon.

3. The effectiveness of Center policies and procedures based upon staff and consumer satisfaction, efficiency of operation, timeliness of services, and degree to which problems are analyzed and solutions implemented in the service delivery system.

4. Measures of staff performance, personnel evaluations, degree to which staff are retained, timely filling of vacancies, etc.

5. The degree to which service components are developed and implemented.

6. The degree to which linkages are developed with other community services, agencies, and organizations.

7. The degree to which other funding resources are developed to expand programs and services and assure continuation of the program after Title VII, Part B funds are no longer available.

B. Client Outcomes

1. The degree to which goals and objectives identified in Individualized Independent Living Rehabilitation Plans are accomplished.

2. The degree to which clients improve functional skills and are able to perform daily activities required in independent living (utilization of transportation services, cooking, shopping, etc.).

3. The number of clients who become appropriate candidates for Vocational Rehabilitation services as a result of the provision of Independent Living services.

4. The degree to which clients are able to assume personal responsibility for major life activities such as travel, attendant management, and participation in social and recreational activities.

5. The degree to which family and institutional support is decreased (number of clients who are able to move to more independent environments, away from dependence upon family, and out of nursing homes or other institutions).

6. The degree to which clients are able to maintain appropriate levels of independence as a result of services and avoid reinstitutionalization or regression.

7. The number of clients who gain economic independence.

8. The number of clients who benefit from programs or services that were either unknown or inaccessible to them without information and referral or advocacy services through the Center.

9. Number of clients utilizing specific services of the Center but not requiring long-term service plans.

C. Reports of Project Activities

1. Progress reports - narrative description of achievements, problems identified, solutions implemented, etc.

2. Statistical reports - numbers of clients served, number referred for vocational rehabilitation services, number of Independent Living Rehabilitation Plans completed, number in non-dependent living arrangements after services, etc.

3. Financial reports - expenditures, purchases of equipment, payroll data, operational costs, relationship of costs to numbers of clients served, etc.

Specific procedures for data collection, record keeping, and progress reporting will be developed jointly by Commission staff and the staff of the respective Centers during the first three months of project operation. Reporting requirements will include monthly financial reports and quarterly statistical and progress reports. In addition, on-site monitoring and evaluation will be conducted at least quarterly by the Texas Rehabilitation Commission Coordinator for Independent Living Services and other Commission staff as necessary and appropriate. Program evaluation results will be shared with appropriate staff at all levels within the Texas Rehabilitation Commission and within the respective Centers for Independent Living. Results will be utilized to identify problem areas, respective strengths and weaknesses of program activities, and necessary policy, procedural and operational changes.

The effectiveness of program evaluation procedures and criteria will also be monitored and evaluated by both Commission and Center staff on an on-going basis. As other Centers for Independent Living are developed, input from those Centers and State Rehabilitation Agencies will be solicited concerning effective program evaluation techniques. Appropriate techniques and procedures identified through this process will be incorporated into the evaluation process.

UTILIZATION PLAN (Both Centers):

Information concerning independent living techniques, services, training modules, etc., developed in the proposed Centers will be used extensively by both the respective Centers and the Texas Rehabilitation Commission. The Commission plans to develop additional Centers for Independent Living in other areas of the state through subsequent Title VII, Part B, funding and other resources, and the experience gained in the two Centers included in this proposal will be utilized to assist future Centers in developing appropriate programs of service, budgets, case finding efforts, program evaluation techniques, etc.

Information and materials will also be shared with other Centers on a national scale, as well as with governmental entities at the local, state, and federal levels. Hopefully, the latter effort will result in an increased awareness and sensitivity to independent living concepts and needs on the part of legislative and policy-making bodies with resultant legislative and policy changes to benefit the severely disabled.

The budget of this proposal includes sufficient funds for printing, copying, and disseminating information to appropriate organizations in the public and private sectors.

GEOGRAPHICAL AREAS TO BE SERVED (Both Centers):

Development of centers for independent living in the Houston and Austin Areas seems highly appropriate because of the coherence and active role of consumer groups in those general locations. This is an environment which provides a strong foundation upon which to build independent living service delivery systems.

Each of these areas has a substantial concentration of persons with disabilities due to the availability of medical and other treatment facilities, and would benefit greatly from independent living services. It is estimated that approximately 66,000 severely disabled individuals reside in the Houston area and 13,500 live in the Austin area. In addition, both metropolitan areas are served by transportation services which are accessible to persons with severe disabilities.

In Houston, the Metropolitan Transit Authority has 326 accessible mainline buses and is currently training the drivers in the special needs of the handicapped who use public transportation. A door-to-door accessible van service (Metrolift) is expanding its operations in the Houston area now and anticipate having 40 vans in service by August, 1980. Metrolift already serves a 300 square mile area with 21 vans.

Houston is a densely populated major metropolitan area in the southeastern portion of the state and an Independent Living project there will be contrasted by the proposed project in Austin.

Austin, a city of 340,000 inhabitants, is located in Central Texas and is the economic and cultural hub for a surrounding rural area of an additional 150,000 people. Although the mainline buses of the Austin Transit System are not accessible, the Transit System has an alternate arrangement for transporting registered disabled persons on demand. The Special Transit System is composed of 5 minibuses and 7 vans all of which are accessible. For peak hours the Special Transit System has subcontracted with a taxi company to provide rides to persons with disabilities at the same fare which would have been charged if they rode on one of the vans ($.50 one way).

APPENDIX A

INDEPENDENT LIVING
ADVISORY COMMITTEE MEMBERS

Becky Brandon
113 Apache Drive
Temple, Texas 76501
(817) 778-8205
(Developmental Disabilities)

D. H. Howell
Office of Affairs of the Handicapped
Martin Luther King Center
2922 Forest Avenue
Dallas, Texas 75215
(214) 670-3696
(Arthritis)

Margaret Nosek
Austin Resource Center for Independent Living
2200 Justin Lane
Austin, Texas 78757
(512) 458-4169
(Mobility Impairment)

Trudy Putteet
Texas Tech University
P. O. Box 4259
Lubbock, Texas 79409
(806) 742-2192
(Spinal Cord Injury)

Honorable Bob Thomas
McLennan County Courthouse, Room 214
Waco, Texas 76701
(817) 756-7171
(Mobility Impairment)

Lex Frieden
9667 Meadow Vale
Houston, Texas 77063
(713) 781-8949
(Spinal Cord Injury)

Earl Day
1321 Clay
Houston, Texas 77002
(Deafness)

Sam Millsap
5950 Winding Ridge
San Antonio, Texas 78259
(Blindness)

Shirley K. Price
Handicap Coordinator
NASA
Johnson Space Center
Equal Opportunity Program Office
Diagonal AJ
Houston, Texas 77058
(Bilateral upper extremity impairment)

APPENDIX B

COALITION FOR BARRIER FREE LIVING

ATTENDANT TRAINING, REFERRAL AND INFORMATION PROJECT (ATRIP)

I. PURPOSE:

The purpose of this proposal is to establish the initial stages of a comprehensive program to improve the quality and availability of personal care attendants (P.C.A.'s)* for the disabled. For purposes of this proposal disabled will refer to persons who cannot independently care for all of their activities of daily living such as dressing, bathing, grooming, cooking, etc. Such persons are not able to endure gaps in services. Yet the problem of finding, hiring, and maintaining a good P.C.A. is typically complex. No formal resource currently exists for training or locating P.C.A.'s in Harris County, although an unusually high proportion of the disabled population resides here. Every effort will be made to recruit C.E.T.A. eligible individuals for the P.C.A. position.

* NOTE:

A Personal Care Attendant is not to be confused with a medical aide. A P.C.A. only acts as the arms and legs for disabled persons who cannot perform routine functional activities of daily living. This does not require professional medical knowledge but may involve physical care techniques. The P.C.A. does not direct the client's care but follows the client's instructions for meeting his needs.

The Attendant Training, Referral and Information Project is proposed as a remedy to this situation.

II. PROJECT COMPONENTS:

A. Information - Compiling a catalog of Personal Care Attendants and disabled persons needing P.C.A. services.

B. Referral Service - Screening and Matching an appropriate P.C.A. to a handicapped person.

C. Training - Providing a formal certification training program through Houston Community College for the purpose of teaching individuals to be a P.C.A.

D. Placement - Assisting graduates of P.C.A. training in securing full-time employment.

E. Apprenticeship - Offering graduates of P.C.A. training the option to apply employment hours toward accreditation as an apprentice.

F. Short-Term P.C.A. services - Providing a limited P.C.A. service to be used by a handicapped person as temporary backup until permanent P.C.A. services can be established. Typical situations requiring

short term P.C.A. services include unexpected loss of present attendant, temporary illnesses which increase client's need, clients establishing new residence in this area, etc.

Each program component is designed to be effective singularly and collectively. The results of this project are expected to benefit the community by providing specific jobs and expanding opportunities in the field of P.C.A.s. The public service provided is expected to benefit the disabled population and those who work with them in numerous ways.

Provision of Information and Referral would offer disabled individuals assistance with the complex problem of locating and hiring a qualified attendant. A central catalog eliminates the expense of advertising. Preliminary screening of P.C.A.s allows the client to choose among several qualified applicants. This also benefits P.C.A.s by increasing their choice of employers. Compatible placement is desirable for both client and P.C.A. thus decreasing the turnover rate.

The addition of Short Term P.C.A. Services multiples the benefits of information and referral. Having P.C.A. assistance during the locating and referral process is expected to keep a substantial number of disabled individuals from inappropriate placement in institutions because no other option for care would be available. The availability of care promptly when needed improves the physical and emotional well being of the disabled person. As an example, the need for ongoing personal care sometimes forces a disabled person to tolerate a P.C.A. who may take advantage of him/her leading to neglect or even abuse. Availability of short-term care along with a systematic way to locate P.C.A.s increases the disabled person's freedom of choice and provides him/her with much more flexibility.

Through the Training and Apprenticeship components of the program a minimum of 36 individuals will become certified P.C.A.s. Presently, training of P.C.A.s (if done at all) is the responsibility of the client utilizing the P.C.A. Although client may be qualified to train a P.C.A. in his own care he typically has limited or no knowledge about persons with disabilities which are different from his own. This limits the P.C.A. to working with only one type of disability or subjects them to continuous retraining. The training outlined in this proposal would offer general knowledge and techniques about a variety of disabilities. The Placement component is expected to place these individuals in full time P.C.A. employment. These three components, training apprenticeship, and placement, should make P.C.A.s work more attractive, thereby drawing more individuals into this field.

Agencies such as the Texas Rehabilitation Commission. Department of Human Resources and the State Commission for the Blind have long been familiar with the inadequacy or lack of resources to meet the needs of disabled persons who wish to live independently in the community. A major benefit of the Attendant Training, Referral, and Information Project will be to formally document the continuous need for such services.

III. ACTIVITIES:

To implement the six services outlined at the beginning of this proposal, the following activities are suggested:

1. Information

   a. Develop an active roster of available P.C.A.s and keep this roster up to date at all times.
   b. Register course graduates.
   c. Record hours of P.C.A.'s for apprenticeship certification.
   d. Recruit and screen potential P.C.A.'s from the community at large.
   e. Develop an active roster of handicapped individuals needing P.C.A.s.

2. Referral

   a. Match P.C.A.'s with disabled individuals needing the services of a P.C.A.
   b. Provide interested party with list of contacts.
   c. Recommend referrals for P.C.A. training.

3. Training

   a. Offer classroom instruction (50 hours) through Houston Community College.
   b. Provide exposure to audio-visual aids, texts, guest speakers.
   c. Provide a variety of practice tasks such as transfers, dressing/operating equipment (wheelchairs, lifts, etc.)
   d. Award a certificate of completion for the course.

4. Placement

   a. Recruit potential employers.
   b. Provide course graduates with contacts of potential employers.

5. Apprenticeship

   a. Advise course participants and general public of availability and potential benefits of an apprenticeship program.
   b. Assist P.C.A. with procedural aspects, i.e., filling out registration forms and keeping track of hours in apprenticeship program.
   c. Write and implement plan for completing required on-the-job training hours for apprenticeship program for each individual enrolled in the program.
   d. Award certification for completing apprenticeship program.

6. Short Term P.C.A. Services

   a. Locate and screen eight CETA eligible persons to work as P.C.A.s in short term settings.
   b. Train these persons through H.C.C. course described under "Training".

c. Coordinate placement of short term P.C.A.'s through information, referral service.
d. Supervise short term P.C.A.'s (includes problem solving, counseling and evaluating).
e. Monitor appropriate use of this component by the disabled community.

Additional activities relevant to the total program are:

1. Provide liaison between services provided by this program and other agencies and community organizations working with the disabled.

2. Perform public relation function to inform community of availability of services.

3. Document use of services in an annual report.

4. Investigate future funding source in order for the services to continue on an on-going basis.

IV. JOB DESCRIPTIONS:

TITLE: PROGRAM COORDINATOR

SALARY: $14,500.00

QUALIFICATIONS:

1. Experience or demonstrated skill in coordinating and organizing.
2. Experience or demonstrated skill in supervision of support staff.
3. Knowledge of the disabled community and local resources (personal experience with disability preferred).
4. Fundamental understanding of the job of P.C.A. vs. medical care.

PREFER:

1. Educational background with some teaching experiences.
2. Familiarity with personnel practices and public relations.

RESPONSIBILITIES:

1. Coordinate all components of the project.
2. Supervise personnel.
3. Evaluate program effectiveness.
4. Recruit instructors, monitor cohesiveness of materials taught, and maintain attendance records of training course.
5. Maintain appropriate records for entire program.
6. Recruit P.C.A.'s and publicize services to insure maximum participation in the program by both P.C.A.'s and disabled individuals.
7. Write annual report.

TITLE: Information and Referral Specialist

SALARY: $12,000.00

QUALIFICATIONS:

1. Interviewing skills.
2. Ability to work with public.
3. Knowledge of the disabled community and local resources (personal experience with disability preferred).
4. Fundamental understanding of the job of P.C.A. vs. medical care.
5. Good telephone voice.
6. Ability to write information.

RESPONSIBILITIES:

1. Gather information from both P.C.A.'s needing placement and and disabled individuals needing P.C.A.s.
2. Interview potential P.C.A.'s
3. Set up file system.
4. Match P.C.A.'s with disabled persons needing P.C.A.'s.
5. Follow-up placement efforts.
6. Place short-term P.C.A.'s and provide supervision and evaluation.

TITLE: Secretary

SALARY: $8,500.00

QUALIFICATIONS:

1. Type 40-45 wpm.
2. Ability to work with public.
3. Good telephone skills.
4. Ability to follow directions.
5. Knowledge of disability preferred.

RESPONSIBILITIES:

1. Typing.
2. Setting up file system.
3. Program supportive errands for Coordinator and I&R Specialist.

TITLE: P.C.A.

SALARY: $3.25/hour (40 hrs/wk)

QUALIFICATIONS:

1. Education: A minimum of grammar school education is essential, and high school education or equivalent is preferred.

2. Training and experience: previous experience preferable, but not essential. Employee receives training and close supervision.
3. Must be in good physical and mental health, free from communicable disease (health card or doctor's statement necessary).
4. Willingness to work under supervision.

DUTIES:

1. To provide client with assistance in dressing or undressing.
2. To assist, by lifting, client to bed from chair, from chair to bed, from car to chair, etc.
3. To provide assistance in bowel and bladder program at any time needed. This includes proper and sanitary disposal of all materials and remnants of such program.
4. To put away all supplies and materials used while in apartment or residence.
5. To assist in showering. To pay particular attention to skin care, temperature of shower water, complete rinse and thorough drying afterward.
6. To turn client in bed as requested. To be familiar with correct body position to minimize skin pressure sores.
7. To assist in personal hygiene which will include hair washing, toothbrushing, make-up, nail clipping, any necessary procedure for proper skin care, etc.
8. To assist in the preparation of meals for client if needed.
9. To provide any necessary physical assistance around a client's apartment or residence that cannot be performed by the resident because of their physical limitation.
10. To provide all clients with courteous, dependable assistance as requested, and to respect the privacy of the client's "home" and the guests of clients when in their "home."

V. PROJECT COST:

SALARIES

1.	Coordinator/Instructor	$14,500.00
2.	Information & Referral Specialist	12,000.00
3.	Clerical Person	8,500.00
4.	P.C.A.s (8 full time)	49,920.00
5.	P.C.A. Training	
	A. Tuition, P.C.C. (36 x $25).....	900.00
	B. P.C.A. Training stipend (50 hours)	5,220.00
6.	Fringe benefits	18,682.40 (est.)
7.	Transportation for P.C.A.'s to job sites	18,000.00

ATTENDANT TRAINING REFERRAL AND INFORMATION PROJECT (A.T.R.I.P.)

BUDGET ADDENDUM FOR ADMINISTRATIVE COSTS

OFFICE SPACE (This cost is based on utilizing space in an existing community agency)	$2400.00
TELEPHONE	$1200.00
PRINTING	$ 500.00
FURNITURE	$1500.00
OFFICE SUPPLIES	$ 800.00
MISCELLANEOUS	$1000.00
POSTAGE	$ 500.00
	$7900.00

ATTENDANT TRAINING REFERRAL AND INFORMATION PROJECT

SELECTION CRITERIA FOR SHORT TERM P.C.A. SERVICES

Recipients of P.C.A. services are limited to severely physically disabled individuals who can not independently care for all their life activities such as dressing, bathing, grooming, cooking, etc. In addition to establishing the above criteria, P.C.A. services will be based on situational needs in the following priority:

(1) The disabled individual is not yet eligible to receive P.C.A. services from a Federal, State, Local or Community service agency. The maximum period of P.C.A. services will be three months unless extraordinary circumstances are documented.

(2) The disabled individual has lost his/her P.C.A. and has no one to provide services until he/she can locate another P.C.A. The maximum period of P.C.A. services will be thirty days unless extraordinary circumstances are documented.

(3) The disabled individual's customary P.C.A. services are interrupted due to illness of his/her P.C.A. The maximum period of P.C.A. services will be thirty days unless extraordinary circumstances are documented.

(4) The disabled individual has moved to Houston and needs P.C.A. services while establishing eligibility with the appropriate agencies or until he/she can locate and pay for P.C.A. services with personal funds. The maximum period of P.C.A. services will be three months unless extraordinary circumstances are documented.

(5) The disabled individual is planning a move to Houston and needs temporary P.C.A. services while securing Independent Living arrangements. The maximum period of P.C.A. services will be limited to fifteen days unless extraordinary circumstances are documented.

Economic need will be considered with priority given to those individuals with income under $600 per month.

BUDGET COVER SHEET

City of Houston
Mayor's Office/C.E.T.A. Programs Division
Budget for PSE Special Projects Activity
(Funded under the Comprehensive Employment & Training Act Amendments of 1978)
(Public Law 95-524)

1. Name of Prime Sponsor:

   Mayor's Office/C.E.T.A. Programs Division, City of Houston, Texas

2. Name of Subrecipient:

   Coalition for Barrier Free Living

   Address and Zip Code:

   3809 Main Street

   Houston, Texas 77002

3. Title of Project:

   Attendant Training Information and Referral Project

4. Services to be provided:

   - X Classroom Training (CRT)
   - X On-the-job training (OJT)
   - ___ Public Service Employment (PSE)
   - ___ Subsidized Employment
   - ___ Work Experience (WE)
   - ___ Services to Participants (STP)
   - ___ Other Activities

5. Period covered by subcontract:

   October 1, 1979 / September 30, 1980

6. Type of Entity:

   - ___ Governmental Agency
   - ___ Other Public Agency
   - X Private, Non-Profit Organization
   - ___ Private, Profit-Making Organization
   - ___ Other (Specify) _____

BUDGET SUMMARY

City of Houston
Mayor's Office/C.E.T.A. Programs Division
Budget Summary for PSE Special Projects Activity
(Funded under the Comprehensive Employment & Training Act Amendments of 1978)
(Public Law 95-524)

Subrecipient: Coalition for Barrier Free Living

Title of Project: Attendant Training, Referral and Information Project

Functional Activity: _x_ CRT _x_ OJT _x_ PSE ___ WE ___ STP

___ Other _____
Specify

Cost Category	Total	Sponsor	Federal
ADMINISTRATION	$15,000.00	$15,000.00	
WAGES (Participant)	$84,920.00		$84,920.00
TRAINING	$6,120.00		$6,120.00
FRINGE BENEFITS (Participants)	$18,682.40 (est.)	($84,920.00 x 22% est.)	
ALLOWANCES (Participants)	$18,000.00 (transportation)		$18,000.00
SERVICES			
TOTAL FEDERAL FUNDS	$127,722.30	xxxx	
NON-FEDERAL FUNDS			xxxx
PROGRAM INCOME			

Describe sources of additional estimated income from non-federal funds and program income.

9/79- 3/80

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APPENDIX C

THE COALITION FOR BARRIER FREE LIVING

The single most prevalent chronic disability in the United States is hearing impairment. Three percent of the population have sufficient bilateral hearing loss that even with a hearing aid, their ability to understand speech is impaired. Extrapolations from census statistics reveal an estimated hearing impaired population in Harris County as follows;[1]

Degree	Number
All Hearing Impairment	73,000
Significant Bilateral	36,000
Deaf	7,600

A hearing impairment is primarily a communication handicap. The ramifications of this handicap are in limitations in daily communication, the development of language, the acquisition of knowledge, and the socialization process. Hearing loss isolates individuals from television, radio, dinner table conversation, and a wide spectrum of incidental learning. The problem is magnified the earlier the onset of hearing loss. Hearing impaired people experience underemployment, and unemployment. Frequently they either do not know about community resources to solve problems, or do not make use of them due to anticipated communication problems. In Harris County at least 7,500 persons are estimated to use American Sign Language.[2]

State and federal legislation mandates and encourages deaf people to be provided with interpreters, and for services to be

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[1] Jerome D. Schein and Marcus T. Delk, The Deaf Population (National Association of the Deaf, Silver Spring, Maryland) 1974.
Bob Bullock, Fiscal Notes, (The State Comptroller of Fiscal Accounts, Austin, Texas) Issue 78 - 8 & 9 (July 1978) p.8.

[2] ASHA, (Journal of the American Speech and Hearing Association) September, 1974.

made accessible to hearing impaired persons. At present, resources to meet the special needs of hearing impaired persons in Harris County are severely limited; there are no full time interpreters nor any 24-hour number which can be called by a person with a Telecommunications Device for the Deaf (TDD)*.

The Coalition for Barrier Free Living is an active and respected local non-profit disabled consumer advocacy organization, which has brought together representatives of major consumer and parent organizations, service providers, and individuals concerned with minimizing physical and attitudinal barriers and maximizing the potential of hearing impaired individuals to live independently, sharing in the joys and responsibilities of community life.

The Coalition proposes to establish a program to enhance independent living by providing four major service components:

(1) Specialized Information and Referral. Walk-in and call-in staffed by professional and paraprofessionals with manual communication skills, to provide information, referral, problem-identification, facilitate client-provider relationships, follow-up, support, advocacy, and 24-hour crisis intervention.

(2) Interpreter Coordination and Provision. Referral, and flow-through payment of freelance interpreters, including supervision and training. Full-time interpreters. Provision of interpreters for all emergencies, legal and medical situations, employment-related, consumer transactions meetings etc. This would be on a 24-hour basis.

(3) TDD/Voice Telephone Exchange Service. Simultaneous telephone interpreting, allowing a hearing impaired person with

* A TDD is a telex-like machine which couples with a regular telephone, and enables the hearing impaired user to type and

a TDD to communicate with a hearing person with a voice phone through an intermediary exchange operator. This would be abailable for any purpose during office hours, and for emergencies 24-hours a day.

(4) Community Education. A concerted effort to make the public aware of the services offered and how to utilize them. Education of the general public, service provicers, and policy makers regarding the needs of hearing impaired people.

The objectives of the program are:

1. To measurably increase the use of TDD/Voice telephone communication in Harris County.
2. To measurably increase the use of situational interpreting services in Harris County.
3. To reach out to and involve 500 hearing impaired individuals who had previously not used interpreter or TDD/Voice phone exchange and to increase their utilization of these services.
4. To identify and facilitate appropriate client-provider relationships for at least 500 hearing impaired individuals.
5. To increase community awareness of the communication problems, potentials, and rights of hearing impaired persons.
6. To determine the social service needs and priorities of the hearing impaired in Harris County.

The Coalition proposes to begin an ongoing program with a two-year demonstration requiring approximately $150,000 per annum, and employing a staff of eight. A governing council, more than half of whom are hearing impaired, would advise the program and provide direction in policy.

For further information and a copy of the full proposal please contact:

The Coalition for Barrier Free Living

P.O.Box 20803,
Houston, Tx. 77025

Tel. (713) 654-1207 V/TTY(soon)

Struggling in a world of silence

Needs of deaf here not met, survey finds

By TOM OVERTON
Post Reporter

It's not difficult to spot a blind person or a paraplegic, people who have some of the more noticeable handicaps, but people who are deaf may show no outward indication that they live in a world of silence.

Not only are they deprived of the ability to hear sounds that normally bind us to our environment, they are often unable to communicate their needs for many of the community services the remainder of the population takes for granted.

"In many cases, a deaf person just doesn't know what's available in the community. He doesn't take advantage of the services, so we see that the largest and most obvious problem is underemployment, and unemployment, too," says Marla A. Petal, a social worker intern.

"And there's no real reason for it, other than a lack of access to services and the ability to use things that we take for granted, like phones," she added.

HOUSTON'S DEAF population is about 17,000 and there are another 80,000 or so persons here who suffer some kind of hearing impairment, according to an estimate by the Houston Coalition for Barrier Free Living. "We know this through the organizations in the community and the needs they express," said Petal, who works for the coalition.

The coalition, a non-profit organization established in 1975, is working to meet the most pressing needs of deaf and other handicapped individuals so they may live [illegible] communicate by telephone through an intermediary simultaneously relaying the conversation.

The coalition wants to implement a program with the following four components:

■ Specialized information and referral services.

"Because a deaf person requires manual communication he has little access to any kind of auditory information. It means that when they have a problem, they have a great deal of difficulty in finding out how to go about solving it," Petal said. "Right now, the services that exist in the community are virtually unused by the deaf community. They don't use mental health facilities, they don't use family planning facilities, they don't use drug abuse and alcohol facilities, county facilities, income maintenance, they don't become foster parents or adopt kids — all of these things they might want to do."

■ More interpreters.

"Deaf people have a legal right to have interpreters, and the Texas Commission for the Deaf pays for the use of interpreters in a variety of situations," Petal said. In some situations, the agency itself is supposed to pay for the interpreter, she added.

The coalition wants to get a couple of full-time interpreters to be on hand who would be available to go wherever they may be needed without advance notice. The deaf often need interpreters when in the emergency room, at the scene of an accident and in other emergencies.

Hearing loss means a double handicap

(First of two articles)

By KITTY HANSON
New York Daily News

NEW YORK — "I'm beginning to feel more and more outside of things," admitted the handsome, retired railroad man who is studying speech reading at a senior citizens center. "I'm not always sure of what's going on sometimes. People get impatient. After a while, they start avoiding you altogether. I'm becoming more and more aware of the temptation just to forget it and tune out."

"It cost me my job," said a 35-year-old executive secretary. "All of a sudden, it seemed, I was garbling telephone messages, misspelling names. Dictation became a disaster. I'd get words and sometimes whole phrases wrong. It wasn't until after I'd been fired that I admitted I had a problem."

"Frankly, I got scared," said a 53-year-old certified public accountant who works in a New York City bank. "My work was beginning to slide. I knew I had to do something. I can't afford to lose my job."

They are talking about hearing loss — the invisible affliction that affects an estimated 15 to 20 million Americans and is the largest medical problem in the United States today.

AN IMPAIRMENT THAT [illegible] can go unnoticed, hearing loss becomes a handicap that can change lives and warp personalities, strain friendships, wreck families and ruin careers. Ignored and unattended, it grows progressively worse and [illegible]

primary villains are age and noise.

More and more of us, the experts explain, are living into the older years when the aging process steals some of our hearing. But even more important is the fact that every day, our environment gets noisier, and every day, more and more of our ears are being damaged by that noise.

"WE KNOW THAT noise can kill; certainly it can cause serious damage," says audiologist Marc B. Kramer, director of Noise and Hearing consultants of America, in Manhattan. Kramer's work is primarily in the field of hearing conservation in industry and the environment.

"At birth," he points out, "the normal ear has an absolute range of frequencies from a low of 16 cycles per second to a high of 20,000. From then on, your hearing gets worse. By the time you're in your teens — 16 to 20 — your range goes up to only about 16,000. In your 40s, 50s and 60s, it gradually drops to about 8,000.

"You only need a range of 500 to 2,000 to hear and understand speech, but there's more to the quality of life than conversation. Birds and crickets and hi-fi music, for instance, are up around 3,000 to 4,000. This is what goes first. Noise exposure kills those high frequencies."

ANY SOUND 85 decibels loud can damage the ear. Heavy traffic and heavy trucks can generate 80-90 decibels; motorcycles, 95; subway noise and chain saws, 100; amplified rock music, 110; [illegible] 115.

said Petal, who works for the coalition.

The coalition, a non-profit organization established in 1975, is working to meet the most pressing needs of the deaf and other handicapped individuals so they may live more independently and productively. A recent survey conducted by the coalition revealed four areas in which needs of the deaf must be addressed. There is no funding now, but the coalition is working toward securing $120,000 for a two-year budget.

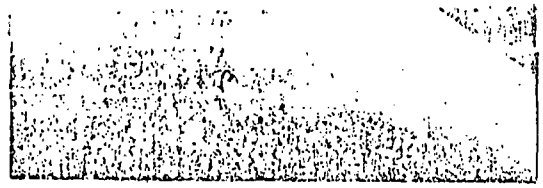
The coalition found that some of the more serious problems of Houston's deaf include the need for more interpreters and an information and referral service. There is also a need for more agencies to have (and know how to use) telecommunications devices so the deaf can

[illegible] available to go wherever they may be needed without advance notice. The deaf often need interpreters when in the emergency room, at the scene of an accident and in other emergencies.

■ Community education.

This goal has two facets. One is to teach the deaf how to use community services and the other is to sensitize the different agencies and people from the community at large to the needs of the deaf, Petal said. Firefighters, police officers and paramedics need to know how to use the survival signs — how to tell a deaf person everything's going to be OK, Petal said.

Community education also would involve, sometime in the future, a speakers bureau to help with education and to coordinate information for parents of deaf children.



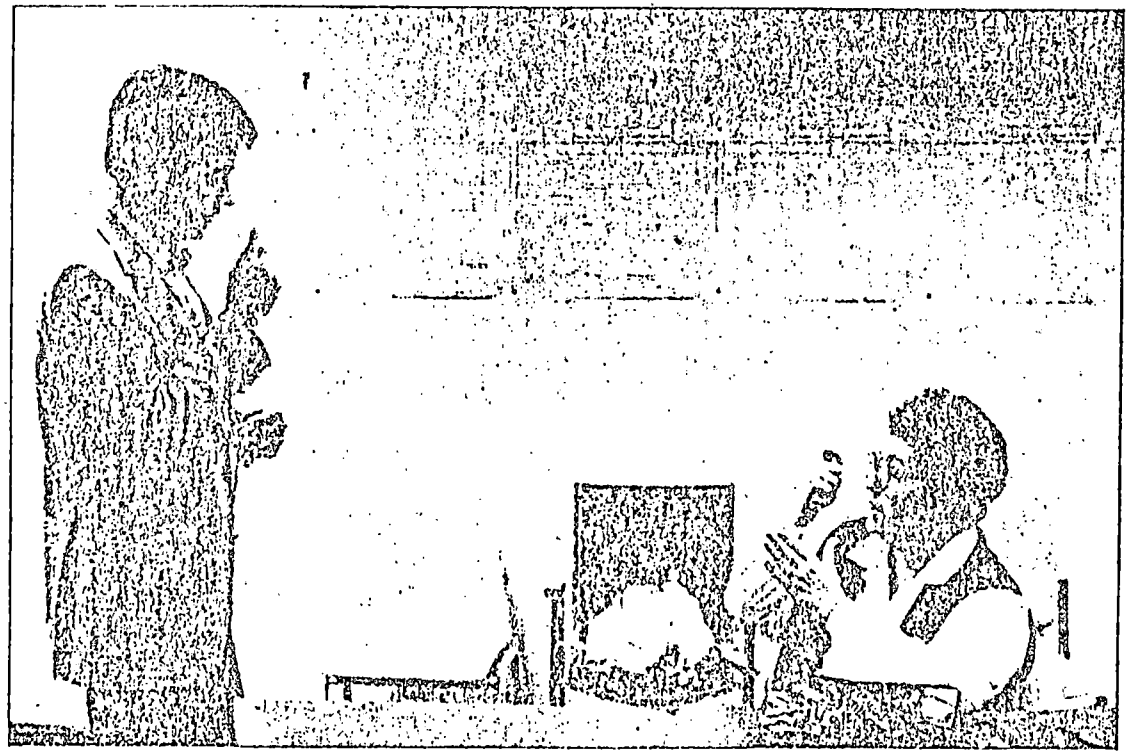
Interpreter Cathy Blasingame

■ Telecommunications devices for the deaf.

Currently the deaf are often denied access to many services because of the inability to communicate, Petal said. By setting up telecommunications devices, the deaf could get in touch with the various agencies through the devices or interpreters.

Petal said many of the services the deaf now take advantage of are present, but are handled on a limited basis by a variety of volunteer groups. The deaf need one number to call, or one source, for the solution to all their problems, she said.

"We need to start by taking up the interpreter referral service from the United Way and begin a specialized information referral service and limited telephone relay service, which will take two or three months to set up."



Earl Day, of Coalition of Organizations Serving the Deaf, and Lucy Chimelak, mother of a deaf child, 'talk'

— Post photos by Fred Busch

AN IMPAIRMENT THAT [illegible] can go unnoticed, hearing loss becomes a handicap that can change lives and warp personalities, strain friendships, wreck families and ruin careers. Ignored and unattended, it grows progressively worse and can eventually doom its victims to lives of depression and isolation.

Yet millions of people who are walking around with some degree of hearing loss today are unwilling to admit it -- to themselves or to anyone else.

What troubles the experts most is that many of the tragic consequences could be prevented, and much of the loss that now exists could be helped. But you can't help people if they won't admit they have a problem, and for most Americans, "hard of hearing" translates into "old."

"WE LIVE IN a youth-oriented society," notes a spokesman for the National Association for Hearing and Speech Action in Silver Springs, Md.

He continued, "Many people try to maintain their youthful appearance for as long as they can. Rightly or wrongly, to say, 'I don't hear well,' or to wear a hearing aid is associated with old age."

Carol Turner, audiologist at Manhattan Eye, Ear and Throat Hospital, agreed.

"We're very big on designer eyeglasses in our society these days," she said, "but you don't read anything about designer hearing aids."

A growing number of workingforce people between the ages of 30 and 50 are beginning to show up at the hospital's clinic and specialists' offices these days, but they are not coming in of their own volition.

"THEY COME BECAUSE their jobs and lifestyles are being threatened," said one audiologist. "They can't afford not to hear what's going on. They can't afford to seem inattentive — or dense."

The numbers of the hearing-handicapped are growing, authorities say, and in the decades ahead they will increase at an even more alarming rate. The [illegible] what goes first. Noise exposure kills those high frequencies."

ANY SOUND 85 decibels *loud* can damage the ear. Heavy traffic and heavy trucks can generate 89-90 decibels; motorcycles, 95; subway noise and chain saws, 100; amplified rock music, 110; discotheque speaker, 115-130. A jet takeoff at 100 feet registers 120 decibels. Even eating in a noisy restaurant can be hazardous. If you have to raise your voice to be heard by someone less than 2 feet away, it's too noisy.

To be hard of hearing is to suffer a double handicap. Not only are you deprived of one of the senses most necessary to communication, you're also deprived of the even greater need for interaction with other people. Hearing loss seems to provoke impatience rather than compassion.

"I DON'T KNOW what it is," said one man. "If you have a white cane, or crutches, you get all the help in the world. But for some reason, with hearing, it's not that way. Maybe it's because it's not something that people can see."

The worst part of all, they say, is the quiet. This is not the busy quiet of a country night, or the oaken hush of a library, or the quiet that hums in an empty church. This is a heavy, dead stillness that shuts you off from the outside world, blotting out that constant stream of background sounds that starts at birth and never stops. These are the sounds that tell us where we are, that tie us to our environment.

IN THE WORLD of the hearing-handicapped, no bird sings, no crickets chirp. Wind blows soundlessly through the trees, rain dashes in silence against windows, traffic moves on noiseless wheels down city streets. The world begins to seem dim and far away.

"Sometimes," said one of the women at the senior citizens center, "I feel as though I've been disconnected before I was ready to hang up."

Next: Head noises — the ringing that can drive you crazy

APPENDIX D

coalition for barrier free living post office box 20803 houston, texas 77025

CBFL EMPLOYMENT COMMITTEE

PROJECT PROPOSAL - Houston Organization Uniting Services for Employment - "The H.O.U.S.E."

STATEMENT OF NEED

Experience has demonstrated a need within the Houston Metropolitan area for a "Clearing House" type program (similar to the JOBS program in New York) which will facilitate the matching of qualified handicapped persons with available job vacancies. Support for this need has been demonstrated by the success of past "Job Fairs for the Handicapped" which during a one week period facilitated the matching of handicapped persons with job vacancies. Unfortunately, the one week approach of Job Fair does not meet the on-going needs of the community. Additional support for the need is evidenced by the difficulties and frustration experienced by employers when trying to locate qualified handicapped candidates for their job vacancies. Frequently, they have to make several calls and incur considerable costs communicating their job openings to the rehabilitation community; thus, the need exists for a centralized resource to provide the necessary communication link.

PURPOSE

To establish a coordinated communication link between the employment community and the various rehabilitation and placement specialists, thereby assisting employers in locating qualified handicapped candidates for their job vacancies. Initially, the program will be coordinated and administered by the CBFL, an organization with a demonstrated record of supporting issues of the disabled community. Additional support for the program has been and will continue to be sought from and generated within the employment community, public and private rehabilitation agencies, and disabled consumers.

METHODOLOGY

At present, a three year project plan is being proposed which will develop a program capable of addressing immediate needs, as well as formulating goals and objectives for future needs as they are identified.

I. During the first year of the project the following steps will be taken:

A. Establish a centralized "hot line" telephone service to serve as a clearing house where employers can register their job vacancies. A bi-weekly newsletter and other media resources will be utilized to disseminate job information.

B. Establish the communication link within the rehabilitation community which identifies qualified handicapped candidates for appropriate placement and/or referral for further vocational training.

C. Establish administrative authority for the project which has representation from the employment community, CBFL, the rehabilitation community, and consumer community. (see attached organizational charts.)

D. Recruit and hire a qualified individual who can assume the direction and management of the project to insure project accountability on immediate goals and formulate future goals based upon identified community needs.

E. Investigate alternative funding options for continuance of the project given its demonstrated ability to satisfactorily meet reasonable expectations of the project.

F. Provide information on related services for employers of handicapped individuals (tax credits, etc.).

II. It is anticipated that specific needs will be identified during the first year of the project which will expand its usefulness to employers, handicapped consumers, and rehabilitation professionals; therefore, second year activities might address areas as follows:

A. Educational activities serving the employment community.

B. Assistance with meeting affirmative action requirements under Section 503 and 504 of the 1973 Rehabilitation Act.

C. Expansion of clearing house function to meet increasing demands.

III. The third year of the project will be utilized to evaluate successes, determine usefulness, and plan for continued activities if warranted.

COST BENEFITS

1. It is anticipated that this project will result in direct cost savings of both cash expenses and staff time for employers attempting to identify qualified handicapped candidates for their job vacancies. This result will be accrued by limiting the number of contacts which the employer has to make. Additionally, it is anticipated a significant reduction will occur in the time spent with the multitude of personal calls made on employers by the various placement specialists on behalf of their clients.

2. The rehabilitation community will benefit from a centralized resource of job openings which are available to their clients. The cost savings will accrue through a reduction in the expense of having staff constantly in the field searching for job leads.

3. The handicapped consumer will benefit by having an "employment service" to assist them in locating appropriate jobs. This will be most important for those individuals who are not affiliated with any public or private rehabilitation agency. Additional benefits might come from having a centralized resource of job information to assist in lateral or upward job mobility. A project such as this would enable handicapped individuals to become tax payers rather than tax users.

ADMINISTRATIVE AUTHORITY

The Coalition for Barrier Free Living Board of Directors will appoint a special sub-committee to coordinate and administer "The H.O.U.S.E." Project.

This sub-committee will be composed of 14 members and membership will be reviewed annually:

2 -- Harris County Committee on Employment of the Handicapped

2 -- Public Agencies involved in issues relating to the Disabled

2 -- Private Agencies involved in issues relating to the Disabled

4 -- Disabled Consumers (to be representative of the Houston Community)

4 -- CBFL members -- one who must be Employment Committee Chairperson.

A: The sub-committee will be chaired by the CBFL Employment Committee Chairperson.

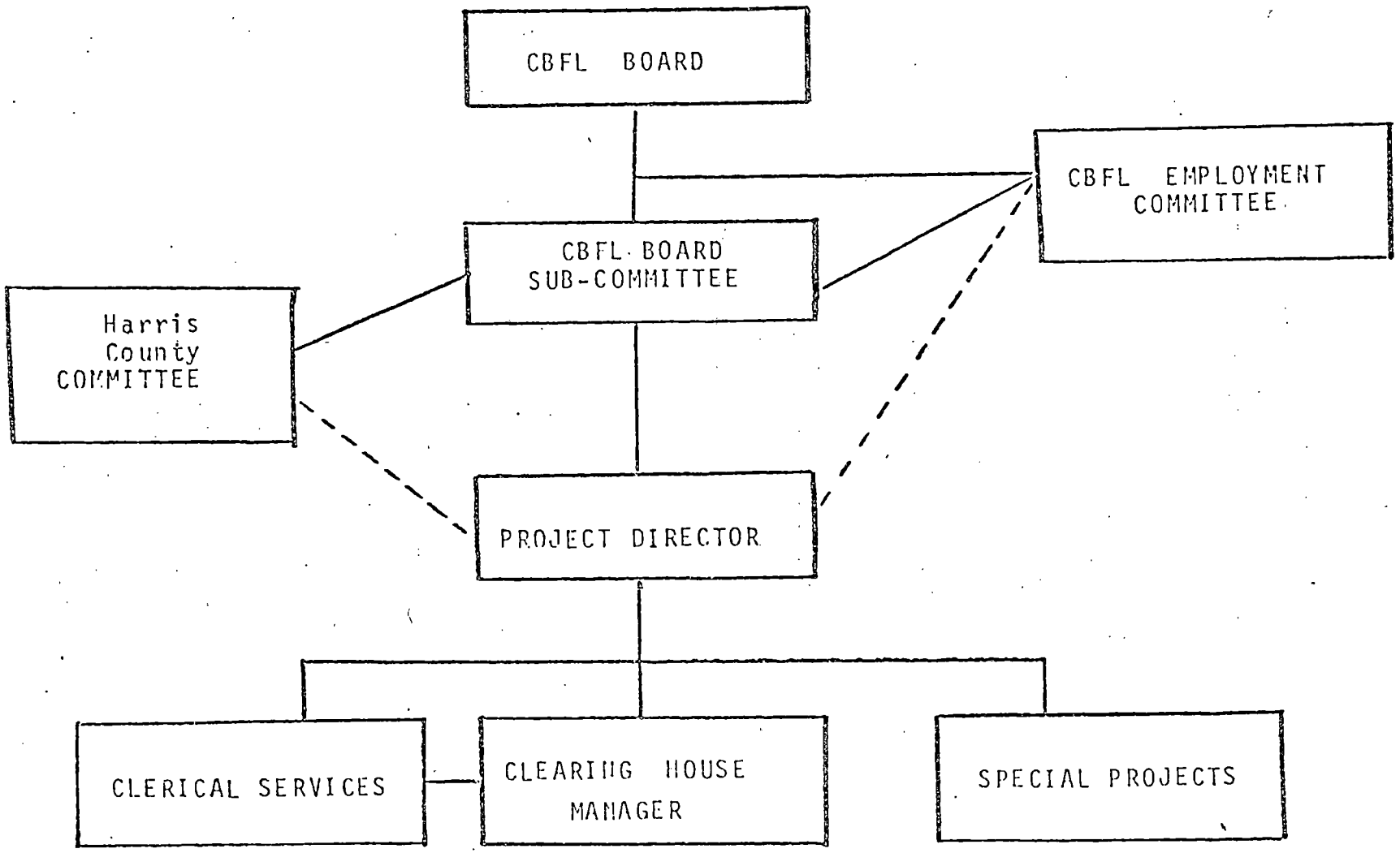
The sub-committee's initial task will be to establish selection criteria for the job of Project Director and Clearinghouse Manager. The sub-committee will make recommendations to the CBFL Board on individuals for these positions and final approval will be from the CBFL Board.

B: The sub-committee will be the communication link between Project H.O.U.S.E. and the CBFL Board.

The staff of the H.O.U.S.E. project, once selected, will make written monthly progress reports to the sub-committee who will then appoint a representative to report to the CBFL Board in the activities of the H.O.U.S.E. project.

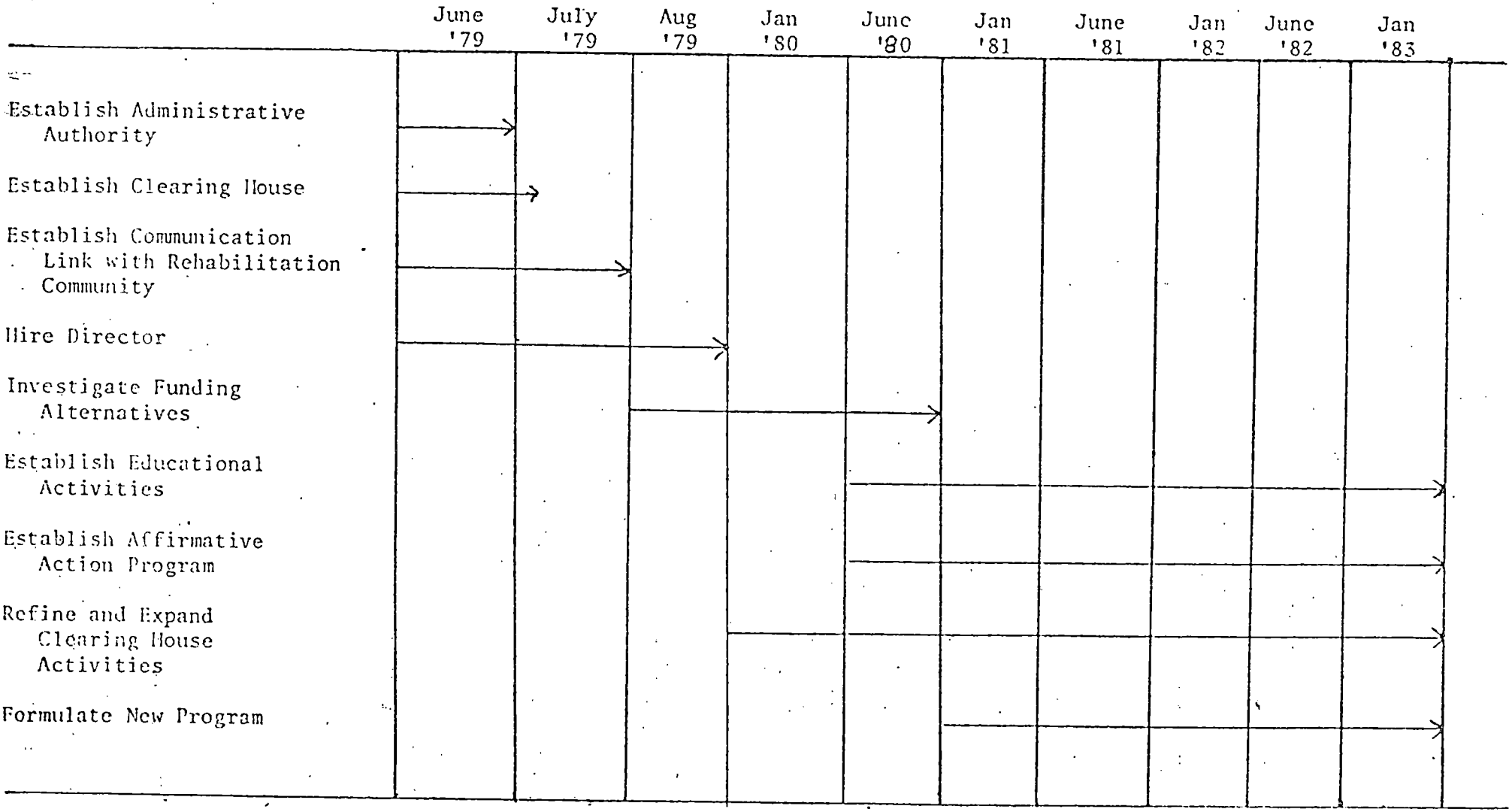
A D M I N I S T R A T I V E C H A R T

HOUSTON ORGANIZATION UNITING SERVICES FOR EMPLOYMENT
(THE H.O.U.S.E.)



MILESTONE CHART

HOUSTON ORGANIZATION UNITING SERVICES FOR EMPLOYMENT - "THE H.O.U.S.E."



Texas Rehabilitation Commission

REGION IV
Kenneth W. Vogel, Director

March 19, 1979

Coalition for Barrier Free Living
2809 Main Street
Houston, Texas 77002

Dear Coalition Members:

I have reviewed, with interest, the Coalition's proposal for the "Just One Break" program. Additionally, I have met with Joe Kramberg, Bob Kafka, and Judy Einbinder and I have discussed at length the ramifications of this program and its relationship to the Texas Rehabilitation Commission.

As you are aware, the Texas Rehabilitation Commission is the state agency charged with the responsibility of providing meaningful and appropriate vocational rehabilitation services to handicapped citizens within the state. Included in these responsibilities is the effort toward appropriate placement that can utilize handicapped persons' talents and let them become productive members in our working society. It is recognized that with the multitude of programs available today, other agencies also work toward this endeavor. The Commission's goal is to provide individual and meaningful assistance based upon the needs of the handicapped and will continue to meet this mandate as best it can.

In conversation with the above-mentioned Coalition members, it was explained that if funds were obtained for the program, the first year would be a year of planning and the second year would be a year of implementation as well as education of the community and utilization of the diagnostic and screening process for those individuals who would benefit from a "Just One Break" type of program. The Texas Rehabilitation Commission, through its regional office administrative personnel, would be happy to participate in the area of planning if the program is funded so that we could provide insights from our prospective as well as hopefully, provide a positive approach to the program's implementation. Naturally, at this early stage, it is difficult to determine exactly how the program would be implemented within Harris County, but we would certainly be receptive to working toward its development as long as it falls within the Commission's guidelines and mandate.

Sincerely,

Kenneth W. Vogel

Kenneth W. Vogel
Regional Director

KWV/bb

HOUSTON ORGANIZATION UNITING SERVICES FOR EMPLOYMENT
1ST YEAR BUDGET

The following expenses are anticipated for staff salaries and fringe benefits:

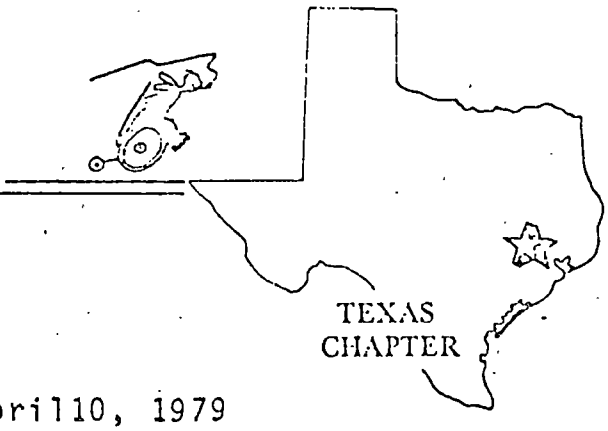
(1) Director	$20,000
(2) Assistant Director	15,000
(3) Clerical	12,000
(4) Travel	1,800
(5) Fringe Benefits	10,340
	$59,140 (est)

Although other project expenses could be met "in-kind" with donations of space, etc., an estimate is also shown to assist in planning.

(1) Office Space	$ 3,600
(2) Telephone	1,200
(3) Postage	1,500
(4) Printing	2,000
(5) Furniture and Equipment	4,000
(6) Office Supplies	1,000
(7) Miscellaneous Expense	3,000
	$15,300 (est)

Paralyzed Veterans Of America

3217 MONTROSE, SUITE 112 · HOUSTON, TEXAS 77006
1-713-526-1952



April10, 1979

Joe Kranberg, Chairperson
Employment Committee
Coalition for Barrier Free Living
P.O. Box 20803
Houston, TX 77025

Dear Mr. Kranberg,

The Texas paralyzed Veterans Association, a consumer organization representing spinal cord injured and diseased veterans throughout the state of Texas, is involved in the total integration of the individual into Society.

One way this can be accomplished is by giving the veteran an opportunity to secure appropriate employment. There is at the present time many programs designed to meet the needs of the handicapped, but few if any of them have the expertise to do so.

The proposed CBFL H.O.U.S.E. project will coordinate what is now in existence and develop the needed expertise necessary for placement of disabled people.

TPVA strongly supports this project and will assist in any way possible to develop the program.

Sincerely,

Bob Kafka
Executive Director
TPVA

BK:pf

[illegible] RESOURCES DEVELOPMENT INSTITUTE
[illegible]RICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS
2506 SUTHERLAND STREET, HOUSTON, TEXAS 77023 (713) 923-1255
HANDICAPPED PLACEMENT PROGRAM

GERALD EVANS
Placement Specialist

March 20, 1979

Mr. Joe Kranberg, Chairman
Employment Committee
Coalition for Barrier-Free Living
2809 Main
Houston, Texas 77002

Dear Mr. Kranberg:

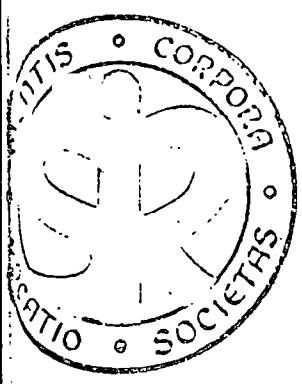
As a placement specialist working with the handicapped, I strongly agree with the Coalition for Barrier-Free Living Employment Committee's intent to establish a clearinghouse for employment activities concerning the handicapped. In my estimation, the need for this project in Houston is long overdue. The city has reached the point in its development where interagency coordination of job development and job placement activities is essential to viable employment for the handicapped. Therefore I endorse the efforts as set forth in the proposal and look forward to working with the Employment Committee in continuing the efforts in future development and implementation.

Yours truly,

Jerry Evans

Jerry Evans, Placement Specialist

JE:ld
opeiu #2
afl-cio



Southwest Rehabilitation Institute

April 10, 1979

Joe Kramberg
Texas Rehabilitation Commission
1964 W. Gray
Houston, Texas 77019

RE: CBFL Houston
Uniting Services
for Employment

Dear Mr. Kramberg,

I have reviewed the proposal for the development of a coordinated placement service involving qualified disabled applicants and employers. We have experienced frustration both for ourselves and our clients trying to match people and jobs. The proposed H.O.U.S.E. project appears to have the ingredients necessary to bridge the gap we have experienced in our placement efforts.

Our organization will be glad to lend support to this project. We are particularly pleased to see that major employers will have an opportunity to participate in this project. Surely they will provide valuable insights about the needs of the employers with respect to their employees. If we can do more than provide our written support, please let us know.

Very truly yours,

R. D. Cox

R. D. Cox, CRC

RDC/ldl

2809 Main Houston, Texas 77002 713 797 1440

VIC

April 2, 1979

Mr. Joe Kramberg
Chairman, CBFL Employment Committee
2809 Main
Houston, Texas 77002

Dear Joe:

I would like to personally express my complete support for the job placement project being proposed by the CBFL Employment Committee. The concept of centralizing job information for the handicapped can be an asset for all concerned with employing the handicapped. Centralization of information will surely lead to more efficient efforts for both the Rehabilitation community and the Employment community. I am sure the Vocational Industrial Center staff will utilize such a program heavily when trying to identify appropriate job vacancies for its job ready clients. Likewise, I am sure the Employment Community will appreciate a single contact through which to advertise its job openings.

I encourage the establishment of such a program, and I offer any support I can personally provide to assist in its establishment.

Sincerely,

Richard Biddy

Richard Biddy, Director
Vocational Industrial Center

RB:bm

APPENDIX E

DEVELOPMENTAL DISABILITIES BUDGET (ARCIL)

TOTAL:	$40,498.10
FEDERAL SHARE:	$28,348.67
APPLICANT'S SHARE:	$12,149.43

	Base	%	Actual	
PERSONNEL				$33,948.10
Peer Counselor Coordinator 1/2 time	$15,000	50%	$7500	
PCA Coordinator 1/2 time	15,000	50%	7500	
Information & Referral Specialist full time	16,000	12.5%	2000	
Community Relations 3/5 time	15,000	10%	1500	
Executive Secretary full time	11,500	50%	5750	
Secretary, full time	8,500	30%	2500	
Typist, 1/2 time	12,000	50%	6000	
Workmens Comp. (.24/$100)			78.60	
Health/Life Insurance $30 ea./month			720	
Unemployment (3.4% on 1st $6000)			399.50	
CONSULTANTS				1,000.
Interpreter			$500	
Audit			500	
TRAVEL				850.
1 out-of-state conference, 2 people, 3 days				
plane fare			650	
Lodging			90	
Food			90	
Taxi			20	
ADAPTIVE EQUIPMENT				1,000.
Ex.: File system, typewriter modifications, etc.				

(continued)

SUPPLIES		$2000.
OTHER		1700.
Liability Insurance	$ 200	
Rent	600	
Telephone	300	
Films, brochures	300	
Utilities	300	

APPENDIX F

AUSTIN RESOURCE CENTER FOR

INDEPENDENT LIVING

Comprehensive Survey of Individuals with Disabilities Who Live in the Austin/Travis County Area

Submitted by

Elaine R. Roberts
Vice President
Consultant Services, Inc.

February, 1980

Comprehensive Survey of Individuals with Disabilities Who Live in the Austin/Travis County Area

Background

In order to appropriately assess and gather demographic data on the needs of individuals with disabilities who live in the Austin/Travis County area, a survey coordinator was contracted by MIGHT in October of 1979 to:

1. Evaluate effective modes of data gathering;
2. Design a survey instrument;
3. Assist in publicity announcing the survey;
4. Aid in dissemination of the instrument;
5. Assist in data collection;
6. Interpret and analyze the resulting data; and
7. Provide a data document for ARCIL, Developmental Disabilities and other interested persons.

Initially, sixty agencies and organizations were contacted by letter and telephone to apprise them of ARCIL's intent and to ask for assistance in the dissemination of letters to consumers who may be interested in participating in the survey. A letter to individuals with disabilities was drafted with the assistance of ARCIL board members and four University of Texas rehabilitation counselor students enrolled in classes taught by Dr. Carl Hansen. The students had volunteered to assist ARCIL with a survey in lieu of a term paper. The final draft of the letter to

individuals with disabilities was put in large print and braille form. The braille services were provided by two of the rehabilitation counselor students, Ms. Jean Lednikey and Ms. Del Franklin through resources of the Texas Commission for the Blind.

Publicity releases for newspapers in the Travis County area, and public service announcements for radio and television stations were designed with the assistance of Mr. Gary Reese and distributed as deemed appropriate by the ARCIL director.

A survey instrument was drafted and pretested with fifteen individuals, including ARCIL governing committee members. Based on responses received on the pretest, comments by Mr. Charles Graham, ARCIL staff, ARCIL governing committee, the University of Texas rehabilitation students and certain key service providers, the survey instrument was put in final form and made ready for dissemination.

Over 1,900 letters were sent to individuals with disabilities through agencies, private service providers, organizations, individuals and other sources. Each letter contained a card to be returned to ARCIL if the person was interested in participating in the survey. Because of laws relating to confidentiality and privacy of information, most of the letters were sent in requested quantities to agencies, organizations, and service providers. They, in turn (and at their discretion), used their private mailing lists of clients and members to distribute the letters. ARCIL staff had no direct contact with these mailing lists or individuals until the individuals

chose to contact ARCIL and thereby give permission for further contact by ARCIL staff (see Appendix C for agency and service provider distribution).

Two hundred ten people responded by returning the cards, by telephone, or in person. Of these responses, 170 questionnaires (including eight pretests, containing relevant information) were completed and returned to ARCIL by February 1, 1980. All succeeding information is based on those returns.

Individuals participating in the questionnaire were given three options in how the survey was to be completed. These were:

1. Mail the questionnaire and allow the person or outside assistance to complete it and return it in a self-addressed and stamped envelope provided by ARCIL;
2. Telephone interview conducted by ARCIL staff, survey coordinator, UT students or volunteers; or
3. Personal interview conducted by ARCIL staff, survey coordinator or UT students.

Fifty-nine individuals (35%) chose to have either telephone or in-person interviews. Of these, twenty-five were interviewed by UT rehabilitation counselor students or volunteers; ARCIL staff and the survey coordinator interviewed fifteen by telephone and nineteen in person (thirty-four total). The rest were distributed by mail or other means for completion by the individual, his family, caseworker, etc.

The survey has been broken into four primary headings. These are:

1. Personal (i.e., where live, age, disability income, equipment used, level of disability, number of persons in home, etc.);

2. Services (now receiving or received in past such as education, alternate care, interpreters, day care, etc.);
3. Advocacy (attitudinal barriers experienced, areas of discrimination or denial, etc.); and
4. Needs (service needs, personal needs, projection of services to be provided by community and by ARCIL).

Interpretation of the data will be included with each subheading with primary heading analysis included at the end of each heading. Final analysis and cross-heading interpretation is included in the Summary of the document.

Personal

Distribution of Individuals in Austin/Travis County by Zip Code. One hundred sixty-one (95%) individuals listed their zip code. The breakdown is as follows:

Zip Code	No. of People	% of Total (170)
701	2	1.2%
702	4	2.4%
703	6	3.5%
704	27	15.9%
705	11	6.5%
712	1	0.6%
722	2	1.2%
723	15	8.8%
731	2	1.2%
734	1	0.6%
735	2	1.2%
736	2	1.2%
741	5	2.9%
742	1	0.6%
743	1	0.6%
744	4	2.4%

Zip Code	No. of People	% of Total (170)
745	8	4.7%
746	1	0.6%
747	3	1.8%
749	1	0.6%
750	2	1.2%
751	13	7.6%
752	7	4.1%
753	4	2.4%
756	6	3.5%
757	5	2.9%
758	12	7.1%
759	1	0.6%
760	1	0.6%
761	1	0.6%
762	1	0.6%
767	1	0.6%
784	4	2.4%
Out of Town	5	2.9%
No Answer	9	5.0%

What does this mean in terms of population distribution of individuals with disabilities in the Austin/Travis County area? If the city were divided into seven key areas (northeast, north central, northwest, central, southeast, south central, and southwest), the following distribution would be seen:

Area	No. of People	% of Total	Zip Codes
Northeast	17	10.0%	721, 722, 723, 724, 725
North Central	48	28.2%	751, 752, 753, 754, 756, 757, 758, 759, 761, 765
Northwest	5	2.9%	731, 732, 750, 759, 766
Central	29	17.0%	701, 702, 703, 705, 767, 768, 769, 711, 763, 762, 712, 784

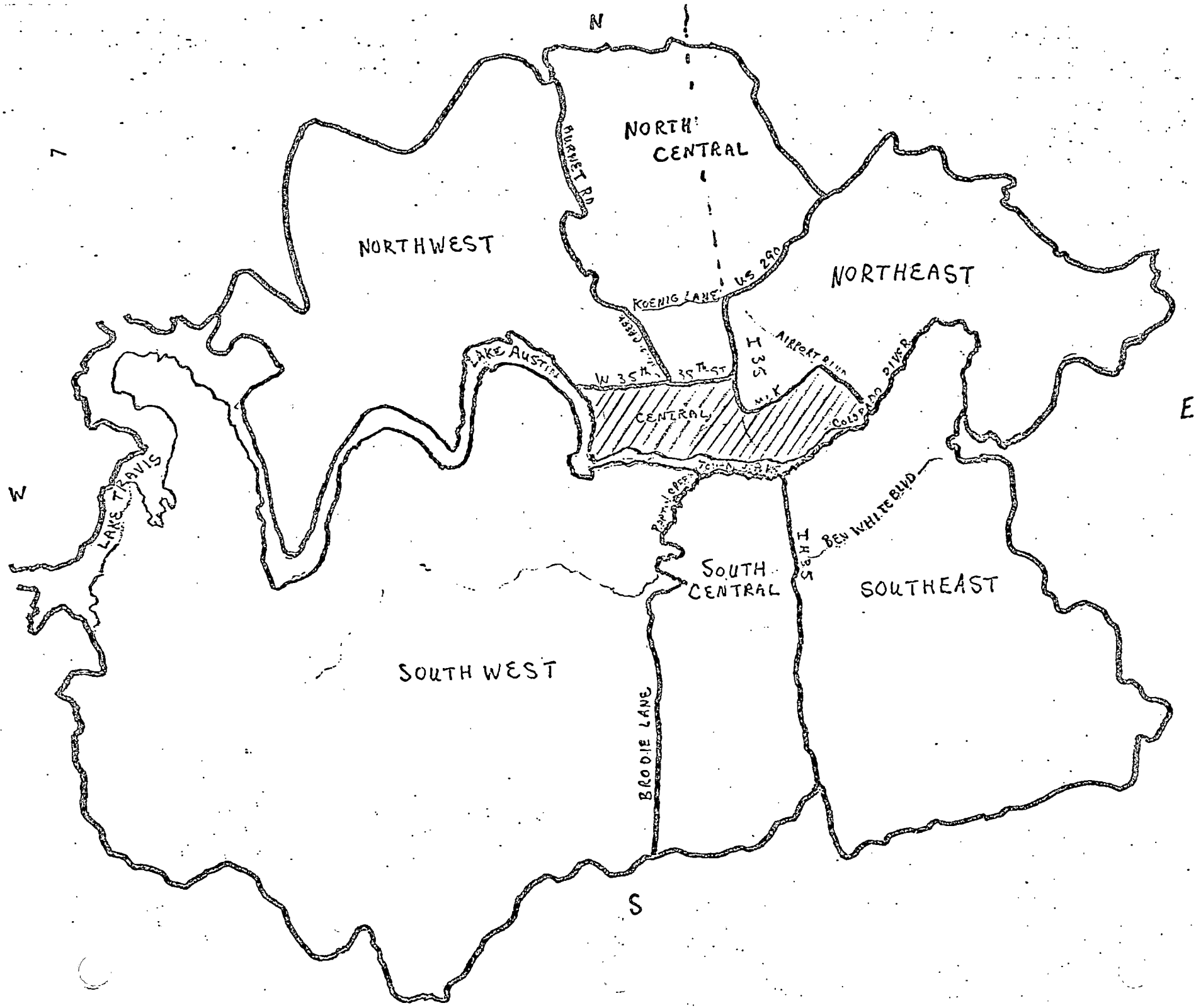
Area	No. of People	% of Total	Zip Codes
Southeast	15	8.8%	741, 742, 743, 744, 747, 760
South Central	35	20.6%	704, 745, 748, 764
Southwest	6	3.5%	734, 735, 736, 737, 746, 749
Surrounding Travis County Communities	5	2.9%	

Please refer to map on following page for conceptualization of area boundaries.

The primary area of concentration overall is a far north to far south central swath of the city bordered by Burnet Road, Lake Austin, Barton Creek and Brodie Lane on the west and Cameron Road, Airport Boulevard and I 35 on the east. One hundred twenty-nine people or 75.9% of the population live in this swath.

There are many contributing factors to this distribution:

1. This represents the highest area of concentration for the total population of Austin;
2. Services such as Criss Cole Rehabilitation Center, Texas School for the Blind, Texas School for the Deaf, Travis County Services for the Deaf, University of Texas, Travis County MH/MR, etc., are located in this area;
3. Public transportation is more readily accessible to this area;
4. The swath is predominantly representative of low to moderate income housing; and
5. There is a good concentration of shopping facilities in this area.


N
W
E
S
NORTH CENTRAL
NORTHWEST
NORTHEAST
CENTRAL
SOUTH CENTRAL
SOUTHEAST
SOUTH WEST
MURNET RD
KOENIG LANE
US 290
AIRPORT BLVD
LAKE AUSTIN
W 35TH ST
35TH ST
IH 35
COLORADO RIVER
LAKE TRAVIS
BEN WHITE BLVD
BRODIE LANE

Household Census. This includes the number of persons living in the home, as well as the number of persons in residence with disabilities. How many persons are living in the home? One hundred sixty-nine (or 99%) individuals responded to this question.

No. of People	No. of Responses	% of Total
1	36	21.2%
2	28	16.5%
3	30	17.6%
4	23	13.5%
5	17	10.0%
6	12	7.0%
7	1	0.6%
8	2	1.2%
9	0	0.0%
10 or more	20	11.8%

Twenty-one point two percent (21.2%) of the population surveyed live alone. An almost equal number (20.6%) live with six or more people. The majority of those living with six or more individuals reside in school dormitories, state facilities, co-ops or halfway houses (see Section page . for actual breakdown).

Is there more than one person in the household who has a disability? One hundred sixty-nine (or 99.4%) individuals responded to this question: 57 (or 33.5%) answered "yes" and 112 (or 65.9%) answered "no"; only one individual (0.6%) failed to answer at all. The majority (65.9%) reside in households which do not contain other individuals with disabilities.

How many persons in the household have a disability? This question was answered by all 170 respondents (100%).

No. of People	No. of Responses	% of Total
1	112	65.9%
2	23	13.5%
3	6	3.5%
4	1	0.6%
5 or more	25	14.7%

Of those households which contain more than one individual with a disability, there is a relatively equitable split between those containing two persons (13.5%) and those containing five or more persons (14.7%). All the households containing five or more persons with disabilities represent some form of institutional placement or halfway house.

Distribution by Age. The survey breakout is as follows (161 responses, out of 170, or 94.7%):

Age	No. of Responses	% of Total
Infant 0-3	3	1.8%
Childhood 4-12	12	7.0%
13-17	18	10.6%
18-21	17	10.0%
22-34	65	38.2%
35-44	16	9.4%
45-54	21	12.4%
55-64	5	2.9%
65+	4	2.4%
Not Answered	9	5.3%

Ages were broken into the above ranges for a number of reasons, the most important being an attempt to represent life phases which relate to unique needs for that phase.

There are areas of overlap. One example would be early childhood. Although infant stimulation, diagnosis and prevention are critical to the 0-3 age group, there is overlap in early childhood programs age 3-5 into the childhood (early school) years of 4-12. There are eight individuals in the 3-5 age group. The average age is 29.225 years; the median age is 36.5 years; and the mode age is 24 years. The age group with the highest percent of respondents is 22-34. This, however, is not totally disproportinate to projected national total population percentages. It is estimated that 21.8 percent of Texas' general population will be between the ages of 22 and 34 in 1980. This compares to 38.2 percent on this study of individuals with disabilities. Below is a comparison chart for other age groups:

Age	% General Texas Population[1]	% of Survey Respondents	Difference
0-3	6.46%	1.8%	± 4.66%
4-17[2]	24.64%	17.6%	± 7.04%
18-21	7.67%	10.0%	± 2.33%
22-34	21.80%	38.2%	±16.40%
35-44	11.40%	9.4%	± 2.00%
45-54	9.90%	12.4%	± 2.50%
55-64	8.50%	2.9%	± 5.60%
65+	10.00%	2.4%	± 7.60%

[1]General estimates based on information supplied by the U. S. Bureau of Census.

[2]Combined by Census Bureau.

Discrepancies appear to be due primarily to targeting procedures used in solicitation of survey participants; level of activity, involvement and assertiveness of different age groups; and etiology of disabilities.

Sex Distribution. The survey indicated that 94, or 55.3% of the respondents were male, and 75, or 44.1% of the respondents were female. One respondent (.6%) failed to answer the question pertaining to gender. It should be noted that the etiology of certain disabilities would support a higher proportion of male respondents.

Family Status. One hundred thirty-one individuals (or 77%) out of 170 individuals completing the survey responded to this question.

Family Status	No. of Respondents	% of Total
1st Child	31	18.2%
2nd Child	18	10.6%
Wife	14	8.2%
Husband	11	6.5%
4th Child	11	6.5%
3rd Child	10	5.8%
Alone, Single	10	5.8%
Not Related	10	5.8%
5th Child or More	6	3.5%
Alone, Divorced	3	1.8%
Mother	2	1.2%
Brother	2	1.2%
Father	1	0.6%
Foster Child	1	0.6%
Other Relative	1	0.6%

This question was vague as to what it meant or how best to fill it out. Some people fell into more than one category. It may be worthwhile to note the percent of individuals who are first born, but the information is too vague to warrant interpretation or weight.

Completion of Questionnaire. The following breakout indicates the individuals completing the questionnaire in the order of the number of responses:

Description of Individual	No. of Responses	% of Total
Individual with Disability	74	43.5%
UT Rehabilitation Student	26	15.3%
Mother of Individual with Disability	24	14.1%
ARCIL Staff, Personal Interview	19	11.1%
ARCIL Staff, Phone Interview	15	8.8%
Friend	3	1.8%
Father	2	1.2%
Other, Special	2	1.2%
Advocate	1	0.6%
Caseworker	1	0.6%
Relative, Other	1	0.6%
Sister	1	0.6%
Volunteer	1	0.6%

ARCIL staff aided in filling out a total of 43 surveys, or 25.3% of the total. The majority of individuals with disabilities filled out their own forms. The following information indicates why the survey form may have been filled out by someone other than "self":

Reason	No. of Responses	% of Total
Not appropriate, filled out by self	74	43.5%
Writing problem, physical	8	4.7%
Vision problem (blind or visually impaired)	20	11.8%
Child--parent or other filling out form (under 16)	17	10.0%
Form needing interpretation or language changes	4	2.4%
Phone interview/ARCIL or UT students	28	16.5%
Person mentally incapable of filling out form	7	4.1%
Combination of two or more of the above (excluding "child" and "phone" interviews)	12	7.1%

One hundred thirty-four persons (78.8%) actively participated in giving answers to the survey on all questions; 28 persons (16.5%) did not

participate at all; 6 (3.5%) usually assisted in giving answers to the questions asked; and 2 (1.2%) sometimes helped to answer the survey. By far, the majority of individuals participating in the survey participated in answering the questions. The majority of those who did not were children under the age of sixteen. Twenty-two individuals are fifteen years old and younger. Some, however, did participate in filling out the form. Other individuals were severely mentally retarded, emotionally disturbed, autistic or otherwise viewed as being incapable of participating in providing answers to the questions by parents, relatives and others.

Disability. The following is a breakout by primary, secondary, and tertiary disability category:

	Primary		Secondary		Tertiary		Total	
Disability	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Amputation	--	--	1	0.6%	--	--	1	0.6%
Arthritis	4	2.4%	5	2.9%	4	2.4%	13	7.6%
Ataxia	1	0.6%	--	--	1	0.6%	2	1.2%
Autism	1	0.6%	--	--	--	--	1	0.6%
Blind	35	20.6%	--	--	--	--	35	20.6%
Cancer	--	--	1	0.6%	--	--	1	0.6%
Cerebral Palsy	24	14.1%	2	1.2%	2	1.2%	28	16.5%
Closed Head Injury	2	1.2%	2	1.2%	--	--	4	2.4%
Communication/Speech	3	1.8%	35	20.6%	16	9.4%	54	31.8%
Congenital Birth Defect	4	2.4%	2	1.2%	--	--	6	3.5%
Deaf	20	11.8%	--	--	1	0.6%	21	12.4%
Deaf/Blind	1	0.6%	--	--	--	--	1	0.6%
Diabetes	1	0.6%	3	1.8%	--	--	4	2.4%
Disease, Unspecified	3	1.8%	1	0.6%	--	--	4	2.4%
Emotionally Disturbed[3]	2	1.2%	1	0.6%	2	1.2%	5	2.9%

[3]One halfway house stated that it had seventeen clients who are emotionally disturbed. Some of these clients have secondary disabilities of mental retardation and/or epilepsy. They were not counted in the above figures or any other part of the survey because only one questionnaire was filled out for all seventeen individuals. The questionnaire did contain some relevant information such as disability categories, sex and age ranges (see Appendix D for short report).

Disability	Primary		Secondary		Tertiary		Total	
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Epilepsy/Seizure	2	1.2%	9	5.3%	2	1.2%	13	7.6%
Hard of Hearing	5	2.9%	2	1.2%	4	2.4%	11	6.5%
Heart Disease	2	1.2%	7	4.1%	--	--	9	5.3%
Learning Disability	2	1.2%	3	1.8%	1	0.6%	6	3.5%
Little Person	1	0.6%	--	--	--	--	1	0.6%
Mental Retardation	7	4.1%	14	8.2%	2	4.2%	23	13.5%
Multiple Sclerosis	3	1.8%	--	--	1	0.6%	4	2.4%
Muscular Dystrophy	4	2.4%	--	--	--	--	4	2.4%
Neuro-Muscular/Other	4	2.4%	2	1.2%	--	--	6	3.5%
Post Polio	8	4.8%	--	--	--	--	8	4.8%
Spina Bifida	2	1.2%	1	0.6%	--	--	3	1.8%
Spinal Cord Injury	14	8.2%	--	--	2	1.2%	16	9.4%
Stroke	3	1.8%	2	1.2%	--	--	5	2.9%
Trauma/Other	3	1.8%	1	0.6%	--	--	4	2.4%
Visually Limited	9	5.3%	9	5.3%	7	4.1%	36	14.7%
Other/Rare	--	--	1	0.6%	1	0.6%	2	1.2%
TOTAL	170	100.0%	104	61.2%	46	30.3%		

Twenty-two people have more than three disabilities or 12.9 percent. The disabilities of people having more than three are not reflected in the above figures.

The ten most prevalent disabilities related in the survey are:

Disability	No. of People	% of Total
Communication/Speech Problem	54	31.8%
Blindness	35	20.6%
Cerebral Palsy	28	16.5%
Visually Limited	25	14.7%
Mental Retardation	23	13.5%
Deafness	21	12.4%
Spinal Cord Injury	16	9.4%
Epilepsy/Seizure	13	7.6%
Arthritis	13	7.6%
Hard of Hearing	11	6.5%

A lot of disabilities are concomitant. By example, only three individuals listed communication/speech as their primary disability, while

almost all individuals who are deaf showed a secondary or tertiary disability of speech/communication. A large number of individuals with cerebral palsy also listed communication/speech disabilities as a secondary or tertiary disability.

The high number of individuals reporting blindness as a primary disability and number of individuals reporting visual limitations may be related to five factors. These are:

1. Connections of two of the U. T. rehabilitation counselor students to Texas School for the Blind, Criss Cole Rehabilitation Center and the Texas Commission for the Blind;
2. Excellent follow through by Recording for the Blind, Texas Commission for the Blind, Texas School for the Blind and Criss Cole Rehabilitation Center in the distribution of letters to clients;
3. The letter to individuals with disabilities was printed in large print and contained braille inserts relating ARCIL's number and willingness to conduct phone interviews;
4. The disproportionate number of individuals who are blind or visually limited and live in the Austin/Travis County area because of accessibility to services; and
5. The lower incidence of concomitant disabilities in individuals who are blind (22 of 35 individuals who are blind listed no secondary disability).

Communication/Speech. Those individuals who indicated that they had a communication problem responded in the following manner to the question, "Is your speech understood?": 22 (12.9%) said "yes"; 15 (8.8%) said "no"; 22 (12.9%) said "usually"; 10 (5.8%) said "sometimes"; and 96 (56.5%) indicated that they had no speech problem. Five individuals (2.9%) did not respond to this question at all.

The majority of those individuals reporting speech/communication problems stated that their speech was understood (12.4%) or that it was usually understood (12.4%) by the average person on the street.

Equipment.[4] Individuals participating in the survey reported using a variety of special equipment and/or adaptive devices.

Equipment/Adaptive Device	No. of People	% of Total
Leg Braces	19	11.2%
Body Braces, Corsets	10	5.8%
Braces, Other	2	1.2%
Brailler	18	10.6%
Crutches	10	5.8%
Communication Board or Handivoice	1	0.6%
Hearing Aid	17	10.0%
Deaf Aid, Other	5	2.9%
Special Record Player	15	8.8%
Hand Brace(s)	1	0.6%
Modified Van	4	2.4%
Tape Recorder	16	9.4%
Cane, Orthopedic	15	8.8%
Cane, White	27	15.8%
Electric Wheelchair	12	7.0%
Feeder	1	0.6%
Manual Wheelchair	35	20.6%
Optacon	5	2.9%

[4]Chart does not reflect equipment used in excess of three pieces by any one person.

Equipment/Adaptive Device	No. of People	% of Total
Page Turner	1	0.6%
Prosthesis	1	0.6%
Recordings, Blind & Print Handicap	23	13.5%
Special Chair	1	0.6%
Elevator	1	0.6%
MCM-TTY	19	11.2%
Special Vehicle Controls	9	5.3%
Walker	11	6.5%
Special Glasses	2	1.2%
Small Aids (Watches, Guides, etc.)	7	4.1%
Special Shoes	5	2.9%
Telephone Amplifier	4	2.4%

Twenty-seven people (15.9%) reported using no special equipment. Forty-four people (25.9%) reported using only one piece of equipment. Thirty-seven people (21.8%) reported using three pieces of equipment, and thirty-eight people (22.4%) reported using more than three pieces of equipment. A total of 84 percent of the population surveyed reported using special equipment of some kind.

The ten most prevalent pieces of equipment in use are:

Equipment/Adaptive Device	No. of People	% of Total
Manual Wheelchair	35	20.6%
White Cane	27	15.8%
Recordings for Blind & Print Handicapped	23	13.5%
Leg Braces	19	11.2%
MCM-TTY	19	11.2%
Brailler	18	10.6%
Hearing Aid	17	10.0%
Tape Recorder	16	9.4%
Cane, Orthopedic	15	8.8%
Special Record Player	15	8.8%

The types of equipment most used relates fairly well to the ten most prevalent disability categories with the exception of speech/communication.

Factors such as 1) not being the primary disability, 2) cost of special communication devices such as the Handivoice, and 3) communication equipment not being viewed as essential for mobility or stability all influence this discrepancy. It is interesting to note that where the primary disability heavily involves communication difficulties (i.e., deafness), then more communication equipment, such as the MCM or TTY is used. Of thirty-one (31) individuals who are deaf or hard of hearing, nineteen (19) have MCM's or TTY's.

Income. This section includes income sources, level of income for family and individual and adequacy of income.

Sources of Income[5]	No. of People	% of Total
Employment	63	37.0%
Family	48	28.2%
SSI (Supplemental Security Income)	40	23.5%
SSDI (Social Security Disability Insurance)	26	15.3%
Social Security	25	14.7%
Veterans Administration	11	6.5%
Section 8 Housing	9	5.3%
TCB/TRC (School or Training)	8	4.7%
Insurance	7	4.1%
Title XIX	4	2.4%
Stocks, Securities, Investments	4	2.4%
Food Stamps	3	1.8%
Scholarship	3	1.8%
Homekaker Services	2	1.2%
Retirement	2	1.2%
Workmen's Compensation	1	0.6%
Foster Care	1	0.6%

Eleven people or 6.5% reported no income source. Eighty-five individuals, or 50% reported one income source. Forty-seven people or 27.6%

[5]Please note that the term income source includes support mechanisms which assist a person in living on a daily basis, and does not necessarily refer to cash flow.

reported two income sources, and twenty-seven people or 15.8% reported three income sources.

Total Family/ Household Income by Range	No. of People	% of Total
$1-$199/mo.	3	1.8%
$200-$399/mo.	18	10.6%
$400-$599/mo.	15	8.8%
$600-$799/mo.	15	8.8%
$800-$999/mo.	5	2.9%
$1,000-$1,399/mo.	16	9.4%
$1,400-$1,799/mo.	18	10.6%
$1,800-Up/mo.	21	12.4%
Not Applicable	9	5.3%

No response was given at all on 50 or 29.4% of the survey forms. Forty-eight families or 28% reported making over $16,800 per year; 56 families or 32.9% reported making less than $11,988. The average number of persons per family in the survey is three. This is based on 149 surveys reporting eight or fewer persons in the household. (The 20 surveys showing 10 or more persons in the household were not counted, since these were representative of institutional or school dormitory residents.) The low and moderate income guidelines[6] for a family of three are approximately $14,400 per year (moderate); $12,100 per year (low); and $7,590 per year (very low). Thirty-two point nine percent (32.9%) of the population reported that their total family income is at the low income level or less.

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[6]Based on HUD income guidelines for Travis County.

Total Income of Person with a Disability	No. of People	% of Total
No Income	28	16.5%
$1-$199/mo.	39	22.9%
$200-$399/mo.	37	21.7%
$400-$599/mo.	15	8.8%
$600-$799/mo.	16	9.4%
$800-$999/mo.	5	2.9%
$1,000-$1,399/mo.	5	2.9%
$1,400-$1,799/mo.	9	5.3%
$1,800-Up/mo.	4	2.4%
No Response	12	7.0%

One hundred four or 61.2% of the population surveyed make less than $4,800 per year. The average per capital personal income for Texas in 1975 was $5,631 per year. It has grown appreciably since then. Only eighteen individuals surveyed or 10.6% reported annual incomes in excess of $12,000 per year, although 63 people or 37% of the population listed employment as an income source.

To the question, "Is income adequate to meet needs?", 92 individuals or 54.1% responded "yes"; 69 individuals or 40.6% responded "no"; and 10 individuals or 5.9% failed to answer the question at all.

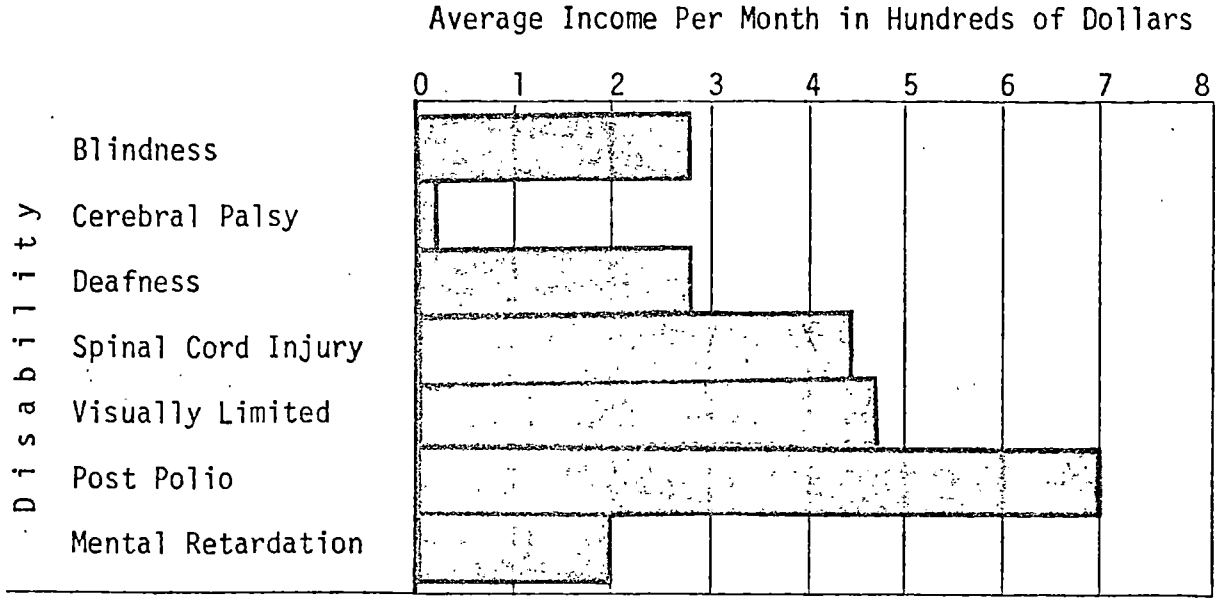
Although 54 percent of the population surveyed stated their income is adequate to meet their needs, it may be worthwhile to emphasize that the question did not relate to desired life style. It only emphasized meeting needs with inference to basic daily living needs. Also, a number of individuals (28%) are still dependent or partially dependent on their families.

Level of Income by Primary Disability
(Seven Most Frequent Primary Disabilities)

	No. of People	% of Total[7]	No. of People	% of Total	No. of People	% of Total
	No Income		$1-$199		$200-$399	
Blindness (35 possible)	2	5.7%	6	17.1%	12	34.3%
Cerebral Palsy (24 possible)	5	20.8%	10	41.6%	6	25.0%
Deafness (20 possible)	2	10.0%	10	50.0%	--	--
Spinal Cord Injury (14 possible)	2	14.0%	1	7.0%	1	7.0%
Visually Limited (9 possible)	1	11.0%	--	--	3	33.0%
Post Polio (8 possible)	--	--	--	--	2	25.0%
Mental Retardation (7 possible)	--	--	3	42.9%	3	42.9%
	$400-$599		$600-$799		$800-$999	
Blindness (35 possible)	4	11.4%	6	17.1%	--	--
Cerebral Palsy (24 possible)	1	4.2%	1	4.2%	--	--
Deafness (20 possible)	1	5.0%	--	--	--	--
Spinal Cord Injury (14 possible)	3	22.0%	2	14.0%	1	7.0%
Visually Limited (9 possible)	2	22.0%	1	11.0%	--	--
Post Polio (8 possible)	1	12.5%	1	12.5%	1	12.5%
Mental Retardation (7 possible)	--	--	--	--	1	14.3%
	$1,000-$1,399		$1,400-$1,799		$1,800+	
Blindness (35 possible)	1	2.9%	1	2.9%	1	2.9%
Cerebral Palsy (24 possible)	--	--	--	--	--	--
Deafness (20 possible)	1	5.0%	1	5.0%	3	15.0%
Spinal Cord Injury (14 possible)	--	--	3	22.0%	--	--
Visually Limited (9 possible)	--	--	2	22.0%	--	--
Post Polio (8 possible)	1	12.5%	2	2.5%	--	--
Mental Retardation (7 possible)	--	--	--	--	--	--

[7]Percentage based on total possible within each disability category except for totals (see following page), which is based on total of 117 individuals listing these disabilities as their primary disability (68.8% of the total population).

Total Level of Income by 7 Most Frequent Primary Disabilities	No. of People	% of Total
No Income	12	10.3%
$1-$199	30	25.6%
$200-$399	27	23.1%
$400-$599	12	10.3%
$600-$799	11	9.4%
$800-$999	3	2.6%
$1,000-$1,399	3	2.6%
$1,400-$1,799	9	7.7%
$1,800+	4	3.4%



Average Income by Disability

The level of income is inversely proportionate to the number of disabilities.

Housing. This division includes type of living arrangement, who one lives with, whether one owns or rents abode, and satisfaction with present living situation.

It is interesting to note that 57 individuals surveyed or 33.5% do not care for their present living situation and desire changes. This is particularly significant in light of the high percentage of individuals surveyed who live outside of conventional institutional settings. There was a high correlation between ideal or good answers and owning one's own home, with the exception of those individuals who are over 21 years of age and are still living in their parents' home.

Services. How much of necessary services are being provided by family and friends, and how much can one pay for services?

Amount of Services Being Provided by Family or Friends	No. of People	% of Total
Over 90%, Almost All	36	21.2%
60% - 90%	20	11.7%
10% - 40%	19	11.2%
Less than 10%	72	42.4%

Twenty-three individuals did not answer this question.

Amount Can Afford to Pay for Attendant Care, Readers, Interpreters, etc.	No. of People	% of Total
$.50 - $1.00/hour	1	0.6%
$1.00 - $3.00/hour	6	3.5%
$3.00 - $5.00/hour	8	4.7%
$7.50 - $10.00/hour	2	1.2%
$0 - $10.00/month	1	0.6%
$10.00 - $30.00/month	2	1.2%
$35.00 - $60.00/month	1	0.6%
$85.00 - $120.00/month	3	2.9%
$120.00 - $200.00/month	2	1.2%
$200.00 - $400.00/month	1	0.6%
Nothing	13	7.6%
Did not answer	128	75.3%

One hundred twenty-eight people or 75.3% of the population surveyed did not answer this question.

Membership. Is the person a member of any group or organization related to disabilities?

Affiliation	No. of People	% of Total
Never been	54	31.7%
Past only	10	5.9%
Local cross-disability, i.e., MIGHT!, etc.	21	12.4%
Local single disability, i.e., MDA, etc.	6	3.5%
State or national single disability	15	8.8%
No interest in any such organization	4	2.4%
Many organizations, local, state & national, i.e., CTD, ACCD, MIGHT!	9	5.3%
Requests information about organizations	48	28.2%

Three people did not respond to this question. Most people requesting information (28.2% of total population) reported that they had never been the member of any organization. Only 51 people or 30% reported presently being members of any disability related organization. Ninety-five individuals or 55.8% of the population have never been a member of any disability related organization. One factor which makes identification of affiliation with a disability related organization important to this survey is that many services, and information about services, are provided through disability related organizations. Individuals who are not members of such organizations or who have no knowledge of such organizations may not be receiving services for which they are eligible and which would assist them in living more independent and productive lives.

Socialization. Socialization preferences were asked with opportunity to respond in many areas. One hundred sixty-three or 95.8% of the survey participants responded.

Socialization Preference	No. of People	% of Total
Adults with Disabilities	17	10.0%
Parents of Disabled Children	2	1.2%
Adults Who Have No Obvious Disabilities	12	7.1%
Teens with Disabilities	8	4.7%
All of Above[8]	77	45.3%
None of Above	4	2.4%
Several of Above (2 or more)[8]	15	8.8%
Friends	4	2.4%
Other[9]	3	1.9%
No Preference	12	7.1%

Ninety-five of the respondents or 55.8% of the population surveyed show a nonspecified and gregarious approach to socialization. This likewise indicated a level of comfort in socializing with any or several different groups of people.

Self-Help. One hundred sixty-six individuals or 97.6% of the survey population responded to a question relating to how one views oneself in relation to their abilities and disabilities. Their answers are shown on the following page.

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[8]These two categories include teens without disabilities and parents of nondisabled children.

[9]Primarily refers to individuals making request that persons with whom they prefer to socialize have sign language skills or be willing to learn sign.

Functioning Analysis	No. of People	% of Total
Needing help in all phases of daily functioning, including decision-making	7	4.1%
Needing help in most phases of daily functioning, particularly physical assistance such as eating, dressing, mobility, etc.	16	9.4%
Needing help with many phases of daily functioning, either physical or decision-making	17	10.0%
Needing help with some phases of daily functioning, but more independent than above in either physical or decision-making	14	8.2%
Needing help with a few things, but do most things by themselves	66	38.8%
Not needing help in doing just about anything on a daily basis	44	25.8%

The majority of participants do not view themselves as needing very much assistance on a daily basis (100 or 58.8%). However, 70 people or 41.2% of the population do feel that they need some assistance up to a great deal of assistance to function on a daily basis. This includes physical assistance and/or assistance in decision-making or supervison. Age is a factor in the way this question was answered, but should not be considered as primary as disability type(s) and physical functioning level.

Newsletter. The participants were asked if they were interested in receiving a newsletter from ARCIL. One hundred sixty individuals responded with 138 or 81.2% of the total population stating they would enjoy receiving a newsletter from ARCIL. Several individuals who are blind stipulated that they would like to receive the newsletter on tape.

Trading Services. The participants were asked if they would be interested in "trading" services with other individuals in the community. One hundred thirty-five individuals or 79.4% responded in some fashion. Many individuals could trade or wanted to trade some services, but personally needed others. The table below reflects only those areas for trade expressed by participants and not areas of personal need.

	Offer		Offer If Knew How		Not Interested		No Response or Personal Need	
Services	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Personal physical assistance to mobility impaired persons	20	11.8%	25	14.7%	51	30.0%	74	43.5%
Transportation	21	12.4%	12	7.1%	39	22.9%	98	57.6%
Errand and chore services	23	13.5%	9	5.3%	49	28.8%	89	52.4%
Home and money management	25	14.7%	10	5.8%	50	29.4%	83	48.8%
Reader services to assist blind persons	32	18.8%	19	11.2%	41	24.1%	77	45.3%
Interpreter services to assist deaf persons	14	8.2%	31	18.2%	59	34.7%	56	32.9%
Peer counseling/ support services	21	12.2%	25	14.7%	44	25.9%	70	41.2%
Special equipment maintenance and repair	9	5.3%	13	7.6%	46	27.1%	102	60.0%
Baking, ironing, serving, etc.	22	12.9%	15	8.8%	45	26.5%	88	51.8%
Other (includes bilingual interpreter services, duplicating tapes, tutoring, etc.)	9	5.3%	N/A		5	2.9%	156	91.8%

The area in which the most people showed an interest in trading services is reader services to assist blind persons. The area which most people would offer if they knew how is interpreter services for the deaf. Thirty-four or 20% of the people did not respond to this part of the survey. Many others had needs for these services.

Training Interest	Desire Training		Already Trained	
	No. of People	% of Total	No. of People	% of Total
Personal physical assistance skills to assist physically disabled persons	45	25.3%	7	4.1%
Sign language skills to assist deaf persons	55	32.4%	17	10.0%
Mobility orientation skills to assist blind persons	36	21.2%	11	6.5%
Reader skills to assist blind persons	38	22.4%	5	2.9%
Peer counseling/support skills	57	33.5%	12	7.1%
Home and money management skills	52	30.6%	13	7.6%
Special equipment and maintenance repair	33	19.4%	7	4.1%
Other (includes bilingual skills, recording, etc.)	3	1.8%	2	1.2%

The area in which most people desired training is peer counseling/support skills (33.5%), followed closely by sign language skills (32.4%) and home and money management skills. These three areas are also the areas showing the most people trained.

Twenty-five people or 14.7% of the population showed no response to this category of questions. Several other people only partially completed it. There are noted discrepancies between services people feel the most comfortable in offering and the number of individuals reporting they are already trained in those areas. This could be the result of being the last category of questions in a lengthy survey, or it could be the result of an assumption that special training is not required to provide such things as reader skills to assist blind persons.

Summary and Analysis of Personal Section. The personal section contains much information which establishes a base for Sections II, III and IV. There is good cross-disability age and socio-economic representation. It also includes relevant information on where and how individuals with disabilities live, willingness to trade services and desire for training. All subsections are significant to the construction of an overall picture of the lifestyles of individuals with disabilities. Possibly the most alarming factor represented in this section is the dismal overall economic status of individuals with disabilities who live in Austin and Travis County.

Consideration should be given for future survey work relating to level of education, types of employment and occupations, types of training and difficulty in finding employment. Economic development is critical to quality of life. It influences where and how one lives, transportation and mobility, level of independence, types of services needed, reciprocal contributions to the community and public attitudes about the abilities of this minority group.

Services

The services component of this document relates only to services, activities or training presently receiving or provided in the past. Please see Section IV for service needs and summary for comparable analysis.

Equipment. Individuals were asked questions relating to special training on the use and maintenance of their equipment, equipment repair, cost of maintenance, satisfaction with repairs, and who pays for maintenance.

Special Training. Below are breakouts of special training as it relates to equipment use and to equipment maintenance:

In Equipment Use	No. of People	% of Total
Yes, unspecified	30	17.6%
Yes, by treatment facility	25	14.7%
Yes, by manufacturer	1	0.6%
Unanswered	47	27.6%

One hundred sixteen individuals have special equipment.[10] Of these 116 individuals, 56 individuals or 33.3% of the total survey population reported that they have received special training on the use of their equipment.

In Equipment Maintenance	No. of People	% of Total
Yes, unspecified	15	8.8%
Yes, by treatment facility	25	14.7%
Yes, by manufacturer	4	2.4%
Unanswered	49	28.8%

Forty-four people or 25.8% of the survey population have received training on the maintenance of their equipment. Ninety-six people or 56.5%

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[10]See Personal, pages 16-17 for breakdown of types of equipment in use.

people have not, and 49 people or 28.8% did not answer the question.

Special training in the use and maintenance of equipment has been done more by treatment facilities, therapists, and organizations than by the manufacturers of that equipment. Some of the places reported as giving training are: Criss Cole Rehabilitation Center, Gonzales-Warm Springs Hospital, Capitol Area Rehabilitation Center and MIGHT!.

A large number of the individuals who did not answer this question do not use special equipment. Only five people or 2.9% of the total population did not answer the question, and have special equipment. Some of the people answering "no" do not use special equipment.

Equipment Maintenance and Repair. Information on maintenance and repair of equipment was supplied by 70 individuals or 60.3% of the 116 people reporting special equipment use. Twenty people reported on more than one piece of equipment.

Maintenance. Based on 33 responses to maintenance of all types of equipment the following was found:

Average length of time between maintenance	5 months
Average time needed to do maintenance	2-4 hours
Average cost of maintenance	$15.00

The type of equipment shown as needing the most frequent maintenance is electric wheelchairs. The types of equipment reported as needing the least frequent maintenance are: brailler, optacon, and special vehicle controls.

The most expensive pieces of equipment to maintain are, as reported, respirators, braces, and electric wheelchairs.

The types of equipment reported as needing maintenance are:

Type of Equipment	# Reporting Maintenance	% of Total Maintenance
Manual Wheelchairs	10	30.3%
Electric Wheelchairs	5	15.2%
Leg Braces	3	9.1%
Crutches	4	12.2%
MCM-TTY	3	9.1%
Body Braces	1	3.0%
Hand Braces	1	3.0%
Braillers	1	3.0%
Hearing Aids	1	3.0%
Modified Cars	1	3.0%
Optacon	1	3.0%
Respirators	1	3.0%
Special Vehicle Controls	1	3.0%
Total	33	28.4% of 116 having equip.

Who Does Maintenance	No. of People	% of Total
Person with disability	7	21.2%
Family member	5	15.2%
Local supply shop (i.e. Brawley)	5	15.2%
Manufacturer	5	15.2%
Friend	3	9.1%
State agency	1	3.0%
Original vendor	4	12.1%
No answer	3	9.1%

The majority of maintenance (69.7%) is done by persons other than the individual with a disability.

Repair. The following information is based on 66 responses to the repair of all types of equipment:

Average length of time between repairs	7-12 months
Average time needed to complete repairs	1 week
Average cost of repairs	$40.00

The equipment needing the most frequent repair are electric and manual wheelchairs. The type of equipment reported as needing the least frequent

repair is braces. The most expensive pieces of equipment to repair are braces, respirators, and electric wheelchairs.

Type of Equipment Reported Needing Repair	No. of People	% of Total
Manual Wheelchair	14	21.2%
Leg Braces	9	13.6%
Electric Wheelchair	8	12.1%
Hearing Aid	4	6.1%
Brailler	3	4.5%
Crutches	3	4.5%
Optacon	3	4.5%
Cane, Nonblind	2	3.0%
Cane, Blind	2	3.0%
MCM/TTY	2	3.0%
Modified Car	2	3.0%
Tape Recorder	2	3.0%
Arm Braces	1	1.5%
Body Braces	1	1.5%
Communication Aid	1	1.5%
Feeder	1	1.5%
Auto Lift	1	1.5%
Recording, Blind	1	1.5%
Respirator	1	1.5%
Special Record Player	1	1.5%
Special Shoes	1	1.5%
Special Chair	1	1.5%
Splints	1	1.5%
Telephone Amplifier	1	1.5%
Walker	1	1.5%

Who Does Repairs	No. of People	% of Total
Person with disability	1	1.5%
Family member	4	6.1%
Local supply shop (i.e. Brawley)	17	25.8%
Manufacturer	19	28.8%
Friend	2	3.0%
State agency	1	1.5%
Original vendor	17	25.8%
No answer	5	7.8%

Vendors and manufacturers supply 80.3% of the repair service on special equipment.

Level of Satisfaction with Repairs	No. of People	% of 116 Possible
Very satisfied	27	23.3%
Yes, most of time	41	35.3%
Sometimes unreliable	10	8.6%
No	14	12.1%
No response	24	20.7%

Ninety-two people or 79.3% of the possible population answered this question. The majority of people, 58.6%, appear to be satisfied with repairs made to their equipment. Those who aren't, appear to be concerned primarily with the cost and length of time it takes to make repairs.

Who Pays for Equipment Maintenance and Repair	No. of People	% of 116 Possible
Person with disability	46	39.7%
Family	20	17.2%
TRC	8	6.9%
Crippled Childrens	3	2.6%
TCB	11	9.5%
DHR	3	2.6%
Nonprofit agency	8	6.9%

Ninety-nine people or 85.3% of a possible 116 reponded to this question. The majority of individuals or their families pay for their own maintenance and repair of equipment (56.9%). The public sector was reported to supply 21.5% of the financing of equipment maintenance and repair.

Original Purchaser of Equipment	No. of People	% of 116 Possible
Individual with disability	20	17.2%
Family	19	16.4%
TRC	17	14.7%
TCB	16	13.8%
DHR	2	1.7%
Crippled Childrens	5	4.3%
Private nonprofit agency	5	4.3%
Veterans Administration	4	3.4%

Individuals with disabilities and their families do not pay for the majority of the special equipment bought. The public sector provided 37.9% of the financing for the purchase of equipment as compared to 33.6% bought by individuals with disabilities and their families.

Service Delivery. The following is a list of 52 services that are either being provided now by schools or other agencies and organizations or that have been provided in the past.

Service or Activity	Received in Past		Presently Receiving Through School							
			Daily		Weekly		Occasionally		Seldom	
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Adapted Sex and Family Life Counseling	23	13.5%	3	1.8%	3	1.8%	9	5.3%	1	0.6%
Adapted Physical Education	20	11.8%	18	10.6%	7	4.1%	2	1.2%	--	--
After School Care	4	2.4%	3	1.8%	1	0.6%	--	--	--	--
Assistance in Bathing	10	5.9%	3	1.8%	1	0.6%	--	--	--	--
Assistance in Cooking	8	4.7%	14	8.2%	--	--	--	--	--	--
Assistance in Dressing	10	5.9%	4	2.4%	1	0.6%	--	--	--	--
Assistance in Eating	5	2.9%	1	0.6%	--	--	--	--	1	0.6%
Assistance in Grooming	8	4.7%	2	1.2%	--	--	--	--	--	--
Assistance in Heavy Cleaning	8	4.7%	--	--	--	--	1	0.6%	--	--
Assistance in Laundry	8	4.7%	--	--	--	--	1	0.6%	--	--
Assistance in Sewing	7	4.1%	--	--	1	0.6%	1	0.6%	1	0.6%
Assistance in Toilet	8	4.7%	3	1.8%	1	0.6%	1	0.6%	--	--
Assistance in Transferring	6	3.5%	1	0.6%	--	--	--	--	--	--
Counseling	16	9.4%	--	--	--	--	13	7.6%	3	1.8%
Day Care	8	4.7%	3	1.8%	2	1.2%	2	1.2%	--	--
Dental Care	24	14.1%	1	0.6%	1	0.6%	12	7.1%	--	--
Dental Examination	17	10.0%	--	--	--	--	12	7.1%	--	--
Early Education, 3-6 Years	11	6.5%	4	2.4%	--	--	1	0.6%	--	--
Hearing Examination	27	15.9%	1	0.6%	2	1.2%	18	10.6%	1	0.6%
Infant Stimulation	6	3.5%	1	0.6%	--	--	1	0.6%	--	--

Service or Activity	Received in Past		Presently Receiving Through School							
			Daily		Weekly		Occasionally		Seldom	
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Interpreter, Deaf for Educational	2	1.2%	15	8.8%	--	--	--	--	--	--
Interpreter, Deaf for Personal	--	--	1	0.6%	--	--	9	5.3%	2	1.2%
Interpreter, Deaf for Social	--	--	--	--	--	--	9	5.3%	1	0.6%
Interpreter, Deaf for Work Oriented	--	--	--	--	--	--	9	5.3%	--	--
Job Readiness Training	17	10.0%	6	3.5%	1	0.6%	4	2.4%	--	--
Learning How To or Assistance in Money Management	15	8.8%	1	0.6%	1	0.6%	16	9.0%	1	0.6%
Medical Diagnosis	36	21.2%	1	0.6%	--	--	15	8.8%	1	0.6%
Medical Services	40	23.5%	3	1.8%	--	--	13	7.6%	--	--
Mobility Orientation (Blind)	18	10.6%	--	--	2	1.2%	--	--	--	--
Nursing	10	5.9%	1	0.6%	--	--	1	0.6%	--	--
Occupational Therapy	28	16.5%	2	1.2%	8	4.7%	3	1.8%	--	--
Physical Therapy	35	20.6%	3	1.8%	2	1.2%	6	3.5%	--	--
Programs on Assertiveness Training and Decision Making	7	4.1%	--	--	--	--	2	1.2%	--	--
Reader Services for Blind or Print Handicapped for Educational	6	3.5%	2	1.2%	1	0.6%	3	1.8%	--	--

Service or Activity	Received in Past		Presently Receiving Through School							
			Daily		Weekly		Occasionally		Seldom	
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Reader Services for Blind or Print Handicapped for Job Orientation	2	1.2%	1	0.6%	--	--	4	2.4%	--	--
Reader Services for Blind or Print Handicapped for Personal (i.e., Mail)	3	1.8%	--	--	--	--	--	--	--	--
Recreation	5	2.9%	--	--	2	1.2%	1	0.6%	--	--
Respite Care	--	--	--	--	--	--	1	0.6%	--	--
School Transportation	13	7.6%	14	8.2%	--	--	--	--	--	--
Sheltered Workshop	7	4.1%	5	2.9%	--	--	--	--	--	--
Shopping, Clothes	10	5.9%	1	0.6%	--	--	1	0.6%	--	--
Shopping, Groceries	8	4.7%	1	0.6%	--	--	--	--	--	--
Socialization Programs	9	5.3%	13	7.6%	--	--	3	1.8%	--	--
Special Education	27	15.9%	12	7.1%	1	0.6%	--	--	--	--
Speech Therapy	19	11.2%	2	1.2%	5	2.9%	2	1.2%	--	--
Supportive Therapy	8	4.7%	1	0.6%	1	0.6%	3	1.8%	--	--
Trained Babysitters	1	0.6%	1	0.6%	1	0.6%	--	--	--	--
Training in ADL	11	6.5%	5	2.9%	2	1.2%	3	1.8%	--	--
Training in How To Apply for Job	13	7.6%	1	0.6%	--	--	2	1.2%	--	--
Transportation, Recreation	9	5.3%	--	--	--	--	--	--	--	--
Transportation, Work	12	7.1%	2	1.2%	--	--	--	--	--	--
Vocational Training	8	4.7%	2	1.2%	--	--	1	0.6%	--	--

Service or Activity	Presently Receiving Through Other								Total Presently in Use	
	Daily		Weekly		Occasionally		Seldom			
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Adapted Sex and Family Life Counseling	--	--	1	0.6%	4	2.4%	--	--	21	12.4%
Adapted Physical Education	2	1.2%	6	3.5%	1	0.6%	2	1.2%	38	22.0%
After School Care	1	0.6%	--	--	2	1.2%	1	0.6%	8	4.7%
Assistance in Bathing	5	2.9%	4	2.4%	3	1.8%	1	0.6%	13	7.6%
Assistance in Cooking	9	5.3%	--	--	3	1.8%	1	0.6%	27	15.9%
Assistance in Dressing	10	5.9%	--	--	2	1.2%	1	0.6%	18	10.6%
Assistance in Eating	2	1.2%	--	--	3	1.8%	1	0.6%	8	4.7%
Assistance in Grooming	8	4.7%	--	--	3	1.8%	1	0.6%	14	8.2%
Assistance in Heavy Cleaning	2	1.2%	10	5.9%	5	2.9%	2	1.2%	20	11.8%
Assistance in Laundry	2	1.2%	12	7.1%	3	1.8%	1	0.6%	19	11.2%
Assistance in Sewing	1	0.6%	1	0.6%	9	5.3%	2	1.2%	16	9.4%
Assistance in Toilet	5	2.9%	--	--	3	1.8%	1	0.6%	14	8.2%
Assistance in Transferring	5	2.9%	2	1.2%	1	0.6%	1	0.6%	10	5.9%
Counseling	--	--	2	1.2%	10	5.9%	--	--	28	16.5%
Day Care	3	1.8%	1	0.6%	4	2.4%	2	1.2%	17	10.0%
Dental Care	1	0.6%	--	--	20	11.8%	--	--	35	20.6%
Dental Examination	--	--	--	--	21	12.4%	--	--	33	19.4%
Early Education, 3-6 Years	--	--	1	0.6%	--	--	--	--	6	3.5%
Hearing Examination	--	--	--	--	5	2.9%	1	0.6%	28	16.5%
Infant Stimulation	--	--	1	0.6%	1	0.6%	--	--	4	2.4%

Service or Activity	Presently Receiving Through Other								Total Presently in Use	
	Daily		Weekly		Occasionally		Seldom			
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Interpreter, Deaf for Educational	--	--	--	--	--	--	--	--	15	8.8%
Interpreter, Deaf for Personal	--	--	--	--	1	0.6%	--	--	13	7.6%
Interpreter, Deaf for Social	--	--	--	--	--	--	--	--	10	5.9%
Interpreter, Deaf for Work Oriented	--	--	--	--	1	0.6%	--	--	10	5.9%
Job Readiness Training	6	3.5%	3	1.8%	3	1.8%	2	1.2%	25	14.7%
Learning How To or Assistance in Money Management	--	--	4	1.2%	4	2.4%	--	--	27	15.9%
Medical Diagnosis	--	--	1	0.6%	21	12.4%	--	--	39	22.9%
Medical Services	2	1.2%	--	--	32	18.8%	--	--	50	29.4%
Mobility Orientation (Blind)	1	0.6%	--	--	2	1.2%	1	0.6%	7	4.1%
Nursing	--	--	2	1.2%	2	1.2%	1	0.6%	7	4.1%
Occupational Therapy	1	0.6%	--	--	3	1.8%	2	1.2%	19	11.2%
Physical Therapy	2	1.2%	3	1.8%	2	1.2%	1	0.6%	19	11.2%
Programs on Assertiveness Training and Decision Making	1	0.6%	6	3.5%	1	0.6%	--	--	10	5.9%
Reader Services for Blind or Print Handicapped for Educational	3	1.8%	--	--	3	1.8%	--	--	12	7.1%

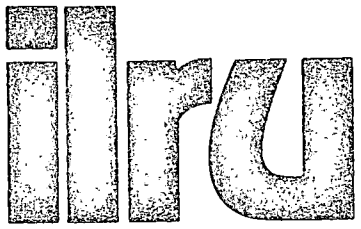
Service or Activity	Presently Receiving Through Other								Total Presently in Use	
	Daily		Weekly		Occasionally		Seldom			
	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total	No. of People	% of Total
Reader Services for Blind or Print Handicapped for Job Orientation	2	1.2%	1	0.6%	5	2.9%	--	--	12	7.1%
Reader Services for Blind or Print Handicapped for Personal (i.e., Mail)	2	1.2%	1	0.6%	5	2.9%	--	--	8	4.7%
Recreation	1	0.6%	1	0.6%	6	3.5%	--	--	11	6.5%
Respite Care	--	--	--	--	1	0.6%	--	--	2	1.2%
School Transporation	8	4.7%	--	--	2	1.2%	--	--	24	14.1%
Sheltered Workshop	9	5.3%	--	--	3	1.8%	--	--	17	10.0%
Shopping, Clothes	--	--	4	2.4%	14	8.2%	--	--	20	11.8%
Shopping, Groceries	1	0.6%	10	5.9%	3	1.8%	--	--	15	8.8%
Socialization Programs	4	2.4%	4	2.4%	4	2.4%	--	--	28	16.5%
Special Education	1	0.6%	--	--	1	0.6%	--	--	15	8.8%
Speech Therapy	1	0.6%	1	0.6%	--	--	--	--	11	6.5%
Supportive Therapy	1	0.6%	3	1.8%	1	0.6%	--	--	10	5.9%
Trained Babysitters	--	--	--	--	1	0.6%	--	--	3	1.8%
Training in ADL	3	1.8%	2	1.2%	1	0.6%	--	--	16	9.4%
Training in How To Apply for Job	1	0.6%	--	--	3	1.8%	--	--	7	4.1%
Transporation, Recreation	2	1.2%	4	2.4%	15	8.8%	2	1.2%	23	13.5%
Transportation, Work	14	8.2%	2	1.2%	1	0.6%	1	0.6%	20	11.8%
Vocational Training	6	3.5%	--	--	1	0.6%	--	--	10	5.9%

APPENDIX C

AGENCIES AND ORGANIZATIONS RECEIVING MASS COPIES OF THE LETTER FOR DISTRIBUTION TO THEIR CLIENTS OR MEMBERS

Organization	No. of Letters Received
Austin Area Holistic Health Association	5
Austin Arthritis Association	30
Austin Association for Children with Learning Disabilities	30
Austin Association for Retarded Citizens	400
Austin Evaluation Center	10
Austin Legal Aid Society	20
Austin Parks and Recreation Department	30
Austin State Hospital	50
Austin State School	50
Austin/Travis County Lighthouse f/t Blind & Physically Handicapped	7
Capital Area Rehabilitation Center	50
Community Outreach/Canteen/Night College	100
Cresthaven Nursing Home	10
Criss Cole Rehabilitation Center for the Blind	15
Cystic Fibrosis Foundation	25
DHR Information & Referral Services for Handicapped Persons	55
Epilepsy Association of Texas	15
Goodwill Industries of Texas	40
Jerry Mac Clifton/Mary Kay Burns Centers	150
Kidney Foundation of Austin	10
MH/MR Infant-Parent Training Program	25
MIGHT!	20
Muscular Dystrophy Association	75
NOW Industries	85
Recording for the Blind	70
Southpoint	50
St. John's Developmental Center Parents Group	50
Texas Commission for the Blind	30
Texas School for the Blind (Includes Project ForSight)	150
Texas School for the Deaf	60
Texas Society for Autistic Citizens	20
University of Texas Corrective Therapy Program	19
University of Texas Handicap Services	30
Women's Space	6
Subtotal	1,792
Individuals	Approx. 200
Total	1,992

APPENDIX G



independent living research utilization

February 18, 1980

Ted Thayer
Texas Rehab. Commission
118 East Riverside Drive
Austin, TX 78704

Dear Mr. Thayer,

As Chairperson of the Independent Living subcommittee of the TRC Advisory Committee, and as Director of the ILRU project at T.I.R.R., I would like to endorse TRC's proposal to work with select consumer groups in Houston and Austin to start two model CIL's. I understand that funding for this initial effort will be sought through Title VII, Part B funds authorized under P.L. 95 - 602. In my opinion this proposal is consistent with the intent of the IL amendments to the Rehabilitation Act and should be funded.

I am particularly pleased by the obvious commitment to insure consumer leadership in these projects. I am also impressed with the amount and quality of consumer input which contributed to the development of this proposal. Good luck in your search for funding.

Sincerely,

Lex Frieden
Project Director

jean cole, lex frieden--project directors laurel richards--training coordinator laurie gerken--asst. training coordinator
tirr (the institute for rehabilitation & research) 1333 moursund houston, texas 77030 (713) 797 1440

National Multiple Sclerosis Society
205 East 42nd Street
New York, N.Y. 10017
Tel. (212) 986-3240

Reply to:

National Multiple Sclerosis Society
Southwest Region
316 West 12th Street - Suite 315
Austin, Texas 78701

Tel: (512) 474-8411

February 8, 1980

Mr. Ted Thayer
Program Specialist
Texas Rehabilitation Commission
118 East Riverside Drive
Austin, Texas 78704

Dear Mr. Thayer:

As a representative for the National Multiple Sclerosis Society and its ten chapters in Texas, I am writing to state that our organization fully supports the Texas Rehabilitation Commission's grant for establishing independent living centers in Houston and Austin.

This particular use of funds for the severely handicapped should have immense value for many citizens and would definitely be a godsend for numerous persons with Multiple Sclerosis.

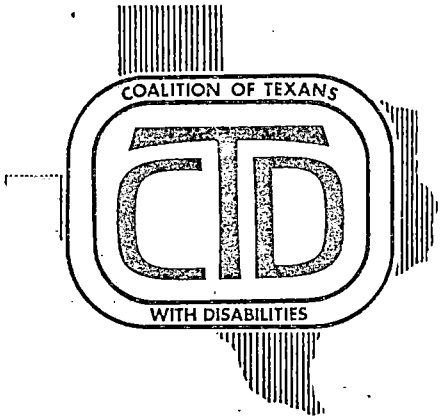
Thank you for the efforts of the Texas Rehabilitation Commission on behalf of the severely handicapped and the cooperation you have shown to the National Multiple Sclerosis Society.

Sincerely yours,

Dwayne Howell

Dwayne Howell
Regional Director

DH:lb



February 8, 1980

Mr. Ted Thayer
Texas Rehabilitation Commission
118 East Riverside Drive
Austin, Texas 78704

Dear Mr. Thayer:

On behalf of The Coalition of Texans with Disabilities I wish to express my support for the organizations MIGHT and The Coalition for Barrier Free Living in light of their requests for Title VII Independent Living funding. Both of these organizations participated in the formation of CTD and have been leaders in developing the advocacy role of CTD.

Moreover, since CTD is a statewide organization of organizations and individuals representing a variety of disabilities, MIGHT and CBFL have had an opportunity to grow in a "cross-disability" environment. Both groups have won the respect of other organizations and individuals within CTD including representatives of individuals who are deaf, blind, orthopedically handicapped, and mentally ill. All of these groups acutely feel the need for independent living services in Texas. There is no question that CBFL and MIGHT are in a good posture to receive funding and begin delivering independent living services.

Sincerely,

Bob Geyer
HB

Bob Geyer
President
4505 Bliss
El Paso, Texas 79903

BG/lb

Independent Life Styles, Inc.

1917 Augusta Drive
Houston, Texas 77057
(713) 977-1545

February 8, 1980

Ted M. Thayer, Program Specialist
Texas Rehabilitation Commission
118 East Riverside Drive
Austin, Texas 78704

Dear Mr. Thayer:

As an organization dedicated to the development of independent living resources for severely disabled individuals and as the major direct provider of attendant care services in the Houston area, Independent Life Styles, Inc. would like to express its support for the Texas Rehabilitation Commission's effort to develop a "Center for Independent Living" in the Houston area through Title VII, Part B funds authorized in the 1978 amendments of the Rehabilitation Act. Our organization has been involved in providing such independent living services as attendant care, housing, and specialized transportation since 1971 in the Houston area. Since our inception, we have worked cooperatively with the Texas Rehabilitation Commission and have found our relationship to be mutually beneficial to both organizations but, more importantly, it has been extremely beneficial to severely disabled individuals in our area.

As a direct provider of services, we view the proposed Center for Independent Living in the Houston area as a means of filling needed gaps in the service delivery system and intent to work cooperatively with the program to provide a full and adequate range of services for the severely disabled population that we are dedicated to serve.

In summary, the Texas Rehabilitation Commission's grant application to the Rehabilitation Services Administration to establish independent living services has our complete support and as always, we will do everything within our means to assure that independent living services proposed in the Houston area are meaningful and effective.

Sincerely,

Alan Meyer
Director

jt

Coalition of Texas Organizations Serving The Deaf, Inc.

February 14, 1980

Dear Mr. Thayer:

I wish to take this opportunity to express my strong support for your application to RSA for a grant under Title VII, Part B of the Vocational Rehab. Act Amendment of 1978.

It is my understanding that, if awarded, the grant will be used to fund part of the total program of the Coalition for Barrier Free Living in Houston and MIGHT in Austin. I am aware of the Coalition's current efforts to develop a program for the hearing impaired population in Harris County. The program will include the coordination of interpreter services, information and referral, advocacy, but more importantly, the teaching of independent living skills.

Please do not hesistate to contact me if I can be of assistance to you in any way.

Sincerely,

Earl Wilson Day

Earl Wilson Day

APPENDIX H

AGREEMENT BETWEEN THE TEXAS REHABILITATION COMMISSION AND THE COALITION FOR BARRIER FREE LIVING

INTRODUCTION

This agreement is entered into between the Texas Rehabilitation Commission (hereafter referred to as "The Commission") and The Coalition for Barrier Free Living (hereafter referred to as "The Coalition"). Its execution will be dependent upon funding of the Commission's grant proposal to the Rehabilitation Services Administration under Title VII, Part B, of the Rehabilitation Act of 1978. It will become effective on March 15, 1980, and will continue in force through the project period of the grant or until terminated by mutual consent of both parties.

PURPOSE OF THE AGREEMENT

The Commission has applied for a grant from the Rehabilitation Services Administration as authorized in Title VII, Part B, of the 1978 amendments to the Rehabilitation Act. The purpose of the grant is to establish centers for independent living in Houston and Austin as authorized and described in the above-referenced legislation and the regulations related to that legislation. The purpose of this agreement is to specify the terms and conditions under which the Commission and the Coalition will work cooperatively in the establishment and operation of a center for independent living in Houston if the above-referenced grant is funded.

TERMS AND CONDITIONS

I. The Commission hereby agrees to:

A. Provide funds from the grant to the Coalition for the purpose of establishing a Center for Independent Living in Houston in accordance with the project narrative and budget in the grant. Disbursements will be made in accordance with the Commission's published procedures related to "Grants Administration" and Title 45, Part 74, of the Federal Regulations published by the Department of Health, Education, and Welfare. Disbursement of these funds will be made by the Commission after receipt and approval of monthly, itemized expense estimates from the Coalition. The total disbursement for the initial agreement period (12 months) is not to exceed $118,450.00 and is subject to continued availability of Federal funds for this purpose as provided in the grant budget.

B. Provide technical assistance to the Coalition in the development of services, policies, procedures, and other activities related to this agreement.

C. Monitor, evaluate, and audit project activities under this agreement to assure that the Center for Independent Living is established and operates in accordance with the above-referenced grant and pertinent Federal and State laws, regulations, and policies.

D. Include appropriate staff from the Center for Independent Living in relevant staff development activities provided by the Commission.

E. Refer handicapped individuals to the Center for Independent Living when the services of the Center appear to be appropriate in terms of the individuals' needs.

F. Receive and process referrals of handicapped individuals from the Center for Independent Living when it appears that Vocational Rehabilitation services are appropriate in terms of the individuals' needs.

II. The Coalition hereby agrees to:

A. Establish and operate a Center for Independent Living as described in the program narrative of the grant.

B. Utilize and manage the grant funds received from the Commission in accordance with the Commission's published Grants Administration Procedures and Title 45, Part 74, of the Federal Regulations.

C. Involve severely handicapped individuals to a substantial degree in the policy direction and management of the Center for Independent Living and hire qualified staff for all positions as described in the program narrative of the grant. Priority will be given to hiring and training severely handicapped individuals for these positions.

D. Actively pursue, during the period of this agreement, additional funds from sources other than Title VII, Part B, of the 1978 Rehabilitation Act to augment and expand the services of the Center for Independent Living. Similarly, additional funding sources will be sought to continue the services established through this agreement after the expiration of the project period.

E. Provide for appropriate staff development activities to enable the staff of the Center for Independent Living to accomplish the objectives of this agreement and the program narrative in the grant.

F. Utilize qualified consultants to provide additional technical assistance as needed in the development of the Center.

G. Provide the Commission with a monthly itemized expenditure report and estimated expenses for the following month.

H. Provide the Commission with a quarterly report of Center activities and progress in meeting objectives outlined in this agreement and the program narrative of the grant. This will include the number of clients served and the specific services provided.

I. Provide the Commission with an annual report of Center activities detailing the accomplishments in meeting the goals and objectives outlined in this agreement and the program narrative of the grant.

J. Comply with all Federal Regulations pertaining to the establishment and operation of Centers for Independent Living.

K. Have on file a written Affirmative Action Plan and provide equal opportunities for services and recruitment, employment, and advancement of handicapped persons without discrimination on the basis of race, color, national origin, or handicapping condition.

L. Comply with all applicable local, State, and Federal Regulations related to health, safety, Worker's Compensation, and Wage and Hour provisions.

M. Maintain a physical plant that meets applicable local and State building codes and regulations and is sufficiently free of architectural barriers to make the programs and services easily accessible to handicapped individuals. Moreover, all reasonable accommodations will be made to facilitate the employment of severely handicapped individuals in accordance with Section 504 of the Rehabilitation Act of 1973 and the 1978 Amendments to that Act.

N. Provide equipment to carry out the Center's program of services to handicapped individuals. The Coalition will inventory equipment annually and provide the Commission with a list of all equipment.

O. Develop policies and procedures for personnel, client services, and the general operation of the Center.

P. Maintain accurate records related to the activities of the Center and provide the Commission and Federal government access to financial records, supportive documents, statistical records, and all other records pertinent to this grant for a period of three years as outlined in the Commission's published policies and procedures for Grants Administration and Title 45, Part 74, of the Federal Regulations.

Q. Develop and implement progress reporting procedures for referral sources of Center clients.

R. Maintain sufficient insurance to protect the monetary investment in the Center, including equipment. The Coalition will also maintain sufficient liability insurance to cover contingencies arising out of the Center's activities.

S. Develop and implement program evaluation procedures to adequately assess the effectiveness of the Center's program of services. This will include written follow-up contact with clients of the Center to solicit their assessment of the effectiveness of the services provided.

T. Receive and provide appropriate services to referrals from the Commission.

U. Make referrals of Center clients to the Commission when Vocational Rehabilitation services appear necessary and appropriate.

V. Keep all medical, psychological, and other client information strictly confidential to be shared only with persons authorized by the Director of the Center for the purpose of facilitating the client's program of services on program evaluation activities.

GENERAL PROVISIONS

I. Any activities utilizing Title VII, Part B, funds from the Texas Rehabilitation Commission that are subcontracted to another individual or organization as part of the Center's program shall receive prior approval of the Commission.

II. Line item changes to the grant budget, policies, and procedures developed for personnel and general operation of the Center, and site location of the Center shall receive prior approval of the Commission.

III. All equipment purchased with funds provided by the agreement will be used for purposes stated in the program narrative of the grant. Should the equipment cease to be utilized for these purposes, the equipment will be returned to the Commission. In the event that the Center ceases operation, all equipment purchased with funds under this agreement will be returned to the Commission.

IV. Any properties leased, purchased, or renovated with funds through this agreement will be used primarily for the purposes outlined in the program narrative of the grant.

Should any such facilities purchased with these funds cease to be utilized according to the purposes outlined in the program narrative, the undepreciated value will be returned to the Commission. In the event that the Center ceases operation, the undepreciated value will be returned to the Commission in accordance with procedures outlined in Commission policy. It is understood, however, that no Federal funds made available through this agreement may be used for the purchase of land or buildings.

V. The Director of the Center and the Coordinator of Independent Living Services for the Commission will schedule at least one quarterly meeting to review operation of the Center, quality and utilization of services, long and short-range needs, and plans for meeting those needs.

VI. No reports, maps, or other documents produced in whole or in part under this agreement shall be the subject of an application for copyright by or on behalf of the Coalition for Barrier Free Living or the Center for Independent Living without written approval of the Commission.

VII. This agreement may be modified in writing at any time by mutual consent of both parties. Termination of the agreement may be accomplished by 30 days written notice by either party.

VIII. In the event of termination of this agreement prior to the end of the project period, all finished or unfinished documents, data, studies, and reports prepared by the Coalition for Barrier Free Living or the staff of the Center for Independent Living shall, at the option of the Commission, become its property.

IX. Renewal of this agreement will be predicated upon an annual review of Center activities, progress in meeting goals and objectives outlined in the program narrative of the grant, and Federal appropriations available for the purpose of this agreement.

Doyle W Hulen — 3-13-80

Deputy Commissioner
Texas Rehabilitation Commission — Date

Joyce Frieden — 3/12/80

President
Coalition for Barrier Free Living — Date

APPENDIX I

AGREEMENT BETWEEN THE TEXAS REHABILITATION COMMISSION AND MIGHT!

This agreement is entered into between the Texas Rehabilitation Commission (hereafter referred to as "The Commission") and MIGHT! Its execution will be dependent upon funding of the Commission's grant proposal to the Rehabilitation Services Administration under Title VII, Part B, of the Rehabilitation Act of 1978. It will become effective on March 15, 1980, and will continue in force through the project period of the grant or until terminated by mutual consent of both parties.

PURPOSE OF THE AGREEMENT

The Commission has applied for a grant from the Rehabilitation Services Administration as authorized in Title VII, Part B, of the 1978 amendments to the Rehabilitation Act. The purpose of the grant is to establish centers for independent living in Houston and Austin as authorized and described in the above-referenced legislation and the regulations related to that legislation. The purpose of this agreement is to specify the terms and conditions under which the Commission and MIGHT! will work cooperatively in the establishment and operation of a Center for Independent Living in Austin if the above referenced grant is funded. The Center will be known as the Austin Resource Center for Independent Living (ARCIL).

TERMS AND CONDITIONS

I. The Commission hereby agrees to:

A. Provide funds from the grant to MIGHT! for the purpose of establishing a Center for Independent Living in Austin in accordance with the project narrative and budget in the grant. Disbursements will be made in accordance with the Commission's published procedures related to "Grants Administration" and Title 45, Part 74, of the Federal Regulations published by the Department of Health, Education, and Welfare. Disbursement of these funds will be made by the Commission after receipt and approval of monthly, itemized expense estimates from MIGHT! The total disbursement for the initial agreement period (12 months) is not to exceed $105,376.00 and is subject to continued availability of Federal funds for this purpose as provided in the grant budget.

B. Provide technical assistance to MIGHT! in the development of services, policies, procedures, and other activities related to this agreement.

C. Monitor, evaluate, and audit project activities under this agreement to assure that the Center for Independent

Living is established and operates in accordance with the above-referenced grant and pertinent Federal and State laws, regulations, and policies.

D. Include appropriate staff from the Center for Independent Living in relevant staff development activities provided by the Commission.

E. Refer handicapped individuals to the Center for Independent Living when the services of the Center appear to be appropriate in terms of the individuals' needs.

F. Receive and process referrals of handicapped individuals from the Center for Independent Living when it appears that Vocational Rehabilitation services are appropriate in terms of the individuals' needs.

II. MIGHT! hereby agrees to:

A. Establish and operate a Center for Independent Living as described in the program narrative of the grant.

B. Utilize and manage the grant funds received from the Commission in accordance with the Commission's published Grants Administration Procedures and Title 45, Part 74, of the Federal Regulations.

C. Involve severely handicapped individuals to a substantial degree in the policy direction and management of the Center for Independent Living and hire qualified staff for all positions as described in the program narrative of the grant. Priority will be given to hiring and training severely handicapped individuals for these positions.

D. Actively pursue, during the period of this agreement, additional funds from sources other than Title VII, Part B, of the 1978 Rehabilitation Act to augment and expand the services of the Center for Independent Living. Similarly, additional funding sources will be sought to continue the services established through this agreement after the expiration of the project period.

E. Provide for appropriate staff development activities to enable the staff of the Center for Independent Living to accomplish the objectives of this agreement and the program narrative in the grant.

F. Utilize qualified consultants to provide additional technical assistance as needed in the development of the Center.

G. Provide the Commission with a monthly itemized expenditure report and estimated expenses for the following month.

H. Provide the Commission with a quarterly report of Center activities and progress in meeting objectives outlined in this agreement and the program narrative of the grant. This will include the number of clients served and the specific services provided.

I. Provide the Commission with an annual report of Center activities detailing the accomplishments in meeting the goals and objectives outlined in this agreement and the program narrative of the grant.

J. Comply with all Federal Regulations pertaining to the establishment and operation of Centers for Independent Living.

K. Have on file a written Affirmative Action Plan and provide equal opportunities for services and recruitment, employment, and advancement of handicapped persons without discrimination on the basis of race, color, national origin, or handicapping condition.

L. Comply with all applicable local, State, and Federal Regulations related to health, safety, Worker's Compensation, and Wage and Hour provisions.

M. Maintain a physical plant that meets applicable local and State building codes and regulations and is sufficiently free of architectural barriers to make the programs and services easily accessible to handicapped individuals. Moreover, all reasonable accommodations will be made to facilitate the employment of severely handicapped individuals in accordance with Section 504 of the Rehabilitation Act of 1973 and the 1978 Amendments of that Act.

N. Provide equipment to carry out the Center's program of services to handicapped individuals. MIGHT will inventory equipment annually and provide the Commission with a list of all equipment.

O. Develop policies and procedures for personnel, client services, and the general operation of the Center.

P. Maintain accurate records related to the activities of the Center and provide the Commission and Federal government access to financial records, supportive documents, statistical records, and all other records pertinent to this grant for a period of three years as outlined in the Commission's published policies and procedures for Grants Administration and Title 45, Part 74, of the Federal Regulations.

Q. Develop and implement progress reporting procedures for referral sources of Center clients.

R. Maintain sufficient insurance to protect the monetary investment in the Center, including equipment. MIGHT will also maintain sufficient liability insurance to cover contingencies arising out of the Center's activities.

S. Develop and implement program evaluation procedures to adequately assess the effectiveness of the Center's program of services. This will include written follow-up contact with clients of the Center to solicit their assessment of the effectiveness of the services provided.

T. Receive and provide appropriate services to referrals from the Commission.

U. Make referrals of Center clients to the Commission when Vocational Rehabilitation services appear necessary and appropriate.

V. Keep all medical, psychological, and other client information strictly confidential to be shared only with persons authorized by the Director of the Center for the purpose of facilitating the client's program of services or program evaluation activities.

GENERAL PROVISIONS

I. Any activities utilizing Title VII, Part B, funds from the Texas Rehabilitation Commission that are subcontracted to another individual or organization as part of the Center's program shall receive prior approval of the Commission.

II. Line item changes to the grant budget, policies, and procedures developed for personnel and general operation of the Center, and site location of the Center shall receive prior approval of the Commission.

III. All equipment purchased with funds provided by the agreement will be used for purposes stated in the program narrative of the grant. Should the equipment cease to be utilized for these purposes, the equipment will be returned to the Commission. In the event that the Center ceases operation, all equipment purchased with funds under this agreement will be returned to the Commission.

IV. Any properties leased, purchased, or renovated with funds through this agreement will be used primarily for the purposes outlined in the program narrative of the grant. Should any such facilities purchased with these funds cease to be utilized according to the

purposes outlined in the program narrative, the undepreciated value will be returned to the Commission. In the event that the Center ceases operation, the undepreciated value will be returned to the Commission in accordance with procedures outlined in Commission policy. It is understood, however, that no Federal funds made available through this agreement may be used for the purchase of land or buildings.

V. The Director of the Center and the Coordinator of Independent Living Services for the Commission will schedule at least one quarterly meeting to review operation of the Center, quality and utilization of services, long and short-range needs, and plans for meeting those needs.

VI. No reports, maps, or other documents produced in whole or in part under this agreement shall be the subject of an application for copyright by or on behalf of MIGHT! or ARCIL without written approval of the Commission.

VII. This agreement may be modified in writing at any time by mutual consent of both parties. Termination of the agreement may be accomplished by 30-days written notice by either party.

VIII. In the event of termination of this agreement prior to the end of the project period, all finished or unfinished documents, data, studies, and reports prepared by MIGHT! or the staff of ARCIL shall, at the option of the Commission, become its property.

IX. Renewal of this agreement will be predicated upon an annual review of Center activities, progress in meeting goals and objectives outlined in the program narrative of the grant, and Federal appropriations available for the purpose of this agreement.

Doyle Wheeler — 3-13-80

Deputy Commissioner
Texas Rehabilitation Commission — Date

Jim Cannon — 5-11-80

President,
MIGHT! — Date