**Originally Processed With FOIA(s):** S

**FOIA Number:** S

# FOIA MARKER

**This is not a textual record. This is used as an administrative marker by the George Bush Presidential Library Staff.**

**Record Group/Collection:** Donated Historical Materials
**Collection/Office of Origin:** Frieden, Lex, Collection
**Series:** Printed Materials
**Subseries:** Manuals

**OA/ID Number:** 52099
**Folder ID Number:** 52099-001

**Folder Title:**
"Housing for the Handicapped and Disabled: A Guide for Local Action" [1977]

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

# HOUSING FOR THE HANDICAPPED AND DISABLED

## A GUIDE FOR LOCAL ACTION

MARIE McGUIRE THOMPSON

A NAHRO Operational Guide

# HOUSING FOR THE HANDICAPPED AND DISABLED

## A GUIDE FOR LOCAL ACTION

by

**MARIE McGUIRE THOMPSON**

Housing Specialist
for the
International Center for Social Gerontology
Wilma T. Donahue, Ph.D., *Director*

A
NAHRO
Operational Guide

**THE NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS**
2600 Virginia Avenue, N.W., Washington, D.C. 20037
March 1977

N588

Copyright© National Association of Housing and Redevelopment Officials

Preparation of this guide was supported by a grant to NAHRO (56-P-71113/3-01) from the Social and Rehabilitation Service, Department of Health Education, and Welfare, Washington, D.C.

Opinions expressed herein are those of the author and do not necessarily represent the views of NAHRO or its sponsor.

# Table of Contents

## Summary


| | | Page |
|---|---|---|
| | Foreword | xi |
| | Preface | xiii |
| | Introduction | xiv |
| 1 | Community Action and the Handicapped | 1 |
| 2 | Matching Housing and Handicap | 11 |
| 3 | Financing Resources | 23 |
| 4 | Assessing the Local Housing Market | 35 |
| 5 | Resources for Developing Options in Housing | 41 |
| 6 | Selecting the Right Housing Site: Site Characteristics and Development | 49 |
| 7 | Highlights of an Architectural Program | 55 |
| 8 | Resident-Oriented Management and Services | 65 |
| | Footnotes | 75 |
| | Bibliography | 79 |
| | Appendices (A-E) | 85 |
| | Illustrations | 101 |
| | Table (1) | 13 |
| | Charts (1-7) | 102 |
| | Exhibits (1-12) | 116 |

# Table of Contents


**Foreword** ..... xi
**Preface** ..... xiii
**Introduction** ..... xv
**1. Community Action and the Handicapped** ..... 1
Handicapped Persons—A New Focus of the Community ..... 1
Housing—An Essential Service ..... 2
The Housing Starting Point ..... 2
"Search and Find"—A Vital Service in Linking People with Resources ..... 2
Enlisting Support for Housing from Established Developers ..... 3
The Housing Services Component ..... 4
The Management and Operations Component ..... 4
The Sponsoring Organization ..... 4
Professional Assistance ..... 6
Advocating Housing within a Community Development Context ..... 6
Needs of the Handicapped and the Title I Community Development Program ..... 6
Overview of Housing Assistance Plan Requirements ..... 7
Steps in Seeking Inclusion in a Local Housing Assistance Plan ..... 8

**2. Matching Housing and Handicap** ..... 11
Who Is to Be Served? ..... 11
Issues in Relating Functional Ability and Housing Types ..... 11
Issues in Establishing Eligibility for Special Housing Assistance and Services ..... 12
Relating Housing and Service Needs of the Handicapped ..... 14
Types of Housing for Handicapped Persons ..... 15
Single-Family Homes ..... 15
Shared Homes ..... 15
Individual or Shared Apartments ..... 15
Groups of Individual Apartments ..... 15
Dwellings in New Apartment Buildings ..... 16
Elderly Housing Projects ..... 16
Congregate Housing ..... 16
Residential Hotels ..... 16
Group Homes ..... 16
Board Homes ..... 16
Hostels ..... 17
Foster Homes ..... 17
Examples of Housing Types—At Home and Abroad ..... 17
The Fokus Society, Sweden ..... 17
Throughout the United States ..... 17
Nondwelling Facilities ..... 21
In Conclusion ..... 21

**3. Financing Resources** ..... 23
Sources of Finance ..... 23
Seed Money ..... 23
1—HUD Section 106 Program ..... 24
2—Rural Housing ..... 24
3—State Sources ..... 24
4—Local Sources ..... 24
HUD Section 8 Program ..... 24
HUD Traditional Public Housing Program ..... 25
HUD Section 202 Program ..... 25
FmHA Section 515 Program ..... 26
Other Financing Mechanisms ..... 26
Jointly Financing Housing and Other Facilities ..... 27
Identifying Essential Budget Items ..... 28
Preparing a Budget ..... 28
Determining Income ..... 28
Procedures for Financing Housing Options ..... 29
Steps in Financing New Construction ..... 30
Steps in Purchasing an Existing Structure (With or Without Rehabilitation) ..... 32
Leasing Private or Publi c Housing ..... 32
Steps in Leasing from Private Owners ..... 33
Leasing Public Housing ..... 33

**4. Assessing the Local Housing Market** ..... 35
What Are Need and Demand Factors? ..... 35
Who is Involved in the Local Market Survey? ..... 35
Establishing Need and Demand ..... 36
Tapping Existing Data Sources ..... 37
State and Local Data Sources ..... 37
National Data Sources ..... 38
Conducting Special Surveys ..... 38
Summary ..... 39

**5. Resources for Developing Options in Housing** ..... 41
Existing and/or Rehabilitated Housing ..... 41

Houses, Apartments for Individual Use, Group Sharing ..... 41
Single-Family Homes for Group "Family" Living ..... 41
Nonhousing Structures ..... 43
Old Hotels ..... 43
Vacant Dormitories on Campus ..... 43
Long-Term Program—New Construction ..... 43
Developing Options in Rural Housing—A Recommended Resource ..... 43
Housing/Services Partnership ..... 44
Michigan Program for Housing Mentally Retarded Persons ..... 44
Virginia Program for Housing the Adult Mentally Retarded ..... 46
Summary ..... 47

**6. Selecting the Right Housing Site: Site Characteristics and Development** ..... 49
Step 1—Selecting a General Location ..... 49
Step 2—Looking for a Site ..... 50
Topography ..... 50
Size ..... 50
Availability of Utilities or Arrangements with the City to Have Them Extended to the Site ..... 50
Street Closures and Dedication ..... 50
Soil and Drainage ..... 50
View and Other Concerns ..... 50
Plantings ..... 50
Blind Spots ..... 50
Step 3—Selecting the Site ..... 51
Zoning Requirements ..... 51
Educating the Neighborhood ..... 51
The "Buildable" Site ..... 52
Ownership, Availability, and Cost ..... 52
Lending Institution Requirements ..... 52
Step 4—Optioning ..... 52
Summary ..... 52

**7. Highlights of an Architectural Program** ..... 55
An Architectural Program: A Checklist of Major Elements ..... 55
1—General Considerations, Structure ..... 55
2—Common Spaces ..... 55
3—Dwellings ..... 56
4—Staff and Service Space ..... 56
Comments on the Architectural Program ..... 56
General Design Directives ..... 56
1—Normalcy ..... 56
2—Promoting Independence ..... 56
3—Balancing the Need for Privacy and for Social Activity ..... 56
4—Encouraging Socialization in Common Areas ..... 56
The Lobby and Related Areas ..... 57
Dining Room ..... 57
Building Security ..... 57
Service Spaces ..... 58
The Dwelling Unit ..... 58
Building Codes and Standards ..... 58
Group Homes for Developmentally Disabled Persons: Examples of Special Considerations ..... 59
1—Fargo, North Dakota—100 Dwelling Units, Highrise, for Moderately Physically Handicapped ..... 59
2—Laurinburg, North Carolina—Mobile Homes, Physically Handicapped ..... 60
3—State of Michigan Group Homes—Mentally Retarded ..... 61
4—Madison, Wisconsin—Karabis Apartments, 20 Dwelling Units, Lowrise Developments for Severely Physically Handicapped ..... 61
Recommended References ..... 61

**8. Resident-Oriented Management and Services** ..... 65
General Management Considerations ..... 66
Characteristics of Managers ..... 66
Manager and Staff ..... 67
Specific Management Duties ..... 67
Tenant Selection and Placement ..... 68
Selection Priorities ..... 68
Termination of Residency ..... 69
1—Transfer ..... 69
2—Eviction ..... 69
3—Death ..... 69
Resident Participation ..... 69
Tenant Organization or Association ..... 70
Services ..... 70
Meal Service ..... 71
Housekeeping ..... 72
Personal Services ..... 72
Training for Tenants ..... 72
Social Interaction ..... 72
Roles of Residents and Families ..... 73
Use of Community Services ..... 73
Transportation ..... 73
Security and Surveillance ..... 74
Financing Services ..... 74
In Conclusion ..... 74

**Footnotes** ..... 75
**Bibliography** ..... 79
**Appendices** ..... 85
**Illustrations** ..... 101

## Appendices (A-E)


| | Title | Page |
|---|---|---|
| A | Comments on the 1976 Housing Authorization Act (Public Law 94-375) | 85 |
| B | HUD Regional, Area, and Insuring Offices—Directory | 87 |
| C | State Housing Finance Agencies—Directory | 93 |
| D | States with Departments of Community Affairs | 96 |
| E | Farmers Home Administration State Offices—Directory | 97 |


## Table (1)


| | Title | Page |
|---|---|---|
| 1 | Prevalence of Function Disabilities and Nondisabling Visual and Hearing Impairments, U.S. Citizens, Ages 16-64, Noninstitutionalized—by Dependence and Severity | 13 |

# Charts (1-7)


| | Title | Page |
|---|---|---|
| 1 | Basic Steps in Development of Housing for Handicapped Persons | 102 |
| 2 | Handicaps, Disabilities, Service and Housing Needs—Physicially Handicapped Persons | 103 |
| 3 | Handicaps, Disabilities, Service and Housing Needs—Mentally Handicapped Persons | 104 |
| 4 | Handicaps, Disabilities, Service and Housing Needs—Physically Impaired or Retarded Elderly Persons | 104 |
| 5 | Sources of Capital Financing and/or Subsidy—Summary<br>HUD Programs 105<br>Farmers Home Administration Programs 108<br>Veterans Administration Programs 109<br>Banks—Conventional Financing 110<br>State Housing Finance Agencies 111<br>Seed Money Sources 112 | 105 |
| 6 | Comparison of Federal Programs Providing for Services to Handicapped Persons | 113 |
| 7 | Federal Programs Providing for Services to Handicapped Persons—Summary | 114 |

# Exhibits (1-12)


| | Title | Page |
|---|---|---|
| 1 | Federal Legislative Definitions of Handicapped Persons | 116 |
| 2 | Sample Budgets, Group Home for Mentally Retarded Adults (Section 236 Subsidy, Full Taxes, No Grant) January 31, 1974 | 119 |
| 3 | Changes in the Method of Computing Income on Forms HUD-51227 and HUD-51245—Department of Housing and Urban Development, Office of Housing Management | 122 |
| 4 | Housing Survey Questionnaire, Atlantis Committee for Physically Handicapped Adults, Denver, Colorado | 125 |
| 5 | Housing Need and Demand Survey Form for Handicapped Persons, Madison Housing Authority, Madison, Wisconsin | 126 |
| 6 | U.S. Department of Housing and Urban Development, Outline Specification | 144 |
| 7 | U.S. Department of Housing and Urban Development, Affirmative Fair Housing Marketing Plan | 155 |
| 8 | Explanation of Need for Special Design Features, Karabis Apartments, Madison Housing Authority, Madison, Wisconsin | 164 |
| 9 | Sample Employment Agreement, Daily Living Coordinator, Relief Daily Living Coordinator, Relief Daily Living Coordinator, Home Aide | 166 |
| 10 | Application for Occupancy, Madison Housing Authority, Madison, Wisconsin | 170 |
| 11 | Sample Meal Service Costs—1975, Eagles Manor, Great Falls, Montana | 174 |
| 12 | Sample Operating Budgets | 175 |

# Foreword

Over its 40-year history, the National Association of Housing and Redevelopment Officials (NAHRO) has observed and participated in a constantly expanding effort to serve better the housing needs of American families. Increasingly, there is recognition that there is no uniform housing structure type or housing arrangement to serve the variety of households with different housing needs and preferences. There is increasing specialization in the housing type and arrangement, management, and services being made available in federally-assisted housing. This trend is stimulated by recent housing and social security legislation passed by the Congress.

In 1977, NAHRO sees as imminent the rapid expansion of housing for handicapped and disabled persons in noninstitutional housing arrangements, providing these individuals with a fuller opportunity to participate actively in every aspect of community life.

For this reason, NAHRO initiated the development of this local action guide to serve as an immediate, useful resource for states and local communities across the nation as they expand their housing activities to better serve handicapped and disabled persons. It is hoped that this guide can direct this promising new activity into the highest levels of quality in design, management, and services, while avoiding serious pitfalls.

NAHRO is grateful to the Department of Health, Education, and Welfare for its support. It also is grateful to the International Center for Social Gerontology, to which it subcontracted the guide preparation, for the high professional quality of the content. NAHRO has a particular word of thanks for the expert advisory panel of professionals who contributed generously of their knowledge to enrich the product.

It is our hope that the guide will speak for itself to all those who share with NAHRO the commitment to better housing for handicapped and disabled persons.

Mary K. Nenno,
*Associate Director for Program Operations,*
*National Association of Housing*
*and Redevelopment Officials,*
*Washington, D.C.*
*December 1976*

# Preface

It is the author's belief that everyone is entitled to a home and a surrounding environment that support his or her personal goals, values, and preferred lifestyle. For handicapped persons, housing and the environment also must compensate for functional difficulties that make coping a problem. This adjustment can be achieved by designing both housing and environment for accessibility and by assuring the provision of those services needed to support a life style as normal as possible.

The purpose of this book is to offer basic information and guidance that local groups can readily use to develop residential living environments, incorporating special design and service components, for persons with types and degrees of handicaps—physical, mental, or both. It is a step-by-step guide that treats each aspect of the housing development process as it will most likely be encountered by any local group conceiving and undertaking housing for handicapped persons. In format, the guide proceeds in a logical sequence, from housing as a "gleam in the eye" to the completion and operation of the project or development. It is, thus, intended to serve not only as an introduction to a lengthy, often frustrating effort but also as a reference that can be readily consulted as a developer progresses through the stages of the housing development process.

Invaluable assistance was provided by many in developing and refining the draft of this guide. An expert advisory panel, appointed by NAHRO and representative of broad interests in the field, reviewed it and suggested improvements. Members of the panel were: Frederic A. Fay, chairman, executive director, Richmond Redevelopment and Housing Authority, Richmond, Virginia; David S. Greer, M.D., associate dean of medical affairs, Brown University, Providence, Rhode Island; Ronald L. Mace, AIA, Barrier-Free Environments, Inc., Fayetteville, North Carolina; Rita McGaughey, education and training consultant, National Easter Seal Society for Crippled Children and Adults, Chicago, Illinois; Robert A. Notte, executive director, Newark Redevelopment and Housing Authority, Newark, New Jersey; E. Clarke Ross, director, Governmental Activities Office, United Cerebral Palsy Associations, Inc., Washington, D.C.; and Susan R. Weiss, assistant director, governmental affairs, National Association for Retarded Citizens, Washington, D.C.

Other interested professionals offered critiques and indicated additional relevant sources of information. Special thanks are extended to staff of the Office of Human Development, Department of Health, Education, and Welfare—Doris Haar, chief of research and development division, Developmental Disabilities Office, and Kathaleen Arneson, director, policy research, and legislation, Rehabilitation Services Administration—and to staff of the Department of Housing and Urban Development for information on changing regulations and processing methods. Helpful reviews and editorial suggestions were provided by NAHRO staff—Mary K. Nenno, associate director for program operations; Dorothy Gazzolo, former associate director for publications, and her successor, Frederic M. Vogelsang.

Community assistance in refining the guide was made possible by providing that, as part of its development, it would be field tested in three locales where there were groups interested in sponsoring housing for handicapped and disabled persons but with limited knowledge on how to get the process underway. Sites selected were Denver, where the guide was tested for adequacy in developing housing for severely physically handicapped persons; Minneapolis, where its utility in developing types of housing for mentally retarded adults was examined; and Broadway, Virginia, where the test concentrated on its adequacy in helping a local group promote housing for

developmentally disabled persons in small towns and rural areas. In each locale, a broad-based citizen group, representative of many disciplines, reviewed the concepts and recommendations of the guide in relation to its particular community needs. Special gratitude is extended to these citizen groups and to the directors of the field tests: Ingo Antonitsch, Executive Director, Mayor's Commission on the Disabled, Denver; Jon Weiss, Director, Adult Services, Jewish Community Center of Greater Minneapolis; and Terry Whitmore, Director, Pleasant Valley Home for Developmentally Disabled, Broadway.

And, finally, the author is deeply indebted to Dr. Wilma T. Donahue, director of the International Center for Social Gerontology, for assistance in analyzing information and data in examining and assessing conclusions, and in providing continuous encouragement. Grateful acknowledgement is also extended to M. Carter McFarland, consultant to the center, and to center staff who aided in completion of this project—Priscilla Murray, research assistant, and D.J. Curren, editorial assistant.

Marie McGuire Thompson,
*Housing Specialist,*
*International Center for Social Gerontology,*
*Washington, D.C.*

*For living human beings, whether acting alone or with the help of others, autonomy is an essential ingredient for further development. We surrender some of our autonomy when ill or crippled, but to surrender it every day on every occasion would be to turn life itself into chronic illness. The best life possible . . . is one that calls for an ever greater degree of self-direction, self-expression, and self- realization.*

Lewis Mumford
**Challenge to Democracy**

# Introduction

These sentiments succinctly reflect the intent of this guide—to assist local groups wishing to build or acquire housing for citizens who are physically handicapped, mentally retarded, or developmentally disabled, thus helping to develop or expand their opportunities for normal living in a community setting.

Among those concerned or involved with helping handicapped persons, there is a practically universal opinion that entirely too many live in institutions unnecessarily or in highly unsatisfactory accommodations outside of institutions. There is no doubt that a large proportion of those with physical or mental handicaps or both could enjoy more satisfying, normal or near normal, autonomous lives if they had access to the type of housing and environment that assured their integration into the community at large as accepted members of society. One solution—and an essential starting point—is to make available a variety of residential settings, together with the services needed to sustain community-based living.

Throughout the literature that presents a rationale for such improved living arrangements for handicapped persons, two terms recur and dominate—"normalization" and "developmental model." The meaning of the first is clear: persons with handicaps should be assisted to live as normally as possible, closely and inconspicuously integrated into the surrounding community. The second term means that, given the chance, the help, and the incentive, all handicapped persons have the potential to progress, to learn to live more independently, to increase their ability to cope, to accept responsibility, to learn skills, and to work productively. A key tool in assuring that their right to live normally and to progress is respected *and* exercised is the provision of community-related housing. In this sense, housing is a priority "service," one that can be made available only through the cooperative efforts of housing developers and service providers.

This point of view is widely and zealously held but it is still revolutionary because relatively little housing of the appropriate type has yet been provided to the handicapped in most communities and too many of the handicapped still are isolated in institutions—isolated, in effect, by the mode of thinking that prevailed previously. In some locales, groups that have been interested in developing housing for handicapped persons have seen their efforts thwarted by the attitudes of uninformed, sometimes hostile citizens.

At present, the situation is becoming more promising. The Congress recognizes the need for housing for the handicapped and is addressing it through various housing enactments and legislation. An increasing number of communities are eager to provide residential living for their handicapped citizens. Many local groups in such communities, however, are experiencing some frustration in undertaking this effort, not because they are unfamiliar with the services and assistance needed or with the governmental or private programs that finance them (baffling though this bureaucratic maze can be) but because they are unfamiliar with the housing field, housing finance, the technicalities of construction or rehabilitation, or the requirements for buying or renting existing structures. Housing professionals find themselves in a similar situation: most are unfamiliar with the characteristics of the handicapped population and with housing designs that are responsive to their special requirements and, therefore, most are reluctant to invest in such projects without guidance from research and experience in developing appropriate housing types for this clientele.

This guide is designed to assist local groups and housing professionals in developing a productive partnership that will result in more and better housing opportunities for handicapped citizens. The chapters present concepts, recommendations, and examples to help make this partnership effec-

tive at the local level. Examples have been selected to illustrate the wide variety of types of developments and of methods of management and operations. Included, also, are samples of documents and other materials utilized in the planning and development of current projects for handicapped persons. Where appropriate, addresses of national organizations and other groups working in this field are provided for further reference; directories of federal and state housing and community affairs agencies are included in the appendices to facilitate contact with them, as needed, in your area. A bibliography is provided for additional or more specialized information on aspects of both housing and the needs of handicapped residents.

The guide was substantially completed prior to the signing into law of the Housing Authorization Act (Public Law 94-375) on August 4, 1976. Provisions that have particular importance to housing for the handicapped are cited throughout the text where they are relevant to the matter under discussion; in addition, they are summarized in Appendix A for easy reference.

In short, the guide is designed to provide, in a variety of formats suitable for reference and use in diverse local situations, the information and assistance that any interested group will need to launch and carry out the successful development of housing opportunities for the handicapped.

At the outset, it may be helpful to review the basic tasks to be accomplished, from beginning to end, in this process. Chart 1 provides an overview of these tasks in sequential order but, in actual practice, some of them will be carried out simultaneously. Included in each step of the process depicted in the chart are references to chapters of the guide that discuss the tasks to be accomplished and suggest ways to achieve them. As plans are developed and actualized, progress can be measured against this chart. It may be helpful to set target dates for expected completion of each basic step.

CHAPTER 1

# Community Action and the Handicapped

This chapter discusses (1) ways that the local community and citizen advocate groups can organize to take full advantage of emerging new opportunities to provide housing for handicapped persons and (2) the practical roles citizen groups should take to achieve the goal of normalizing the life of handicapped persons in the community.

## Handicapped Persons—A New Focus of the Community

States, counties, cities, and towns across the country are increasing their efforts to bring about environmental improvements that will help achieve more fulfilling lives for physically and mentally handicapped persons.

Many localities—through established organizations or new coalitions of organizations—are demonstrating unprecedented leadership and action to insure that housing appropriate for persons with handicaps is available and, in some places, is sufficiently varied to offer them a choice, similar to that enjoyed by the nonhandicapped, in matching their living environment to their preferred lifestyle.

The application of modern technology has greatly improved the equipment that helps many handicapped persons cope more easily and effectively with their environments. In some instances, ingenious transportation systems have significantly expanded the life space that the individual can master and incorporate into his lifestyle.

Training programs have proliferated and access to jobs has increased as advocates for the handicapped have prevailed upon local employers to offer equal employment opportunities to all citizens, whether handicapped or not.

Legislation enacted in recent years has guaranteed a minimum annual income for handicapped persons in need, regardless of the states where they reside, and has provided the means to pay for special services to meet their needs.

With citizen help, communities are developing special recruitment and service centers where the elderly and handicapped are being assisted.

Such wide-ranging activities as these are aimed at a single goal: reducing or eliminating the impediments that handicapped persons face in participating, to the fullest extent of their capacities, with other citizens in community life.

Credit for these accomplishments should be attributed, in large part, to those individuals and organizations that have been and continue to be deeply committed to the task of shaping a society that makes the same effort to meet the special needs of the handicapped as it makes to insure the welfare and happiness of other population groups. These individuals and organizations, working together to present the needs of handicapped persons to legislators, government officials, technicians, and others have generated real progress in developing, funding, and delivering the services required to assist in the normalization process.

## Housing—An Essential Service

In the all-important area of providing accessible and usable housing that is designed for the handicapped and located in residential sections of the community, less progress has been made, perhaps, than in most other areas of need.

But today there is an upsurge of possibilities for developing a national program of housing for the handicapped, primarily because of the tremendous influence exerted through the organized efforts of interested citizens. A major contributor to this growing interest was, undoubtedly, the National Conference on Housing and the Handicapped, convened by Goodwill Industries of America in September 1974 in Houston, Texas, in order to develop ways to improve housing facilities for handicapped persons. Much of the enthusiasm and hope generated at the conference was translated into new action to increase the amount of housing available to the handicapped. The continuing effort of other great national organizations to educate their memberships on the vital relationship between living arrangements and the well-being of the handicapped has already produced effective community action in large and small cities and in rural areas.[1]

A notable reward for such efforts as these has been the inclusion of 17 new housing projects for handicapped persons among the 136 awards made in April 1976 by the Department of Housing and Urban Development (HUD) under the Section 202 direct loan program designed for use by nonprofit housing sponsors. In addition, 16 projects were designated for the elderly and handicapped. This recognition, although still quite limited in comparison with unmet need, represents a relative bonanza in the light of the previous meagre attention given to housing for the handicapped. If citizen groups and local communities take full advantage of this opportunity in coming years and tap other housing resources as well, the future holds real promise that, at last, handicaped persons will find their housing needs more nearly fulfilled.

## The Housing Starting Point

Most likely, a citizen group will begin by having an ideal in mind of serving one particular type or several different types of handicapped persons. Although the full ideal may not be achievable, it should be kept in mind that, in many situations, something less may still be a vast improvement over what has been. It is possible to consider beginning with a short-term plan, using existing housing as a starter. A long-range plan—to add new specially designed housing to the community inventory—will require time, knowledge, patience, and planning and construction funds, as well as the use of professionals in one or another aspect of the development process.

An advocate group will no doubt be surprised at the amount of interest and assistance that will be forthcoming from experienced developers and housing agencies, as well as from state agencies, their mental health/mental retardation centers, and state schools and rehabilitation hospitals (all of which often have capabilities not found in a particular local community).

Inexperienced community organizations that plan *new* housing should be aware that the financial investment will come from others, who may not share their ideals or understand that:

—Housing related to special needs is much more than a shelter, construction, or financing program;

—Providing living arrangements for the handicapped is essentially a service;

—Housing is the base from which other services vital to normalization may be generated and nurtured.

These perceptions should be shared with developers, since they—and not advocate groups—are to provide the housing.

## "Search and Find"—A Vital Service in Linking People with Resources

It is important, first, to examine the existing housing resources in most communities that can be tapped to provide an improved environment quickly. This advocacy effort, which has proved its potential for success, comes under the heading "search and find."

1—Identify the location of a variety of single- and multi-family houses or apartments for purchase or for rent that are barrier-free and may be used by physically handicapped persons. This inventory for handy reference and use will lighten the search burden for those who have limited mobility and difficulty in getting around.

2—Search out and inventory those dwellings that may be used by physically handicapped persons *if* the architectural barriers can be readily removed. Determine the extent and cost of renovation; check whether the owner will defray this cost and, if not, what other financial plan is possible. In areas with high vacancy rates, it has been found that owners will undertake this renovation at their own expense. In public housing developments, the local authority may be willing

to use its modernization funds to defray this expense. Also, investigate the possibility of obtaining housing renovation funds from the state rehabilitation agency.

3—Locate available properties in the community, under either public or private ownership, that may be leased or rented to individuals or to a group acting in behalf of certain individuals, e.g., severely handicapped or mentally retarded persons or combinations of such persons. Be sure to determine that these properties are within the paying ability of potential occupants; are reasonably well-located; and are adaptable for the intended use. For persons with a limited income, the public housing formula of relating rent to income may be most useful. The Section 8 program of housing assistance payments can also be utilized to decrease rents. Under this program, it should be noted, units can be leased only to individuals with "certificates of participation," not to groups or agencies. The certification, generally handled by the public housing authority, establishes the individual's eligibility on the basis of income and handicap. An advocate group can assist handicapped persons to utilize this program by helping them obtain certification and then locate appropriate living arrangements. Action groups should be prepared to accept responsibility for finding a means of securing services and, sometimes, for performing management functions.

**Examples.** Public housing authorities may rent entire buildings or scattered units within a development to mentally or physically handicapped persons. In Providence, Rhode Island, entire buildings are leased to the local mental retardation agency for use as a living and training center for persons who formerly were institutionalized. Space is provided for live-in supervisors and for group gatherings and instruction. In cases such as this, rents may be based on the individual's income or a flat space rent may be agreed upon by the local authority and the agency.

Under the public housing leasing program, many local authorities also lease privately owned houses or apartments and have included handicapped individuals and families among the renters. Some persons may prefer this kind of housing to "project" living. This approach has been successful in—among other places—Denton, Temple, Dallas, and McKinney, Texas and in Lordsburg, New Mexico. (HUD has specific guidelines for leasing existing structures.)

Although none of these "search and find" activities add to the inventory of usable housing, they are starting points. An increased inventory might be obtained by undertaking another advocacy effort in conjunction with "search and find." Visits can be made to public or private developers of new properties to request that all or some of the dwellings they produce be built barrier-free, even though a market cannot be guaranteed (unless, of course, this has been determined). Point out that a barrier-free dwelling is equally usable by nonhandicapped persons. It is always helpful to specify (1) the minimum requirements for barrier-free units and (2) the approximate additional construction cost, if any. Cost may well be the first and only question raised by a potential developer.

## Enlisting Support for Housing from Established Developers

If the inventory of new housing for handicapped persons is to be increased significantly, *all* established housing developers, public and private, profit and nonprofit, should be contacted directly; be made aware of the need and the market; and be persuaded to respond. A massive effort directed at utilizing all local sources of housing production would include the public housing authority; private, profitmaking developers; readily available HUD-held homes and projects; and any other housing organization in the community or area.

Profit-motivated developers are always on the lookout for new markets for construction. Public and nonprofit developers are authorized by law—and have been for some time—to respond to the housing need of the community's handicapped population. Yet such authorization and related funding by the Congress do *not* result in housing being built *unless* local sponsors apply for and utilize the resources. The federal government can "mandate" housing development only in time of war or natural disaster; at all other times, the initiative for action must come from the state or local public or private sponsors. So, without alert and vigorous advocates, the handicapped segment of the total housing market may go unnoticed and its needs remain unmet, while resources are directed toward meeting the housing demands of other population groups. In approaching developers, an advocacy group should:

—Be supported by the results of surveys of need and demand;

—Reflect knowledge of the financing methods used by different housing producers based on the

income groups they serve and provide data on the characteristics of the handicapped population;

—Outline as detailed a program as possible, allowing for alternative living arrangements for one or diverse groups of handicapped persons: mildly handicapped, severely impaired, mentally retarded, developmentally disabled, or any combination of handicapping conditions and recommend the most appropriate housing for each group; and

—Work toward inclusion of housing for handicapped persons in the city's housing asssistance plan, if there is such an approved plan in the locale. (If there is no such plan, the advocacy group may wish to advocate one, since it provides an excellent forum for presenting the housing needs of the handicapped to government officials and the general public.)

In outlining the proposed housing program, an advocacy group should give special attention to the following aspects of services provision, management and operations, and responsibilities of the sponsoring organization.

**The Housing/Services Component**

A major concern when advocating housing for the handicaped—particularly for those who can use community-based housing only if certain supportive services are available to compensate for the handicap—is assurance that the services component is available or, better yet, that a reliable agency or a multi-agency group will commit itself to provide the services needed, consonant with the housing schedule. (This commitment may also include the managerial function, if severely handicapped or retarded persons will be the occupants and professional assistance is needed.) Meshing schedules for housing and for services requires specific and astute planning in the use of service funds.

The developer and the advocate should recognize clearly that, for some groups, the shelter component is only the beginning, not the end. When advocating this concept and seeking an investment in its implementation, it will not suffice to reiterate past neglects and denials of civil rights; to bemoan the lack of parity or equity in the distribution of the nation's housing resources; or to deplore the inability of the community to accommodate handicapped dischargees from institutions. A developer may be more responsive if the advocate is armed with basic facts that clearly establish market and need and presents a thoughtful, practical, and economically feasible service and management plan.

Of course, the rational approach is to plan the housing and the provision of services as one package, with each partner equally responsible and prepared to deliver his portion on schedule. The prime question is whether the service agency can, in fact, guarantee the service and give reasonable assurance of its continuity. This service guarantee may well be the most difficult of all the housing elements to obtain.

**The Management and Operations Component**

One of the critical needs in housing for special population groups is finding trained and skilled managers for larger developments or house managers for small group homes.[2] Public or private developers may be willing to plan, design, finance, and build the housing but may be hesitant about providing the kind of management that responds to the specific service needs of residents. Including life-supportive services as a part of "housing management" has never been a widely accepted concept. In the absence of such service-oriented management, a developer may not undertake the housing. Local advocates would do well to identify the organizations and agencies in the community that understand the clientele and the goals of community-based housing for them and then urge one or more to become the managers or management agents for the proposed housing project. If developers—few of whom are knowledgeable about the basic needs of the proposed clients or what constitutes the necessary management skills—are assured that trained management will be available, it may mean the difference between having no housing and having a fair share of housing built for handicapped persons in the community.

**The Sponsoring Organization**

No one type of organization is recommended; each community reflects, in the type and makeup of such an organization, its own concept of need and its own form of dedication to achieving appropriate, normal, and fulfilling living arrangements for all persons with handicaps— arrangements that will assist them to become fully participating members of the community of man.

In general, the organization should be formed as a nonprofit entity in order to (1) participate in certain housing programs, such as Section 202; (2) take advantage of tax-exempt status; and (3) attract community support that may not be available to profit-motivated entities. Once formed, an executive committee of three to five

persons, authorized as incorporators to arrange for and sign contracts, should be selected or elected from the larger governing board. Early on, a lawyer should be retained to draw up papers of incorporation under the state's nonprofit corporation statute, thus assuring its tax-free status.

The structure of the organization should manifest a reasonable guarantee of continued existence and a competent membership. It should be comprised of permanent residents of the community who can be depended upon for business-like handling of all developmental and operational functions to the satisfaction of the investing institution, whether public or private. Its overall goal is to meet the housing needs of handicapped persons, while maximizing the effectiveness of available construction or acquisition dollars.

The membership and governing board should be representative of local groups that recognize the particular housing needs of the prospective clientele and representative of various other groups that may contribute to one or another phase of the housing program. Among these groups are parents or relatives of handicapped persons; representatives from the public sector (e.g., public housing authority, city planning office) and from local service agencies and associations; technically knowledgeable persons, such as architects, engineers, real estate professionals, and financiers; and, above all, consumers.

No one member of the corporation should have any potential for personal gain from the housing plan adopted. It would be helpful if the new nonprofit entity grows out of or has the direct sponsorship of a recognized, long-standing community organization or institution, such as a church, union, or civic club.

Among the early decisions facing the nonprofit housing organization and its board are:

—Goal setting, i.e., the type of handicapped persons to be housed (age, severity of handicap, etc.), type of housing;

—Need and demand determination (tapping sources of demographic and census data to determine the extent of consumer interest in proposed housing, incomes of consumer group, etc.), since it is important to ascertain what potential residents need and desire in housing and available services in order to avoid prolonged vacancies;

—Whether to build, purchase, or lease: consideration should be given to the possibility of purchasing and rehabilitating publicly-owned land and/or properties that may be available, including HUD-held foreclosed homes or apartments;

—Determination of project size and cost, as well as type of professional services needed;

—Determination of acceptable housing locations and examination of potential sites and their cost feasibility;

—Exploration of financial resources, including seed money to cover pre-construction or site acquisition planning, including professional and staff costs;

—Determination of type, availability, and cost of essential resident services;

—Relating the proposed plan and its cost to the income of the potential resident population and preparing a detailed tentative budget; and

—Publicizing the housing.

After the basic housing program is determined, the board should investigate whether there are state licensing or accreditation requirements that must be met. Licensing agencies and requirements differ from state to state and should be carefully checked in the early planning stages. In some states, group homes that are not medically oriented are exempt from licensure; in other states the opposite is true. In any event, in group homes for the developmentally disabled, the standards established by the Accreditation Council for Services for the Mentally Retarded and Developmentally Disabled should be observed.[3] If federal financing is sought, HUD minimum property standards for residences should be observed.

Construction and operating standards under licensing requirements may well influence decisions on the type of housing to be built and on the type of occupants and services that will be sought. The housing classification that is set may affect the eligibility of residents for certain services, or the income eligibility standards established may qualify residents for personal maintenance under federal-state programs. If the housing is perceived as a "care" or "medical" facility, undoubtedly it will be subject to licensure. In this guide, however, "housing" refers only to nonmedical residential developments. The presence of specific services that compensate for a disability or provide training does not affect this definition. Although licensure provides a dependent resident with assurance of a proper standard of care and protection against abuse, there may be types of housing with supportive services that do not warrant licensure or the construction and operational requirements applicable to a licensed facility.

## Professional Assistance

Applying for a mortgage loan and necessary subsidies, obtaining seed money, and planning and building a new project or rehabilitating an existing building involve a complicated and highly technical process. A new nonprofit organization interested in housing the handicapped can hardly be expected to negotiate the entire transaction on its own. To assist with the sequence of steps in financing and building, help from all or some of the following may be needed.

1—A housing consultant, who (a) represents the sponsor in all transactions with the lender and other members of the processing team, from project conception to occupancy; (b) knows the elements of loan processing intimately and can fill out required forms; (c) suggests options and advises on critical decisions at all stages of processing; (d) can coordinate the work of other team members; and (e) identifies the various sources of seed or front money and assists in obtaining it.

2—An attorney, who (a) represents the sponsor in all legal matters; (b) sets up the articles of incorporation; (c) prepares all subsequent contracts and agreements; (d) assists in legal aspects of dealing with the government; (e) obtains land title clearance; and (f) handles the preparation of mortgage closing documents.

3—An architect, who (a) assists in site selection; (b) helps develop requirements; (c) develops the plans and specifications for the building as his principal task; (d) prepares cost estimates of construction; (e) advises on alternative approaches; and (f) supervises construction.

4—A contractor-builder, who constructs the building according to the architect's plans and within established cost limits.

5—A lender, who (a) provides interim and permanent financing for the project (except for a direct government loan); (b) services the loans, government or private; and (c) handles the collection of mortgage payments, handles defaults, etc.

6—A public relations specialist, who (a) uses all media to provide a flow of public information about the plans and progress of the housing; (b) prepares and, when appropriate, distributes a descriptive brochure of what the project offers (for large developments, this distribution should start six months before scheduled completion); (c) prepares TV and radio spot announcements and arranges for public service programs that feature the housing sponsors; (d) is familiar with housing reporters, newspaper deadlines, and the requirements of acceptable copy—and develops it; (e) if appropriate, prepares news, ads, or feature stories for real estate sections of the local press; and (f) prepares mailing list of all persons, including consumers, who should receive information about the development.

### Advocating Housing Within a Community Development Context

There is little doubt that providing housing for handicapped citizens should be an integral part of overall community development activities aimed at achieving those objectives that make community living viable for all citizens: decent housing; suitable living environments; increased involvement in community affairs; and expanding economical opportunities, especially for persons with low and moderate incomes. For this reason, local advocacy groups should be familiar with those provisions of the 1974 housing and community development act that relate to community planning for handicapped citizens and may affect the planning of housing for them. Those provisions of particular interest to readers of this guide are: (1) the community development block grant program (authorized in Title I of the act and administered by HUD), under which community centers and special services are included in a long list of activities eligible for federal financial assistance and (2) the housing assistance plan, a requirement for all local communities seeking to receive community development assistance as well as a requirement for local communities to receive most categories of federal housing assistance.

### Needs of the Handicapped and the Title I Community Development Program

The primary objective of the Title I program is the development of viable urban communities. A complement to general revenue sharing, it replaces 10 previous categorical programs (including urban renewal and model cities) with a block grant program that places emphasis on local priorities and local decisionmaking in the allocation of federal financial assistance to support local efforts to improve neighborhood environments. Authorized funding for community development programs is substantial. The 1974 act authorized funds not to exceed 2.5 billion dollars by the end of fiscal year 1975; 5.45 billion dollars by the end of fiscal year 1976; and 8.4 billion dollars for fiscal year 1977 (which, under the new federal budget cycle, began on October 1, 1976 and ends September 30, 1977). Eighty percent of these funds are allocated to

metropolitan areas and 2 percent may be retained for the discretionary use of the secretary of HUD. The contact point for information on the Title I program is the office of the chief executive of the unit of general local government.

Among the activities that may be supported with community development funds are two that have importance to the handicapped:

1—Special projects directed at removing material and architectural barriers that restrict the mobility and accessibility of elderly and handicapped persons.[4] This authorization has been utilized to good effect in some locales to bring about curb cuts and to remove barriers in public buildings. In one city, funds have been made available to instruct architects how to design structures without barriers.

2—Supportive services related to community development activities. Eligible services include those public services that are not otherwise available, such as improvements in the community's services and facilities related to employment, economic development, crime prevention, child care, health, drug abuse treatment and prevention, education, welfare, recreation, and the development of senior citizen centers. In addition, the 1976 housing authorization act specifically provides for the use of block grant funds to develop community centers for the handicapped.

Annual applications are required in order to participate in the community development program. Before an application is approved by HUD, three provisions must be met, all of significance to the handicapped:

1—A housing assistance plan must be prepared and submitted; the HAP must accurately survey the condition of the housing stock in the community and assess the housing assistance needs of lower-income persons. This plan is developed in the executive office of the unit of general local government. Advocacy groups should assure that this plan, as developed, reflects the housing needs of handicapped persons.

2—The application must describe a program designed to provide improved community facilities and public improvements, including the provision of supportive health, social, and similar services where necessary and appropriate.

3—The application must provide satisfactory assurances that, prior to submission of the plan, citizens have received adequate information on the amount of funds to be sought and that public hearings have been conducted to obtain the views of citizens.

The secretary of HUD may waive these provisions for communities with less than 25,000 population. Where one or all of these provisions are waived, local advocacy efforts then must assure the development of appropriate housing for handicapped citizens.

The requirement for such a plan is based on the concept that localities and a broad spectrum of citizens should identify and respond to local housing needs rather than rely for such initiatives primarily on individual housing sponsors or professional planners who may represent only limited sectors of the population and not necessarily those in greatest need. The HAP requirement, as part of the community development program, thus provides advocacy groups with a new opportunity to help define what types of local housing are needed by a variety of handicapped persons and to demonstrate that local leadership is competent to plan, produce, and operate such housing. For this reason, it is worthwhile to review briefly the HAP requirements (specific references to these requirements, as they relate to aspects of the housing development process, are noted in appropriate sections of later chapters in this guide).

**Overview of Housing Assistance Plan Requirements**

Funds for community development or for HUD-subsidized housing programs (public housing; Section 235 sales housing; Section 8 housing assistance payments) are available to communities with an approved HAP. A new housing organization, intent on building specialized housing (which is eligible for funding under several HUD financing mechanisms, sometimes in conjunction with state financing), must have its plans included in the local HAP, if one is developed for the community.[5]

Development of a housing assistance plan is the responsibility of the office of the chief executive of the unit of general local government, usually with the assistance of the public housing authority as well as local housing codes and conservation departments. In developing it, it is necessary to:

1—Take as complete a survey as possible of the condition of the local housing stock to assess the housing needs of lower-income persons, including the elderly and handicapped.

2—Specify a realistic annual goal for assisted housing development within the context of a three-year goal, including new development, rehabilitation, and use of existing units.

3—Set priorities for meeting housing demand

by selecting housing assistance programs that best deal with the community's problems.

4—Identify general housing locations that will provide community support facilities in relation to the housing and that will further community revitalization and promote greater choice of housing opportunities without causing undue concentrations of assisted housing in areas containing a high proportion of low-income persons.

5—Provide for citizen participation in the development of the plan through public hearings and other means.

More specifically, a housing assistance plan must be prepared in conformity with four HUD forms, which may be obtained from the local planning office or from HUD. A map of the area covered, with an accompanying narrative explanation, must also be submitted. In substantiating need, data should be drawn from published or unpublished materials that are readily accessible to the applicant and to HUD (e.g., census data on the area involved).

Once developed, the plan is transmitted to the HUD area office in whose area the community is situated. If approved, housing assistance funds are then allocated to that office and become a "drawing account" from which local housing sponsors can apply for and receive funds.[6] Their applications are reviewed in terms of compliance with the housing assistance plan. The chief executive of the city or county can object to an individual housing proposal but the secretary of HUD may approve it despite such objection. If an application is not approved, the applicant must be informed of the reasons why the housing proposal was turned down.

There are four exceptions to the HAP requirements:

1—When the housing assistance application for new or substantially rehabilitated housing involves 12 or less units;

2—When the housing proposed will be in federally-assisted new communities, commonly known as "new towns";

3—When the housing will be financed by loans or loan guarantees of the state or a state agency (except in those instances when a unit of general local government objects, in its HAP, to this exception for state-financed housing); and

4—When certain programs are exempt from coverage.

Initial use of HAP requirements has been fairly flexible to allow communities time to prepare and submit comprehensive housing and community development plans. Future HAP requirements will no doubt be more strict. It is thus imperative that special housing for handicapped persons become an approved and accepted part of a local housing assistance plan, if such a plan is in effect and if federal assistance is to be utilized in such housing. (Even if the community is not required to develop such a plan, the advocacy group may wish to encourage the type of overview of all local housing needs that is envisioned in this plan, thus helping to focus the attention of municipal officials and the general public on the unmet housing needs of handicapped persons.)

**Steps in Seeking Inclusion in a Local HAP**

How can advocates of housing for handicapped persons, including handicapped persons themselves, insure that their needs and proposals are included in a local HAP? Although major responsibility for developing the plan is exercised, as noted previously, by the office of the chief executive of the unit of general local government, citizen groups have a significant role to play in documenting the need and demand for housing for the handicapped and in presenting this case persuasively to that office. The following steps, demonstrating advocacy at its best, are suggested as some of the ways that a nonprofit sponsor of housing for handicapped citizens can assure its inclusion in a local HAP.

1—Hold public meetings to which the chief executive is invited and at which the need for special housing is voiced and publicly supported. A coalition of citizen groups interested in handicapped people, such as the local Easter Seal Society, United Cerebral Palsy Associations, Goodwill Industries, the National Association for Retarded Citizens, etc., should be represented.

2—Make an inventory of the supply of standard housing meeting the requirements of housing for handicapped persons and undertake a survey to determine the demand (both present and future) for this sort of housing. The survey will establish the universe population and suggest the need for housing related to demand for it.

3—Establish the number of units to be purchased, rented, or constructed that relates to the need and demand for the housing and that represents a share in the housing plan proportionate to the specified population within the entire community. Cost estimates of the housing, land, etc., should be made if possible.

4—Identify the proposed general location for

the housing, specifying not only the ways in which the community will support the housing but also those in which the housing will contribute to the quality of the community. Such considerations as the availability of transportation and other support services and the impact of a project on the environment should be assessed.

5—Meet with representatives from the office of the chief executive to present the housing request, supporting the request with as much data as possible. (The first annual goal might be relatively modest and more than substantiated in terms of need and demand.)

Being included in a local HAP clearly requires an organized, well-substantiated request for housing for handicapped persons. What are major sources that can be tapped for advice, help, and financial assistance in developing this request? Among them are professionals in the handicapped field; community groups concerned with the handicapped; public agencies that administer programs for handicapped persons (the local health agency; the local welfare agency; the vocational rehabilitation agency; the developmental disability council); the public housing authority; the mayor's office; state housing agencies; the HUD area office. Assistance is also useful from builders, architects, real estate firms, market analysts, real eastate lawyers, and persons who specialize in "packaging" construction projects. Obtaining advice and professional help can mean the difference between having housing for the handicapped included in the HAP or having it overlooked or disregarded because the request is unsupported by factual data. Happily, an increasing number of housing assistance plans include the needs of physically and mentally handicapped persons.

In general, it appears that local success is more readily attained when a coalition of organizations representing a diversity of handicapped persons and their housing needs join their efforts in behalf of all. The surveys developed for inclusion in the local HAP plan, likewise, reveal a universal rather than a limited need. Another characteristic of successful local HAP plans has been modesty in presenting the first year's recommendation, with promises of more ambitious plans for the future.

Some plans that did not receive official approval also had common characteristics. They were directed to only one type of handicapping condition. They presented an overly optimistic goal and, most often, were not supported by the hard facts that are necessary when competing with multiple demands for the local housing dollar. Some plans for housing the handicapped were insignificant and were displaced by a greater emphasis given to the use of community development block grant funds for citywide programs for handicapped persons, including such items as improved recreation; removal of architectural barriers from public buildings; curb cutting; special camps; etc. All these are worthy purposes but few, if any, localities can earmark funds for so comprehensive a program for one segment of the population, in the budget of any one year.

If citizens of any community want to provide housing for handicapped citizens in order to improve the quality of their lives and increase their involvement in the community, it can be done. Both legislative authority and funding are available. Although not easy, it is possible.

Chapter 2

# Matching Housing and Handicap

This guide does not purport to cover every type of housing that may be perfect or most appropriate for any and all types of handicapped persons. Rather, it explores a variety of living arrangements and identifies broad categories of both handicapping conditions and housing, in order to alert prospective developers to some of the potentials, some of the experience, and some of the options. Plenty of room is left for innovation and for particularizing the housing solution in light of the known situation in the community, the needs of a specific clientele, the economic realities faced by the developer, and the availability of local resources.

## Who Is to be Served?

Whether the sponsor is one local group, a coalition of groups or individuals,[1] or public or private developers, the obvious *first* planning question is: which category of the handicapped population is to be served? This decision will largely dictate the type of housing to be undertaken.

For the purpose of discussing housing in this guide, persons with handicapping conditions are considered in two major groupings: (1) the physically handicapped and (2) the developmentally disabled, including the mentally retarded. Within each grouping, persons can be broadly categorized as mildly, moderately, or severely handicapped. It should be pointed out that persons who are developmentally disabled may have only physical problems or only retardation or a combination of physical and mental handicaps. Among persons in the categories in each grouping, the levels of functional ability will vary.

## Issues in Relating Functional Ability and Housing Types

Although there is general agreement that the functional ability or performance of potential occupants will determine the type of housing to be developed and the appropriate method of managing and operating it, no data have been found that specifically relate functional ability to the use of specific types of housing. Rather, categories of handicapping conditions are usually organized into functional limitations or disabilities according to the reason for determining the disability, i.e., employment potential, education, training, eligibility for full or partial care, etc. In other words, the categories or scales used are related to policy and program issues.

Most of the current measurements of functional disability are related to a person's ability to work and, thereby, determine his eligibility for social security, vocational rehabilitation services, and similar programs. For example, the 1966 *Social Security Survey of Disabled Adults* lists categories for the severely disabled (unable to work at all or unable to work regularly); the occupationally disabled (able to work regularly, but unable to work at the job held prior to the onset of the disability

or unable to work fulltime); and secondary work limitations (able to work fulltime, regularly, and at the same work but with limitations on the kind and amount of work the person is able to perform). Other common scales measure the activities of daily living including feeding, bathing, toilet performance, continence, transferring, dressing (these can be directly related to housing), the use of transportation, activities related to work (lifting, standing, stooping, reading), general physical condition in broad categories (e.g., confined to bed, homebound), and work limitations (no limitations, limited in kind or amount, or cannot work). To repeat, there is no national agreement on measuring functional limitations in relation to housing.

In lieu of this agreement, a performance-oriented scale designating functional limitations directly related to the use of specific types of housing has been utilized. The basic criteria for the categorization should be whether residents can perform naturally in the housing; whether they can use it; and whether the service component supports the individual so that normalization is possible. It must be remembered that a market survey showing the need and demand for special housing will be required and the performance-oriented categories will have to rely on existing data to support the market and justify the investment. Eligibility for supportive services may necessitate categories not directly related to those that support the housing criteria.

Table 1 indicates some of the more prevalent types of handicapping conditions and degrees of severity. In the source material from which the table was developed, the data suggest that, for a given level of physical limitations, the percent of disability is twice as high for those over 65 as for the rest of the population. It is important to note that the elderly retarded person may require special consideration. Mentally retarded adults, as other adults, are living longer. Many of them have always resided in the family home with its protective environment; however, with advancing age, many parents become either too ill or too frail to continue providing care for the retarded family member. Hence, there is a growing need for "substitute" homes. These homes perhaps should have a different emphasis and offer different types of assistance or programs than are needed by younger retarded adults. There may be less emphasis on job training, for example, and more on medical services.

Unfortunately, however, very little is being done anywhere to determine the potential of elderly retarded persons to continue community living, to cope with the loss of a parent, or to adjust to a new living arrangement. In the absence of appropriate solutions in and by the community, the result may be either tragic neglect or assignment to an institution. Hopefully, some communities will be interested in the need for residential living arrangements for this segment of the retarded adult population.[2]

## Issues in Establishing Eligibility for Special Housing Assistance and Services

Both HUD and HEW legislation is replete with definitions of handicaps (Exhibit 1). The following description of the *eligibility* of handicapped persons for federal housing assistance has been culled from these definitions:

> Eligible for federal housing assistance are any physically handicapped or mentally retarded persons who have limited or substantial permanent handicaps to employment or who may be unemployable. This definition covers all impairment levels, including the severely mentally and physically handicapped who require multiple services over an extended period of time. Also eligible are the developmentally disabled who suffer from physical disabilities, mental retardation, or a combination that affects a normal level of functioning. *All physical or mental handicaps must be of such nature that ability to cope and improvements in quality of life could be promoted by suitable housing and needed services.*

It is obvious from the legislation that the entire range of the physically handicapped, from minimal to maximal handicapping conditions, are included, whether or not the recipients may expect to be employable. A like range of mildly to profoundly retarded persons (or combinations of the physical and retarded conditions found among the developmentally disabled) are also eligible for housing since the enactment of the Housing and Community Development Act of 1974.

Unfortunately, the 1974 act does not set forth a specific program for handicapped persons but assumes adaptation of existing programs, with implementing action by HUD after consultation with HEW. This lack of precise definitions in housing legislation does not take into account the limited knowledge among housing developers of the meaning of adaptive housing and other terms relating to handicapping conditions. The legislation identifies neither the range of functional impairments requiring a matching range of housing

types responsive to the performance level of the resident nor the service components required and the funding sources. It does not give adequate attention to the fact that, in providing housing for the broad range of handicapped persons made eligible, serious consideration must be given to the types of resident mix in housing based on functional ability and the degree of homogeneity necessary for a satisfying living environment for all residents, most particularly in small dwellings with a limited number of occupants. Most prominently missing in the legislation is any cost supplementation that may be indicated due to limited sizes of dwellings and limited occupants on limited incomes.

The lack of precise legislative directives justifies a word of caution for local individuals or organizations undertaking provision of housing for the first time. The provision of community-based housing for severely handicapped persons will require a degree of expertise and experience in the fields of health and behavioral sciences, services,

## Table 1

### Prevalence of Functional Disabilities and Nondisabling Visual and Hearing Impairments, U.S. Citizens, Ages 16-64, Noninstitutionalized—by Dependence and Severity

**(Thousands of persons)**

| Major Disabling Condition | Disabled Total | Dependent | Severe Loss of Function | Moderate Loss of Function |
|---|---|---|---|---|
| Musculo-skeletal | 5,492 | 846 | 621 | 1,427 |
| Cardiovascular | 4,409 | 599 | 436 | 1,018 |
| Respiratory | 1,986 | 163 | 153 | 304 |
| Digestive | 1,283 | 127 | 67 | 132 |
| Mental (mental illness—mental retardation, nervous trouble) | 1,114 | 316 | 47 | 105 |
| Nervous (stroke, epilepsy, paralysis, multiple sclerosis) | 921 | 449 | 104 | 108 |
| Neoplasms | 301 | 34 | 18 | 82 |
| Urogenital | 451 | 26 | 15 | 75 |
| Diabetes | 487 | 67 | 31 | 92 |
| Visual | 433 | 108 | 11 | 19 |
| Other | 877 | 143 | 67 | 103 |
| Total Disabling Conditions | 17,754 | 2,878 | 1,568 | 3,465 |
| Hearing Impairments (sensory impairment, not functional) | 1,200 | — | — | — |
| Visual Impairments (sensory impairment, not functional) | 3,100 | — | — | — |
| **Grand Total** | **22,054** | | | |

**Source:** Developed by M. Carter McFarland, consultant to the ICSG, From "Comprehensive Needs Study of Individuals with the Most Severe Handicaps," a working paper prepared by the Urban Institue, Washington, D.C. under contract (No. SRS 74-54) with the Department of Health, Education, and Welfare, based on 1966 Survey of Disabled Adults (Social Security Administration) and 1970 census data

and housing design and operations. Indeed, a setting—whether large or small—that requires maximum assistance for some handicapped persons may be the only answer at either state or local levels. Of course, newcomers to the field may undertake the most difficult solutions at the beginning but uninitiated housing developers will find that housing for the mildly or moderately handicapped will provide valuable experience and guidance in seeking community-based housing solutions for the severely handicapped.

Who are the severely handicapped? This definition is suggested in an issuance of the United Cerebral Palsy Associations:

> Severely disabled persons are those individuals who have a severe physical or mental disability or a multiplicity of disabling conditions which seriously limits their functional capabilities such as mobility, communication, self-care, self-direction, independent living, work tolerance, or work skills.[3]

Another definition is suggested in the description of the Michigan program of housing for retarded adults:

> Its program is designed to be utilized by retarded persons who cannot sustain a completely independent living situation in the community; it can be available to all *adult* mentally retarded individuals who desire to or are able to utilize a group living situation. It is expected that mentally retarded adult residents will represent a wide range of mental and adaptive capabilities. For some, regular services will be necessary; for others, minimal or occasional services will be sufficient. The program is not designed for the profoundly retarded, severely physically handicapped, or mentally disturbed retarded adults who need constant care or supervision.[4]

This warning does not preclude interest in, a right to, or plans for improved living arrangements in the community for many severely handicapped individuals. But, to repeat, it is suggested that experience be gained in less complicated housing/services efforts and solutions before facing the much more complex problems of housing for seriously handicapped persons who may be close to full dependency, albeit able to benefit to a limited degree from a more normal lifestyle. It is suggested, as a starting point for planning, the following definition might be considered:

> Housing for the handicapped shall cover the shelter needs of persons who are mildly to moderately physically handicapped or mildly to moderately retarded (or a combination of the two) and have the capacity for growth or functional improvement and for immediate or eventual participation in those community affairs within their capability.

Some organizations, however, are dedicated to serving only the severely handicapped and thus their housing interest will embrace the needs of this group. Opportunity should not be denied to these agencies that well understand the needs of those with profoundly limited performance ability. These knowledgeable agencies should accept full responsibility for the operation. The housing aspect ceases with completion of the structure. It is then totally a service program.

## Relating Housing and Service Needs of the Handicapped

The simplest definition of housing is "shelter"—one of life's basic necessities. In this guide, reference is made to housing for the handicapped in a broader sense. It includes the total environment and a particular housing/services combination needed to sustain a normal living arrangement for persons suffering one or more handicapping conditions, physical and/or mental. Housing, of whatever type, should be as indistinguishable or as undifferentiated as possible from the living arrangements for nonhandicapped persons in the community and, above all, should avoid any institutional character that sets it apart from the normal in design or operations. It should fit comfortably into the type and scale of the neighborhood and should contribute to neighborhood stability and character. The following housing guidelines were enunciated at the First National Conference on Housing and the Handicapped: (1) in appearance, the housing should be conventional; (2) in size, special facilities should congregate no more handicapped than can be absorbed into the neighborhood or community; and (3) in location, neighborhoods near the hub of the community are the most helpful.[5]

The eventual housing goal in any community is the provision of a variety of types of living arrangements that offer handicapped persons an array of choices and options comparable to those enjoyed by the able-bodied. For some, the housing will be a permanent abode; for others, it will be transitional, with a different environmental level provided as ability in personal care and adjustment to normal community living grow. Since this guide is addressed primarily to organizations and individuals familiar with handicapped persons and who know both the limits and extent of individual need, the type of housing initiated will be decided

in the locality in accordance with local priorities and the degree of support for it among public officials, handicapped persons, organizations representing groups of handicapped persons, or private citizens interested in housing. There will be localities where some types of existing housing can be readily adapted for use by handicapped persons, even though not ideal in all respects. Or new housing can be so designed that coping with the environment is made possible or easier. Again, for others no housing will be usable without some assistance that overcomes the adaptive and performance limitations of the occupant.

When planning "special" housing, the assumptions behind the plan should be carefully scrutinized. For instance, many handicapped persons may prefer to live in the general community among able-bodied persons, not be set aside and identified as "different" by living with others having similar disabilities. Again, if they do choose to live as a member of a special group, it must not be assumed that, because persons have a similar handicap, there is a natural bond that results in completely satisfying household companions. It can be expected that there will be the same diversity of interests among handicapped persons as there is among the nonhandicapped. Yet, some persons with severe functional difficulties may feel more comfortable residing with others experiencing a similar problem; may want or need the mutual support found in living with small groups of disabled persons; or may need the barrier-free design or the services provided in special housing. For the more severely handicapped, the service component must have equal weight with housing considerations, since neither alone will be adequate.

For ready reference, Charts 2-4 relate four major factors in developing a housing plan: degree of handicap, type of disability, service needs, and appropriate housing.

## Types of Housing for Handicapped Persons

There are many different housing types, usually found in all communities, that can be used or adapted for use by handicapped persons. The following descriptions illustrate the options open for consideration.

### Single-Family Homes

A free-standing single-family home in an average residential neighborhood is the most likely choice of many physically handicapped or retarded persons and their families. The only requirement may be the avoidance or removal of architectural barriers that limit mobility or independence. In new housing designed for the handicapped occupant, there will be little or no extra cost to achieve a barrier-free home. In existing housing of conventional design, there will be an additional expense to acquire necessary space in critical areas such as the bathroom and kitchen, to lower cabinets and work areas, and to bring essential equipment within the dimensional reach of persons in wheelchairs or using other aids to mobility.

### Shared Homes

To reduce individual costs or to provide companionship, two or more handicapped persons may prefer to share a single-family home and the cost of needed modification. Joint ownership or joint renting is most feasible if "sharers" are completely acceptable to one another. Often the sharing is between handicapped and congenial, able-bodied persons.

### Individual or Shared Apartments

In large or small buildings, apartments occupied by a single handicapped person, or shared by two or more, have been used successfully with or without services, depending on need. Design modifications often are made by the owner or by residents to achieve accessibility or usability.

### Groups of Individual Apartments

Groups of apartments—on one floor or scattered throughout the building or scattered among several buildings in an apartment complex—may be used. Necessary services, appropriate design modifications, or space for attendants or supervisors may be part of this housing plan for residents in need of assistance.

### Dwellings in New Apartment Buildings

Some percentage of the living units in a large public or private apartment building can be designed for the handicapped. Many states and codes require reasonable parity in the allocation of such units, ranging from 5 to 10 percent. A service component may be needed and some design features may differ in dwellings for the handicapped.

In some cases, the entire apartment building might be designed for and occupied by handicapped individuals or families with a handicapped member. This approach is often criticized because it violates the objective of integration with the community; sets handicapped persons apart; and, by sheer size, may tend toward an impersonal or institutional atmosphere. Some such developments, however, are appropriate, are desired by

some handicapped persons, and are successful when the management recognizes the individuality of the occupants, creates a homelike atmosphere, and has no institutional regulations. Without doubt, it is less difficult to provide the needed services at economical costs where there is a concentration of service users. There is also economy of scale, with high density permitting the per unit cost to decrease proportionately.

### Elderly Housing Projects

Projects for the elderly that are designed with special facilities may have a percentage of the units set aside for the handicapped, with provision of the additional services needed. Frequently, these projects are relatively large, from 75 to 300 units. Middle-aged or older handicapped persons may find such developments acceptable and, undoubtedly, there are economic advantages in providing services. However, relatively young adults with handicaps and with totally different lifestyles and interests may find forced association with "others' grandparents" a high price to pay for accessibility or service availability, although this has not always been true. Nevertheless, it is safe to assume that persons in similar age categories can be expected to have similar interests, whether or not there is a handicap. The ambience that a 23-year-old will want and seek in his or her living environment would not normally be that sought and wanted by persons in their 70's or 80's. There may be better solutions. The fact that "elderly" and "handicapped" housing are lumped together in federal housing enactments does not mean that both groups must be housed together. When they are, some experience has indicated that the resulting milieu is not fully acceptable to either group—in short, may be a social failure—but not always.

### Congregate Housing

Essentially, congregate housing is a residential environment—assisted independent living—that incorporates shelter and services for the functionally impaired and/or marginally socially adjusted elderly or handicapped persons, enabling them to maintain or return to a semi-independent lifestyle and avoid institutionalization. Authorization for such housing is in both the 1970 and 1974 housing acts. The structure may be any size that is economically feasible. This type of housing is ideal for either elderly or handicapped persons whose independence is sustained by basic services, such as meals, housekeeping assistance, and limited personal services. Where well and active elderly persons are housed with the frail or impaired, the smaller percentage of the residents should be in the latter category.

Since 1970, it has been possible for public housing authorities to build congregate housing and to treat the cost of constructing and equipping the dining facility and kitchen as one of the expenses of the project. The cost of providing food and other necessary services is to be borne by the tenant or by other sources. Some states provide a subsidy to assist with food costs for low-income elderly in congregate housing since those on very limited income cannot defray rent plus food costs. Nonprofit private groups also may provide such housing under the Section 202 program for lower-middle-income persons, including the mentally or physically handicapped. Little congregate housing has been developed but the 1974 act retained provisions for it and interest in it is increasing.

### Residential Hotels

Relatively large structures that provide private rooms and baths (not apartments) are adaptable for the handicapped, with housekeeping and meal service available at commercial rates. Some residential hotels also provide internal and/or external services of the type required by residents. The size of a typical hotel raises the question of whether all residents or only a portion should be handicapped. For physically handicapped residents, such a hotel should provide special barrier-free design, as well as the needed services.

### Group Homes.

Another possible housing arrangement for the handicapped is the group home. Five or more handicapped persons of both sexes may live in a relatively large home (purchased, rented, or constructed), assisted by house managers or counselors and providing access to any other services, internal and external, required. The group home is essentially a simulated family situation. It should be located in a normal residential area, with the goal of integrating residents into normal activities of the neighborhood. Urban amenities such as stores, shops, restaurants, and recreation should be in or near the housing area or be easily accessible by public transportation. The number of persons accommodated in a group home depends, of course, on its size. Experience indicates that the "family" concept is best maintained in groups of five to 10, but not more than 12.

### Boarding Homes

A boarding home is a type of group home, with housekeeping and meal service provided. The

owner/operator may provide other services, as needed, but not necessarily so without remuneration. Local considerations are the same as for a group home. Here again, a limited number of persons in residence is preferred. Boarding homes often offer meals to others living in the neighborhood and anticipate the returns on this service in planning their operation.

### Hostels

A housing facility quite similar to a hotel is the "hostel"; differences are that a hostel is usually supervised and is considered transitional or temporary. Hostels have most generally been used as residences for handicapped persons undergoing treatment or training or for those who have improved sufficiently to move from an institution into a more independent residential living situation, with the intent of moving again upon further improvement. The number of persons in a hostel is usually not more than 15. There is a resident supervisor and services are generally provided as dictated by the type and degree of handicap of the residents.

### Foster Homes

While foster homes are another residential option, generally an individual will be *placed* in an existing home and only rarely will a house be built with the preconceived idea of it being used as a foster home. However, foster family care for adults provides a type of residence in a family setting for persons who, because of a disability, are in need of social care. The person *placed* under this program may be unable to function independently in the community; may have no relative who can appropriately care for him; and may not need institutional or nursing care. Foster care is intended to provide the person with the security of a supportive family atmosphere; encouragement toward social interaction; and guides for improved personal care habits. Foster homes are certified to meet standards set up by an agency. Similar to children's foster homes, an adult foster home usually is certified for one to four individuals, and an adult *group* foster home often is certified for five to eight individuals.

## Examples of Housing Types—At Home and Abroad

### The Fokus Society, Sweden

The experience of foreign countries often is relevant to needs and situations in this country.[6] One example is the internationally reknowned Fokus Society in Sweden. It promulgates the following basic rights of the physically handicapped:

— The right to live under the same conditions and with the same opportunities as the nonhandicapped;

— The right to live in security, with access to reliable personal services;

— The right to live in a chosen geographical area;

— The right to have a choice of suitable occupation; and

— The right to enjoy satisfying, freetime activities.

A typical Fokus housing development consists of a "campus," with a scattering of small apartment buildings and one or more central buildings that provide space for recreation, crafts, and services for the physically handicapped. The design of the Fokus living units is particularly sophisticated, with nearly everything in the kitchen and bathroom adjustable in various ways to fit the size, height, reach, and coping capacity of a handicapped person.

The society puts much emphasis on independence and self-reliance. A Fokus tenant is expected to take care of himself or herself and to assume complete responsibility for his or her own life. The emphasis is not on taking care of handicapped persons but on training them to take care of themselves. The tenant must rent his flat on the same terms as other Swedish tenants, pay for it, and furnish it. He buys and prepares his own food but may have assistance, if needed, from the Fokus central service staff. Community medical or hospital service (available to all in Sweden) is used. The Fokus program avoids all nursing systems in which the disabled person is enclosed; about which he has nothing to say; and in which he has nothing to do except follow the recommendations given him. The society offers its tenants opportunities to manage their lives without help or with minimum essential help. Thus, the service component must promote self-care and independence, not dependence.

### Throughout the United States

The National Association for Retarded Citizens has identified the following principles for residential living for retarded adults:

— Provide a home environment with supervision and guidance, as needed;

— Offer living experiences appropriate to the functional level and learning needs of the individual;

— Locate the residence within the mainstream of community life; and

— Provide access to necessary supportive, habilitative, and rehabilitative programs based on the developmental model.[7]

If there is some indecision within a group prepared to sponsor housing for the handicapped on where to start, visits to one or more operating residences of different types are advised to discover, firsthand, what has and has not worked best and what are the relative costs of different approaches. Following are brief descriptions of a few developments in this country that may help a sponsoring group decide what to do or not do. Some of the examples are of projects where the handicapped, regardless of age, are included along with a majority of elderly tenants—a practice that has generally not proved satisfactory.

1—*Vistula Manor—Toledo, Ohio:* HUD-financed public housing; barrier-free design; 164 units. Thirty percent of occupants are handicapped; the rest, elderly. Located across the street from Goodwill Industries and near a city health center offering therapy and other medical aid as needed.

2—*Pilgrim Tower—Los Angeles, California:* HUD-financed under Section 202 program of rental housing for elderly and handicapped. Contains 112 units; seven out of eight tenants are deaf or hard-of-hearing. The building was designed essentially for the elderly, with common rooms, etc. Building personnel can all use sign language. Sponsored by Pilgrim Lutheran Church of the Deaf.

3—*Handicap Village—Des Moines, Iowa:* Consists of a group of small cottages, each accommodating two groups of eight persons. Represented in each are persons of both sexes, different age groups, and with differing types of handicapping conditions. Larger social interchange is available through central activity buildings as well as community facilities. Every resident, through programming, has a reason to get up, get dressed, and participate in an activity. Activities vary greatly and can be performed in the cottage, elsewhere in the village, or in the community. Sponsored by Handicap Village, a nonprofit corporation. The first two cottages were completed by early 1976 and facilities for 32 residents were in use. The first phase of the activity center was also completed and provides programs for 100 residents. Four more cottages are to be opened.

4—*Community Living—San Diego, California:* A 28-unit residential apartment complex for developmentally disabled young adults in the moderate to mild range of retardation. Operated by the Salvation Army's bureau of social services. On-site staff services are aimed at providing opportunities for achieving a satisfactory degree of independent functioning in a realistic, community-based setting. Facilities have been provided by the public housing authority, with HUD assistance. Funding has been provided by the United Way, Regional Center for the Retarded, and two grants from the state Department of Health and Welfare. Other local organizations have also contributed. All residents are involved in outside programs during the day. Staff includes three resident counselors (a married couple and a single person), a part-time project coordinator, and a fulltime social worker.

5—*Tanya Towers—New York City:* The state financed this apartment project sponsored by the New York Society for the Deaf. It houses the completely deaf, the hard-of-hearing, and those with normal hearing. The society feels that nonhearing persons should not be separated from others and observes that persons with normal hearing can go to a friend around the corner or to the neighbor next door but the deaf often have no one to visit and are terribly isolated socially. Tanya Towers provides a visual rather than an audio announcement system. When a visitor "rings the bell" in the lobby, a green light flashes in the apartment. A flashing red light is a fire warning. Closed circuit TV in the apartments monitors the front entrance; wide doors permit wheelchairs to pass through. A special pay telephone in the lobby is equipped with a teletypewriter for communication with others with similar equipment.

6—*Center Park Apartments—Seattle, Washington:* 150 units, all for the physically handicapped; part of the city's public housing program. Well-designed to accommodate wheelchairs. Day-care center is adjacent. Space and facilities are available for a wide range of community activities.

7—*Walter B. Roberts Manor—Omaha, Nebraska:* Built under the HUD-financed Section 221(d)(3) program, a low-interest mortgage program for rental housing (the rent subsidy portion of this program has since been suspended). Forty-two units, sponsored by the local association for the blind. Design is not modified to accommodate blind, with a few exceptions. All occupants are blind. No provision made for special services.

8—*Highland Heights—Fall River, Massachusetts:* 208 units; part of the community's public housing program. Houses a wide range of physi-

cally disabled persons. Connected with an orthopedic hospital, which provides rehabilitative services to handicapped residents. Well-designed for wheelchair users. A variety of services are provided and it has become a focal point of community activity.

9—*New Horizons—Fargo, North Dakota:* A public housing project; 100 units, 70 occupied by handicapped. Design may be the best so far for disabled persons with physical handicaps. Its service and medical programs were slow in getting underway. Designed primarily for wheelchair-bound.

10—*Independence Hall—Houston, Texas:* HUD-financed under Section 236 mortgage interest subsidy program for rental housing (since suspended). Two hundred ninety-two units on two floors, well-designed for the various types of handicapped occupants. Sponsored by Goodwill Industries, which provides services. Medical support is provided by available hospitals. Everyone who runs the building is handicapped.

11—*Creative Living—Columbus, Ohio:* HUD-financed under the Section 236 program; 18 units, one story, designed for paraplegics. Design is excellent. Sponsored by Creative Living, Inc. Students from Ohio State medical school work as attendants, providing a wide range of care. The state department of physical medicine provides rehabilitation services.

12—*Cooperative Living Project—Houston, Texas:* Transition housing for a maximum of 18 severely physically disabled young adults, ages 19 to 30, who wish to work toward their educational and vocational goals in order to become productive, self-sustaining members of society. The project is a combination of special architecture and various services, including shared attendants, transportation, vocational training experiences, and counseling. Residents schedule services as needed through the use of sign-up sheets. A food service is provided by the Texas Institute for Rehabilitation and Research but meals are often brought in from outside sources. Round-the-clock physical assistance is provided by a nonprofessional attendant staff, trained by residents. A resident management council of four elected representatives governs the project, manages the services, and hires and fires staff.

This dormitory-style building, located near downtown Houston, is owned by the Texas Institute for Rehabilitation and Research. The program is generally funded by a grant from HEW's social and rehabilitation service; the Texas institute; and individual earnings and various sources of financial assistance, such as subsidies from the Houston housing authority, and the Supplemental Security Income program, all of which help defray the cost, depending upon the amount of service each individual needs.

13—*Atlantis Community—Denver, Colorado:* The Atlantis Community, Inc., is a nonprofit group of handicapped persons (mostly former residents of nursing homes), support staff, and lay people. Its aim is independent living for disabled adults. Atlantis received an $80,000 preplanning grant through the HUD-financed community development block grant program, which provides federal funds for a wide variety of community development purposes (such as community centers for the handicapped, but not housing construction).

The short-run plan of the Atlantis group called for the leasing of seven apartments from the Denver housing authority. Because the dwellings had to be made barrier-free, funds were sought and obtained from the state department of social services. The Denver department of health and hospitals provides medical services as needed; the welfare agency provides case work; and the department of public works provides curb cuts for wheelchair mobility in the immediate neighborhood. As of early 1976, the first eight disabled occupants had relocated from the nursing home and taken up residence in these apartments. The Atlantis long-range plan is to develop housing as an alternative to nursing homes. The group has found that the best approach to planning is a flexible one and, until problems of funding, medical, social, and service assistance are solved, no preconceived ideas could possibly provide the flexibility that might be required to achieve Atlantis' aim. Consequently, more formal housing plans will be an outcome of its preplanning program.

14—*The Michigan State Housing Development Authority:* The authority has funded a number of developments throughout the state for mentally retarded adults by working through local public or private sponsors. These developments serve retarded persons 18 years of age or older who are capable of self-care and a reasonable degree of independence and whose basic needs include the provision of a suitable place of residence in a normal living situation, including access to employment; placement in a community program; or a sheltered workshop setting appropriate to their levels of functioning. The homes range from six to 16 occupants. In early 1976, they were operating in 16 locations, with many nonprofit local groups

requesting funding for similar housing. The authority has developed specific guidelines for the use of sponsors on size, design, eligibility, and service needs. The state departments of mental health, social services, public health, vocational rehabilitation, and education all contribute to the service elements in the housing. The long-term funding is predicted on a $10 per diem operating cost (1974), funded by the Supplemental Security Income program ($5.50) and supplemented by the state department of social services ($4.50).

15—*Pennsylvania Division of Mental Health:* Housing for the retarded is considered one of the state's service programs and is funded through the division of mental health of the department of public welfare. Precise criteria are used to determine the types of persons who will reside in a given facility, based on their levels of competence. Prior to eligibility for community-based housing, the potential occupant must be part of a day program, in which evaluation can determine his readiness for community-based housing.

The counties of Pennsylvania submit their plans to the state, including housing needs. If housing is in the approved plan, the division of mental health provides funds for either purchase or rental of appropriate quarters. The county provides the service element, working through local nonprofit professional organizations. The resident helps defray costs from SSI or other income, including employment.

The Pittsburgh United Cerebral Palsy Associations has developed a supervised apartment program under the mental health housing program. This project will place a total of nine residents in a supervised apartment setting. All clients considered for this residential program will be developmentally disabled and considered appropriate for all mental health/mental retardation base service unit programming. Since developmental disabilities include mental retardation, epilepsy, cerebral palsy, and autism, any adult over 21 with any of these conditions will be considered appropriate. In addition to the developmental disability, all clients for consideration must also have some type of motor disability.

For purposes of selection, the following mental and physical functioning guidelines will be offered. Referrals must be made by or through the appropriate base service units.

*Mental Functioning:* For consideration all clients must be functioning or have tested between moderate to borderline retardation. They must all have actual or potential skills for independent living, including areas such as (1) personal adjustment (must be able to cope with and be interested in independent living); (2) money management (must be able to actually, or through training, count and manage their financial affairs); (3) homemaking management (must be able to function and handle all cooking and cleaning within the apartment); (4) ability to perform activities of daily living, such as feeding, dressing, cleaning, and general care of their persons.

Although there will be supervision in this project, for the most part the residents will be on their own and must have the maturity and good judgment to handle most independent situations.

*Physical Functioning:* All the apartments for this project will be fully adapted to accommodate the inconvenienced person; however, all the clients must be independent (either actually or through training) in the following areas: (1) full and total independent transfer (must be able to move from a wheelchair or other orthopedic devices into a tub, toilet, chair, or bed); (2) dexterity to handle cooking and cleaning (must be able to function in a kitchen or use cleaning equipment—either normal equipment or equipment adapted for use by the disabled person); (3) ability to handle grooming and health maintenance (must be able to physically take care of their persons).

Each referring base service unit will use the above criteria as a rough guideline and final determination will be up to the admission utilization review committee. The service unit must submit the following data when referring a client: recent medical assessment; recent dental evaluation; social history; recent psychological report; United Cerebral Palsy intake fact sheet; individual program plan, including short-range goals, long-range goals, and services necessary to meet these goals; financial information.

In addition to the projects just cited, the following are further examples of relatively small group residences, mostly in existing houses or apartments, providing group living for retarded persons.

16—*Tallahassee, Florida—Lake House:* Two men and five women in an existing dwelling. The program is primarily care, training, and rehabilitation.

17—*Meriden, Connecticut:* Six young men who function on a moderate to mild level of mental retardation. Resident staff is provided, as well as social services from outside. Graduate students at a nearby college act as counselors.

18—*Scituate, Massachusetts—Sunlight House:* Accommodates eight retarded, blind adult men.

House staff is provided, as well as an outside social worker and classroom, community, and workshop activities.

19—*Casper, Wyoming*: Four-bedroom house with four men and two women, all ambulatory and with some self-help skills. Two house parents live in. Social services are provided by Wyoming State Training School. Various types of training, including vocational training. Several residents are employed. Home was purchased with help of HUD low-interest-rate mortgage loan.

20—*Cranston, Rhode Island*: Severely to mildly retarded adults. Consists of nine dwelling places scattered throughout the city; eight apartments and one home. Thirty-five retarded men and women share the units, three to six to a residence. Programs are heavy on training. Mildly retarded are grouped with severely retarded, so one helps another.

In some places, experience indicates that small group residences promote the normalization principle, while highrise structures with multitudes of handicapped persons may defeat this goal. The HUD regional office in Dallas appears to emphasize the small residence concept as demonstrated by its prototype homes in Brenham and El Paso, Texas. This office further recommends that small groups in small towns who cannot build, often can lease one or more HUD-assisted units to house residents or to conduct training programs. Examples of this method are located in McKinney, Texas and in Clovis and Central, New Mexico.

## Nondwelling Facilities

In some instances, sheltered workshops, special schools, or special community activity centers have been built with housing facilities. Unless there otherwise would be a transportation problem, such combinations are generally not recommended, since they tend to make the lifestyle different from the normal and may create dependency. Generally, persons do not live, work, go to school, or find total recreation or other experiences at home. Since our theme is normalcy, it follows that handicapped persons should venture into the community for those activities or services sought by others in the same way. For more severely handicapped persons, however, special installations combined with housing may be necessary if training, education, or recreation are to be obtained. The need for including nonhousing facilities (except those spaces for resident socialization) may largely be determined by the recreational and other resources in a reachable area. These considerations are dominant in selecting a site. A more expensive site could, in reality, be an economy if it provides opportunities that should not or need not be replicated in the housing.

## In Conclusion

Dr. Phillip Roos, executive director of the National Association for Retarded Citizens, speaking before the First National Conference on Housing and the Handicapped in Houston, Texas in 1974, summed up the significance of matching housing and handicap: "We are beginning to recognize that the environment in which a person lives holds a certain message for that person . . . . What makes a home? As I understand it, a home is a place of residence which meets some basic human needs . . . security, a place where one feels safe . . . a place of privacy . . . a place for personal property . . . It's a place where we belong. It's a place where one has some self-esteem. It's a place where one can control at least a small segment of one's world."[8]

Chapter 3

# Financing Resources

There are basically three options in developing housing for handicapped persons: (1) new construction; (2) purchase of an existing structure (with or without rehabilitation); and (3) leasing all or part of a structure. The type of housing will largely determine the financing route to be taken.

While many planning decisions covered in other sections of this guide must be made prior to financing, an understanding of the sources of funds and of requirements and procedures for securing them under different programs provides a base for the planning process.

Therefore, this chapter presents a review of the major financing sources, particularly those with federal subsidies, available through the Department of Housing and Urban Development, the Department of Agriculture, the Veterans Administration, those states having housing finance programs, and other agencies providing funding for housing. Such financial considerations as achieving an economically feasible project are covered. Finally, the step-by-step procedures related to the three types of housing options are provided, along with a few examples of the routes taken in some communities when providing housing for physically handicapped or developmentally disabled persons, including the mentally retarded.

## Sources of Finance

Chart 5 provides a quick reference to any analysis of various sources of capital financing and/or subsidy. This information should be useful throughout the planning and implementation stages of the project. Although new regulations or changes are being made constantly and should be checked out, the chart summaries feature the basic requirements. (Appendix A presents comments on provisions of the 1976 housing authorization act that are relevant to the subject of this guide.) The housing sponsor, if using federal financing programs, should plan very early to visit the nearest HUD office, obtain the latest forms, and learn from knowledgeable staff (who will later be processing the application) the official interpretation of the relevant legislation, regulations, and forms (see Appendix B for a list of HUD regional, area, and insuring offices).

### Seed Money

Some nonprofit organizations will be fortunate enough to have financial backing for expenditures in the early planning stages before making formal application for capital funding or before it flows following commitment. The fairly complex process of selecting and obtaining appropriate financing, however, takes time, and many nonprofit organizations may need "seed money" (front money advances) to cover early planning expenses which must be paid before the proceeds of the mortgage financing become available.

Seed money is a direct loan to defray costs incurred in the planning stage. This loan is added to the mortgage amount for repayment as part of the total housing cost. Among the early costs are preliminary surveys and analyses of the market; the preliminary site investigation (e.g., topographic maps, drainage); architectural fees for schematic drawings indicating site usability; land options or purchase; application and mortgage commitment fees; construction loan fees and discounts; administrative overhead (staff, office rental, telephone, office supplies); and related miscellaneous fees and expenses. An experienced housing consultant is knowledgeable about seed money and its sources and generally is the best person to

seek it. In some cases, a housing consultant will defer payment of his fee until seed money has been secured.

**1. HUD Section 106 Program.** This seed money program has two parts. Part (a), which has not been funded in recent years, provides for grants designed to permit public or private nonprofit organizations to obtain technical assistance relating to construction, rehabilitation, and operation of low- and moderate-income housing. Part (b), however, has been retained and funded. It authorizes the HUD secretary to make *loans* to nonprofit organizations for necessary planning expenses, including, but not limited to, the items previously listed. These are no-interest loans, chargeable to the mortgage; the term usually runs for 24 months and is limited to not more than 80 percent of the estimated preliminary costs, with the sponsor providing the other 20 percent. The HUD secretary may cancel all or any portion of the seed money contract if the project does not proceed as planned or if other events justify such action. As of October 1975, the funding level was 7.154 million dollars, largely untapped. Seed money programs have had limited use due to the difficulties of establishing eligibility. Inquiry should be made at the nearest HUD office for details on the application procedure for Section 106(b) seed money.[1]

**2. Rural Housing.** Among the many activities of the Housing Assistance Council, a federally-funded national corporation organized in 1971, is the provision of seed money to local groups providing housing in rural areas to build or rehabilitate housing for rural low-income families, including the handicapped. Loans have been made for such pre-development costs as land options, site acquisition and development, and engineering, architectural, and legal fees. Seed money loans are recoverable from the ultimate financing.

**3. State Sources.** Seed money loan funds also are available from some state housing finance agencies either through that agency or a sister planning agency. (Availability differs from state to state, so it is necessary to inquire. See Appendices C and D for the address and telephone numbers of the agencies in various states.) In pennsylvania, for instance, the housing seed money program is in the department of community affairs rather than that state's housing finance agency. There also may be loan or grant funds for improved housing in other state agencies responsible for alleviating the housing conditions of handicapped persons.

**4. Local Sources.** In a few communities, there are local nonprofit housing development agencies that provide seed money for feasible projects. Some foundations, particularly those whose orientation is to a state or a particular local community, may offer this assistance. Large investors also may be willing to syndicate the project, purchasing a share of it, perhaps advancing seed money or themselves providing the technical advice. One example is the National Corporation for Housing Partnerships (1133 15th Street, N.W., Washington, D.C. 20005), created by the Housing and Urban Development Act of 1968. It may furnish seed money, technical advice, and a variety of other services to projects it considers worthy.

In Denver, the Atlantis Community, Inc., a nonprofit group, applied for and received an $80,000 preplanning grant from the city's community development block grant funds for the purpose of developing plans for construction of 100 ground-level townhouse dwellings for severely disabled adults, some now living in nursing homes. A number of other communities have received similar assistance through the CD block grant program. While these funds do not cover housing costs, they may be used for related purposes. (Current HUD regulations preclude the use of CD block grant funds for "group homes" (January 1976).) For example, in Denver, the major use of CD funds is reported to have been for specifying a building program and educating the local design community on the architectural and fixture elements necessary to serve severely handicapped adults.

### HUD Section 8 Program

The major HUD-assisted housing program in existence as of mid-1976 is the Section 8 program, authorized by the Housing and Community Development Act of 1974.[2] The Section 8 program has three facets: (1) a new construction program; (2) a major rehabilitation program; and (3) an existing housing leasing program. Although HUD's emphasis has been on the use of existing housing through leasing, the Congress and national housing organizations in early 1976 were making efforts to strengthen the new construction program in order to increase the housing inventory, which is sadly depleted in some areas due to the housing moratorium of January 1973. However, all elements of the Section 8 program currently were being activated as this guidebook was in preparation.[3]

The Section 8 housing assistance payments program provides a rental subsidy to low- and middle-income families that can equal the difference be-

tween the HUD-established contract rents in specific geographical areas, by size of dwelling, and 15 to 25 percent of the eligible family's income. Section 8 does not permit development loans or other financing but it may be used in conjunction with other HUD programs, such as Sections 202, 221, etc., or in conjunction with bond financing by public agencies. For new construction and major rehabilitation, the developer/sponsor signs a housing assistance payments contract, which will insure that portion of the fair market rent that cannot be paid by the tenant (on the 25-percent-of-income-for-rent formula) and thereby insure rental income sufficient to repay the mortgage and operating expenses. The HUD central office allocates a certain number of units to HUD field offices and application for the funds is made to these offices by interested local groups. The applications and contracts must be in conformity with the local housing assistance plan (if an approved plan exists in the community).

For leased housing, families eligible for Section 8 assistance must apply to the local public housing authority (PHA) administering the program in order to receive a certificate of family participation. This specifies the applicable fair market rent for the size unit appropriate for the family and the maximum amount the family can pay for rent. It is then up to the family (or an agency operating in its behalf) to find a standard quality dwelling unit that the owner is willing to rent at an established contract rent, no higher than the fair market rent. When a suitable dwelling is located, a "request for lease approval," signed by the owner, is submitted to the PHA. After the PHA approves the unit, a leasing contract is made. It may be for up to three years. This leasing program is only applicable where Section 8 contract authority has been allocated.[4]

Because the Section 8 program does not have construction funding, other sources for construction funds are emerging. The most obvious are the federal and state programs identified in Chart 5: FHA-insured private loans; HUD Section 202 direct loans; HUD Section 235 insured loans for homeownership (with somewhat lower interest rates); Farmers Home Administration-insured loans (at the market rate of interest, including those with Section 8 subsidy); mortgage loans from state housing finance agencies; and public agency bond financing.

### HUD Traditional Public Housing Program

A number of local housing authorities have already utilized the traditional public housing program to develop housing for handicapped persons. The reactivation of new construction under the traditional public housing program under the 1976 housing authorizations and appropriations acts provides new opportunities for construction and substantial rehabilitation of housing for handicapped and disabled persons under the public housing program.

### HUD Section 202 Program

Probably the most important financing program for rental housing for the handicapped is Section 202, which provides a direct federal loan for construction and permanent financing, with an interest rate below commercial rates (thus helping achieve lower rents). The interest rate for Section 202 loans and borrowings from the treasury is a variable one, based on the average interest rate on all interest-bearing obligations of the United States then forming a part of the public debt, computed at the end of the fiscal year (September 30) preceding the date on which the loan is made. Currently the rate is between six and seven percent. The Section 202 construction loan must be combined with the Section 8 housing assistance payments program to further reduce rent levels and, therefore, to serve families or individuals with limited income.[5]

The Congressional intent for the Section 202 program is that it serve as the primary vehicle for the production of housing for the elderly or handicapped by nonprofit private sponsors and developers. It covers both new construction and substantial rehabilitation of permanent housing and it cannot be used for the production of hospitals, nursing homes, intermediate care facilities, or transitional facilities. Recommended for Section 202 housing is a range of services, including health, continuing education, welfare, information, recreation, homemaker, counseling, referral, and transportation. No provision is made for payment for these services from housing funds; however, they may qualify under the community development block grant program if the housing is directly related to a community development improvement area. The services eligible under such programs are limited to "public services not otherwise available . . . if assistance in providing or securing such services under other applicable federal laws or programs has been applied for and denied or not made available within a reasonable period of time . . . ."

A handbook on the Section 202 direct loan program has been prepared by HUD and should be acquired by any group using this program.[6]

**FmHA Section 515 Program**

As noted at the end of the previous discussion of the HUD Section 8 program, a portion of Section 8 funds may be used to support the Section 515 rental program in order to provide housing assistance payments in rural areas. This latter program is administered by the Farmers Home Administration (FmHA) in the Department of Agriculture. On June 23, 1976, a *Memorandum of Understanding* on rural housing was signed by the secretaries of HUD and DoA. Following are highlights of that agreement:

> . . . HUD agrees to set aside 4,000 newly constructed units for the FmHA-HUD effort up to September 30, 1976 and not less than 10,000 units in subsequent fiscal years. Section 8 funds must be committed to Section 515 projects 45 days prior to the end of any fiscal year. Failing this, HUD may redistribute the funds.
>
> . . . Distribution of funds will be according to Section 213(d)(1) based on population, income and poverty, etc., plus the differential in metropolitan and nonmetropolitan areas as set forth in the 1974 Housing and Community Development Act.
>
> . . . FmHA will use HUD minimum property standards and will revise their neighborhood standards to meet those of HUD.
>
> . . . FmHA will provide interest credit on any newly constructed Section 515 project assisted with Section 8 funds to reduce the effective interest rate applicable to the Section 8 units by one percentage point below the FmHA interest rate at the time of loan closing.
>
> . . . Coordination of field office activities between the two agencies will include submittal of required forms by FmHA to HUD offices to be reviewed for approval and consistency. HUD will prepare a housing assistance payments contract for execution with the owner at project completion and upon certification of FmHA. (At this time, FmHA assumes no responsibility for assuring compliance by the owner with the terms of the housing assistance payments contract but will cooperate with HUD to work out procedures for accepting this responsibility. However, HUD may audit FmHA Section 8 related activities for compliance.)
>
> . . . An Interagency Task Force of headquarters and field office personnel will convene periodically to discuss problems and solutions. Both agencies will provide training for their respective personnel to implement effective coordination.

**Other Financing Mechanisms**

In some locales where existing programs under current regulations do not fill the bill, ingenious financing mechanisms have been or are being developed. Several public housing authorities and even private builders have arranged with cities to issue revenue bonds to raise funds to finance construction. One such plan involves issuance of public housing bonds secured by a first mortgage on the project, the pledged revenues of the project, and a HUD contract for Section 8 rent assistance payments. This plan also involves creation of a debt service reserve equal to at least one year's debt service (principal and interest) on the bonds issued.

A variation of this approach involves establishment of a one-year debt service reserve for bond payments, a decision by the public housing authority to charge rents high enough to place in the reserve the difference between payments in lieu of local taxes (often as low as 20 percent or less of total taxes) and the amount of full local real estate taxes. Under this approach, the city government also pledges to pay from local tax revenues any deficiency that may develop in the one-year debt service reserve.

Another approach being considered is to secure FHA mortgage insurance to finance the project and use this guarantee as security for the bonds issued. Another possibility is to pledge, as security for the bonds, the assets of the ownership entity. This approach might be successful, even for a nonprofit corporation, if it had adequate assets to pledge as security for the bonds issued. If the private owner does not have sufficient financial strength, the backing of a philanthropic foundation might be sought.

One example of a successful state-initiated financing plan is that undertaken a few years ago by the Michigan State Housing Development Authority, which provided financing for the construction of new housing for mentally retarded adults and joined this financing with the Section 236 federal interest subsidy program, making it possible to house low-income persons. Financing programs were designed to meet the individual needs of individual projects. MSHDA developed and processed these programs, working closely

with local community sponsors, as well as state and county agencies that provided supportive services to the adult mentally retarded. Written agreements concerning the financial commitments of the department of mental health and department of social services were entered into, where appropriate. The result was group homes in some 16 localities throughout the state.

This same type of arrangement is possible using state financing for construction with a "piggyback" of the federal Section 8 program. HUD has earmarked certain funds for just such state action. An example is the group home program now being developed in Virginia for adult mentally retarded persons. The Virginia Housing Development Authority would provide construction and permanent financing to nonprofit or limited dividend sponsors participating in the state program and seed money loans up to $30,000 to the nonprofit sponsors, if needed. HUD would provide Section 8 housing assistance payments and use its multifamily minimum property standards for the design of group homes. It is planned that the subsidy rate for one-bedroom apartments would be applied for each bedroom in a group home, thus providing a dollar amount of subsidy to cover the cost of other aspects of the home. This would permit the sponsor to have adequate funds to amortize the mortgage and provide a livable home.

Services would be provided by a combination of organizations and agencies, including the state department of welfare; the Virginia Association for Retarded Citizens; the state department of vocational rehabilitation; the Developmental Disabilities Planning and Advisory Council; and Chapter 10 mental health and mental retardation service boards. The state department of mental health and mental retardation has promised to provide those services that are not otherwise available. It would also be the licensing agency, using medicaid requirements for intermediate care facilities for the mentally retarded; would participate in architectural decisionmaking; and would supply information on potential residents.

As the program has developed thus far, group homes for six to 16 adult mentally retarded persons over 18 years of age as well as apartments for eight to 25 persons are to be newly constructed or leased from the public housing authority. In addition to financing, the VHDA will provide a training program for individuals selected as resident managers of the group homes.

Although state-federal joint financing appears to be one viable way to fund a housing/services program, some states are experiencing difficulties in marketing their housing bonds to provide the construction funds and not all state housing finance agencies meet HUD requirements. In any event, these agencies should be contacted to determine the current status of their financing capability.

A final approach to consider is that utilized in the program of the mental health division of the Pennsylvania department of public welfare, which provides funds for purchase or lease of housing for mentally retarded persons, since it perceives the living arrangement as a service, eligible under county-developed annual service plans.

**Jointly Financing Housing and Other Facilities**

It is sometimes possible to combine the construction of housing with service facility programs such as training or other centers, sheltered workshops, etc., using both HUD funds and public facilities funds under the HEW-administered Rehabilitation Act of 1973 or the Developmental Disabilities Act of 1975.

Building public facilities, such as sheltered workshops, in conjunction with housing may be an economy in both housing and the facility costs. Community development block grant funds also may be used to construct or plan recreation facilities in conjunction with housing, as long as the facilities provide for participatory rather than spectator activities. Sheltered workshops, however, may be funded under the block grant program only if the project is a neighborhood facility.

It is only fair to observe that the use of these programs to combine housing and a service facility is limited. The use of the two HEW programs for construction of public facilities has been curtailed through a lack of appropriations, although some states have been able to utilize the acts—particularly the rehabilitation act—for this purpose. Since block grant funds may not be used for housing construction, the cost of a combined housing and public facility must be allocated between the new housing and the facility, since funding will be from two separate sources. It can be done but it is no easy task.[7]

Finally, while intermediate care facilities (ICF's) are not "housing" in the context of this guide, they are included here only to provide limited data for sponsors seeking to build this type of care facility as part of a project. Subject to a state plan, Title XIX (medicaid) authorizes funding for medical services and provides "for the inclusion (in the State Plan) of some institutional and some non-institutional care and services in ICF's. This type of facility is defined as an institution licensed

by the state to provide, on a regular basis, health-related care and services to individuals (including the handicapped) who do not require the degree of care and treatment that a hospital or skilled nursing home is designed to provide but who, because of their mental or physical condition, require care and services above the level of room and board. Those eligible for Title XIX payments are families with dependent children as well as aged, blind, or handicapped individuals who have little or no income or resources. The law specifically refers to services needed to help such families and individuals attain or retain capability for independence or self-care.

A special section of Title XIX (Section 249.10(b)(15)) provides for intermediate care facility services that may be included in intermediate care facilities for the mentally retarded (ICF-MR) that meet certain conditions. The facility must meet state licensure requirements and safety and sanitation standards applicable to nursing homes under state law; be certified to provide ICF services; and have, as its primary purpose, the provision of health and rehabilitative services. Section 249.12 enumerates the standards for ICF-MR's, including policies and procedures for staffing and operating the facility.

## Identifying Essential Budget Items

Having examined what financing sources are available and having decided, as well, what type of housing will be provided and the financial source to be used, the sponsor must determine what elements should be in the budget to assure the proposed project's feasibility. Achieving economic feasibility generally entails a juggling process, since the level of income from the proposed tenant population must at least equal all costs and rarely do the twain meet. A series of compromises concerning the housing plans and/or the tenant population may have to be made in order to achieve economic feasibility. (It may save time to check with the HUD field office and get its latest budget forms before starting the tentative budget process.)

### Preparing a Budget

The first budget is only tentative and, in all probability, will be changed several times as planning proceeds and as firm applications for financing housing and services are submitted and analyzed. The preliminary project budget should contain the most realistic estimates of total, annual, monthly, per day, per resident, and per unit costs possible. The purpose of this budget is to match the proposed housing and service plan to a resident population that can afford it. Listed are some of the critical items, followed by some sample budgets (Exhibit 2).

A—EXPENSES

*1—Housing*

- Total capital expenditure (or rent)
- Debt service (if purchased or newly constructed)
- Taxes
- Repairs and maintenance (secure valid estimates from operating projects)
- Insurance
- Utilities
- Furnishings
- Equipment (including trucks) and supplies
- Audit (if required)
- Operating services
- Replacement or refurbishing (estimated)
- Vacancy expectation
- Reserves

*2 —Management*

- Staff for management and maintenance
- Staff for services

*3 —Tenant Living Expenses*

(Essentials before rent)

- Food
- Clothing
- Transportation
- Medical and dental care, hospitalization, therapy, insurance, related expenses
- Education
- Pocket money

B—INCOME (Project)

- Resident payments—rent
- Rent subsidies
- Public or private payment for in-house services, total or some portion
- Value of real estate tax exemption or abatement, if any
- Contributions, memorials, family support, other

C—COSTS VERSUS INCOME

- Net cost per resident for housing and services
- Minimum resident income required from net rents and services.

### Determining Income

Some budget items must, of course, be qualified. Both the design of the housing and the extent of services will depend on the amount of rent income expected, this being determined by the level of tenant income. It can be anticipated that

many handicapped persons have relatively low incomes, some receiving only personal maintenance payments, including rent assistance payments, available under various federal/state laws or only Supplemental Security Income payments or Social Security. In making the project budget, the sponsor must be aware of the source(s) of tenant income; their time limitations (if any); as well as eligibility requirements for the payments program for the type of housing planned. In some cases, housing that provides certain care elements must be licensed before income maintenance payments may be applied toward rent. Investigate this early: it is crucial to project feasibility.

Among the several laws authorizing programs, administered by HEW, that cover services for handicapped persons are the following.

*The Social Security Act authorizes:*

1—Disability insurance payments for disabled perons who have worked long enough to qualify for Social Security. Eligible are individuals over age 18 who have been severely disabled since childhood and qualify for disability insurance on the work record of a disabled, retired, or deceased parent (Title II).

2—Supplemental Security Income (SSI) program, which provides monthly cash benefits to aged, blind, or substantially disabled persons with little or no income or resources; disabled children (Title XVI). SSI eligibility also makes such persons eligible for Title XX social services and, generally, for medicaid coverage.

3—Medicaid payments for the developmentally disabled living in licensed intermediate care facilities. Payments are received by states for reimbursement of the cost of providing care and services. A reduced SSI payment of $25 to meet personal needs may be given to occupants (Title XIX, ICF-MR).

4—Medicare health insurance payments for covered aged, blind, and disabled persons (Title XVIII), generally the same population that is covered for Title II Social Security benefits.

5—Social Service payments for room and board if the room and board are provided as an integral but subordinate part of a service directed to one of the five goals (set for the Title XX program) for a period of no more than six consecutive months or as a protective service for emergency shelter for a child.

*The Developmental Disabilities Act of 1975 provides for:*

1—Payments made, through the states, to the handicapped to (1) "assist public and nonprofit agencies in the construction of facilities for the provision of services to persons with developmental disabilities" and (2) pay for "domiciliary care" and "special living arrangements."

2—Payments made, through the states, for "maintenance not exceeding the estimated cost of subsistence 'during rehabilitation'." Payments are made to handicapped persons for whom it is determined there is potential for employment. (Very limited funding makes broad support through this program somewhat unreliable.)

In addition to determining rent-paying ability in relation to the occupant's regular income, some housing programs, such as public housing and FHA Section 236, also have asset limits in determining the income eligibility base. Section 202 does not have asset limits. Methods of determining the relevance of assets and their limits are determined locally.

Concerned housing sponsors will, of course, take into account the tenant's monetary needs, apart from covering his rent. There may be extraordinary medical, transportation, and prosthetics costs that must be covered by the income. For this reason, most programs permit deductions for necessary and unusual costs before arriving at a net income on which the rent is based. Such deductions are required in public housing and are extensive. Even when deductions for essentials are made from the gross income, there must be funds in the net income for such items as clothing, personal needs, e.g., toiletries, recreation, and entertainment.

On April 20, 1976, HUD issued a notice on "Changes in the Method of Computing Income on Forms HUD-51227 and HUD-51245." The method described for computing income for families moving into public housing is a useful guide, particularly for the approved types of allowable deductions whether or not public housing is used (Exhibit 3).[8]

## Procedures for Financing Housing Options

Financing for each of the housing options—new construction, purchase, or rental—is accomplished under different procedures, requirements, and complications. An experienced consultant will know the in's and out's of each system and will help obtain financing for whichever type of housing is to be undertaken.

Whether private, state, or federal financing aids are used, there is a sequence of basic steps to follow in obtaining the financing. The following se-

quence is that used by HUD and is similar to the process used in dealing with state housing finance agencies. Dealing directly with a lending institution for conventional financing may be shorter and faster but the essential steps are similar. This sequence covers the typical mortgage loan program and does not specifically cover HUD's rental subsidy programs. The information is presented to provide a general idea of the sources available and the steps involved in producing new housing and to make communication with the housing technicians and the government agencies more effective.

**Steps in Financing New Construction**

*Step 1—Make contacts to ascertain feasibility of proposed plan*

While it is all too true that handicapped persons in need of housing have had limited attention in the past, the feasibility and practicality of the proposed plan will be the determinant. If there is a HUD or state housing office in the area, visit it and procure copies of all forms and requirements for making application for funding. If a visit is not possible, a written request for forms, sets of regulations, and requirements should be made. Having studied them, a formal appointment for discussion should be requested with the appropriate staff of the office. This procedure holds true also for private financing without government assistance.

*Step 2—Arrange a pre-application conference*

This conference is held between the housing sponsor, members of its professional team, and technical personnel or the mortgage lender, who, in the case of government-assisted financing, will be the local staff of HUD, VA, and FmHA offices, the state housing finance agency, or the public housing authority. If rural housing is the objective, the Housing Assistance Council can help generate the interest of FmHA. This early conference provides opportunity for the sponsor to present to the lender or government agency the scope of the proposed project and to receive, in return, details of the lender's requirements under particular programs. State and federal agency officials will want to be assured that:

—The local housing assistance payments plan includes the requested units or confirmation from local officials that the number of units requested is part of the ensuing year plan, if one exists;

—There is a solid organization representing substantial and continuing citizen interest in the development, including board members with expertise in the housing field;

—A "needs" survey as specific as possible has been made, indicating a market that will produce full occupancy in minimum time and with sufficient income to carry the mortgage and pay operating expenses (including reserves); and

—Locational factors and costs are understood (if a site is tentatively agreed upon, the ownership, cost, and positive locational factors perceived to be realistic will be discussed).

If the housing organization is new and is planning the first housing of its kind in the community, the request for units should be modest until experience is gained. Flexible planning for later expansion may be indicated. Also anticipate that the organization's concepts and concerns may be modified by regulations. The lending agencies will put great stress on the capacity of the nonprofit sponsor to carry through on the project effectively and to own and manage it successfully. Again, great stress will be put on the permanence or continuity of the sponsoring organization. Lenders have found that ad hoc committees make poor sponsors. Funding agencies are well aware of the pitfalls and usually can spot deficiencies quickly. They also will be thinking of the total amortization period, not only the immediate action and its advocates.

This first contact is not to arrange financing but rather to explore what will be needed to obtain it and to ascertain the general feasibility of the proposal. Not too much time should elapse between the first meeting and the follow-up, however.

*Step 3—Make a site appraisal and market analysis (SAMA)*

The initial stage of the HUD multi-family processing system is the SAMA stage. At this stage, the sponsor may submit directly to the HUD area or insuring office an application requesting mortgage insurance. The application (FHA Form 2013) is completed only to the extent necessary to provide details of the project, size and number of apartments, rentals, and estimated land value. Exhibits accompanying the application include: a location map; evidence of site control; sketch plan of site; evidence of last arms-length transaction price; request for determination of eligibility as a nonprofit sponsor; previous participation certification; and any related matters requested.

*Step 4—Apply for a conditional commitment*

Following the issuance of a SAMA letter indicating the initial acceptance of the proposal by HUD, the sponsor proceeds to file an application (FHA Form 2013) for a conditional commitment through an approved mortgagee. In addition to

the information submitted at the SAMA stage, the request for the conditional commitment includes estimates of operating expenses, development costs, management staff, and mortgage requirements. The application must also be accompanied by schematic drawings and brief specifications; a management plan; an affirmative marketing plan; personal financial and credit statements; and owner/architect agreement.

*Step 5—Apply for a firm commitment*

The application for a firm commitment is also made on FHA Form 2013. Attached to the application must be final architectural drawings and detailed specifications; contractors and/or mortgagers cost breakdown; survey; and management agreement (if any). If the proposal is approved for mortgage insurance, a firm commitment is issued by HUD, which indicates the firm terms of the mortgage loan transaction.

*Step 6—Initial loan closing*

After the firm loan commitment is made and prior to the start of construction, an initial loan closing is needed. This closing is a legal procedure and requires an experienced lawyer. It makes it possible for an interim or construction loan to be made in the form of a series of advances to cover costs as construction progresses and as inspectors certify the completion of a particular stage.

*Step 7—Bidding*

The type of contract for construction of a development may be a requirement of the financing agency or may be left to the housing sponsor, with certain requirements. The size and cost of the structure also may determine the bidding and/or award method. In FHA programs, the agency form of construction contract, a cost-plus arrangement, is required, as is a list of conditions that comprise a part of the contract (Forms 2442A and 2554). FHA also provides an owner/architect agreement and sets the maximum fees that can be paid.

Most public agencies must advertise for bids and select the lowest and best bid. Bidding is based on precise plans and specifications and must be accompanied by the bidder's financial statement and performance bond. Public agencies sometimes use the "turnkey" method, the landowner-builder proposing a finished or "turnkey" job on his set of plans, which the public housing authority has approved. Many nonprofit housing sponsors prefer to select a builder and negotiate a contract with him. Since the building industry is highly competitive, any sponsor must be careful that no personal interest prompted the selection to avoid challenges or lawsuits. The board should have a supportable reason for the selection and, if possible, have the record show that a number of builders were investigated and the one chosen was selected from among them for a supportable reason related to competent and economical construction. Regardless of the reputation or standing of the contractor in the community, the sponsor should require the same assurances of performance required in public bidding.

*Step 8—Begin construction*

After contract award, the builder can start construction. As construction progresses, it is subject to periodic inspection by the lending institution's (or government's) inspector. If changes in the original plans are required, a request for change order and its approval by the lender or government agency is initiated and must be supported by valid reasons for the change. Such changes may increase or decrease the original contract price. Specification changes are a legal part of the contract and must be carefully handled, with valid reasons for the change accompanied by appropriate monetary changes.

*Step 9—Arrange for the final loan closing*

After construction is completed and approved by all concerned (the lender, the government agency, and the city building inspectors), the permanent mortgage loan is closed. This is a legal procedure requiring a lawyer. After the final closing, the permanent mortgage loan is disbursed by the lender to the borrower and repayment of the loan in regular installments begins. If all calculations have been correct, the rent proceeds of the project should cover loan repayments (principal and interest), taxes, operating costs, as well as maintenance and reserves.

*Step 10—Begin management operations*

The tenant application and selection process should begin at least six months before construction is completed. When tenants are selected and admitted, the long-term management phase of the project begins. This job is more complicated for housing for the handicapped because the management must consider not only day-to-day upkeep, maintenance, and rent collection but also any special needs of handicapped persons and the effective application of the service package upon occupancy. Some of these services will be provided by management staff, while others (e.g., education, skill training, rehabilitation, and therapy) will be provided by community agencies.

**Steps in Purchasing an Existing Structure (With or Without Rehabilitation)**

In deciding to buy an existing house or other structure to provide housing for the handicapped, the procedure is simpler than for new construction. Generally, the only professional help needed will be a qualified real estate broker to assist with selection and application for financing. An experienced contractor may be able to handle minor rehabilitation. If substantial rehabilitation is necessary, an architect and possibly an engineer and appraiser will be needed to determine the cost of rehabilitation and, therefore, the feasibility of using the structure. While the shell of many well-located, often vacant buildings may appear to be ideal, rehabilitation is very costly if the interior must be gutted and spaces rearranged. Also, if new heating-cooling, wiring, etc., are required, the cost could exceed that of new construction.

Several HUD-FHA programs, as well as FmHA programs, provide financial assistance for the purchase of existing structures. (Only HUD Section 223f can be used for nonrehabilitated purchased structures.) A realtor or the nearest HUD or FmHA office can advise on how to use these programs for the purchase of existing structures. A public housing authority or a state housing finance agency are other sources of assistance. While government loans are available for substantial rehabilitation, some groups have managed to raise funds for this purpose through local contributions. In some instances, owners have made the necessary modifications at their own expense as part of the sales agreements. Again, a competent engineer should assure the sponsor of the safety and adequacy of the repairs. Many buildings are on the market because of code violations and the cost to correct these may exceed the revenue-producing potential of the structure.

*Step 1—Make a tentative budget*

Know what income is required to cover the monthly mortgage, utilities, taxes, and operational cost. This tentative budget will affect many decisions, including the clientele and their rent-producing incomes, as well as the (including rehabilitation) of the housing acquisition.

*Step 2—Engage the services of a real estate broker*

In preparing to purchase, the services of one or more experienced real estate brokers should be used. They can help identify a suitable neighborhood, locate suitable buildings for sale, arrange mortgage financing (either private or government-supported, with or without subsidy), negotiate a price, and arrange for title clearance and transfer. They can also help plan and arrange for any minor physical adjustments to the building to serve the handicapped and assist with its financing, if necessary. Their fees, which will vary according to the work requested and the time consumed, will normally be paid when the transaction is completed and the financing arranged. If major rehabilitation is needed, a more complex sequence, similar to that for new construction, is required. Current requirements for an engineer's report in converting existing rental apartment buildings to condominiums would be a useful guide to the essential factors to consider when contemplating the use of any existing building that requires extensive rehabilitation to meet fire and safety codes as well as space rearrangements or any special features needed by occupants.

*Step 3—Select a location and building*

The location should be near various services and amenities, either in the center city or suburban areas. (If suburban, transportation becomes a critical factor.) The building can be an existing home, an apartment building, or other structure that is suitable for the handicapped or that is capable of modification for this purpose. Before purchase, investigate the zoning of the property, safety and fire codes, and any licensing that may be required.

*Step 4—Negotiate price*

With the help of the real estate broker, negotiate a price that is within the budget. Get a firm estimate of all items of rehabilitation costs (such as new wiring, heating, air conditioning, etc.).

*Step 5—Arrange financing*

With the help of the real estate broker, arrange appropriate private or government-supported financing for the purchase.

*Step 6—Consummate purchase*

With the help of the real estate broker, complete the purchase transaction and accept title to the property.

*Step 7—Begin the management process*

Activate the service package; select tenants; and you are in business.

**Leasing Private or Public Housing**

To rent or lease a house or apartment house (in whole or in part) is the simplest of the financing procedures. A real estate broker can help locate vacant or available units. If public housing is needed to achieve lower rents, the local public

housing authority can arrange to lease units or buildings.

**Steps in Leasing from Private Owners**

*Step 1—Prepare a budget*

Establish the rents the potential residents can pay and relate them to the owner's rent scale for different sized apartments. The rent level will quickly establish the location and types of dwellings within the paying ability of the sponsor. Make a budget that reflects not only the anticipated rent but also the cost of services and operating expenses. If it has not already been determined, this budget may indicate what income group can be served and, therefore, the kind of properties that can be considered.

*Step 2—Identify potential location and dwellings*

Seek the services of one or more real estate brokers; list the requirements of the structures being sought; and request identification of suitable neighborhoods and suitable dwellings for rent. (This search also can be done by volunteers or organizations working on their own or through real estate agents.)

*Step 3—Choose preferred location and dwellings*

From among suitable offerings, select the one that most nearly achieves the sponsor's housing goal, even if not perfect in all respects. Location and transportation are important factors in this decision—more important, actually, than the characteristics of the dwelling. (Handicapped persons are more adaptable than static buildings.) If there is to be multiple occupancy, look into neighborhood zoning and any licensing requirements for group living.

*Step 4—Draw up and review lease forms*

When a property is decided upon, the rental agreement will be reflected in a legal lease that specifies in writing all details of the transaction: term; maintenance responsibilities; termination; and any special conditions that relate to the use of the premises by handicapped persons. The lease forms most generally used will not cover the specifics required for a specialized clientele. Be as specific as possible, since the lease will be relied upon to establish the rights of both the lessee and the lessor. It is wise to have a lawyer draw up or at least review and approve the special conditions desired. Take nothing for granted. Spell it out in writing.

*Step 5—Select tenants; initiate management plan, if any; and begin the provision of services.*

**Leasing Public Housing**

There are two ways to use leased public housing. The first is to lease one or more apartments in existing low-rent projects. If the public housing authority has modernization funds, it may be able to defray the costs of a reasonable architectural change.

The second approach is to use scattered, privately-owned dwellings that the PHA may lease for the sponsor or sublease to it. In both instances, the sponsor or the corporation may select tenants and verify applicants' incomes as being within eligibility limits or the PHA may agree to do the income check. When private units are leased through the PHA, there is a good bit of leeway. Indeed, the sponsor may be responsible for the entire transaction, with the observance of HUD guidelines, and the occupants of the private units may not be aware of the ownership or subsidy function of the PHA. Sometimes, private owners prefer to collect rents and maintain properties; at other times, these functions are performed by the PHA. In one city, a social agency collects rents and sends a check covering all units to the owner, having received from the PHA the subsidy that makes up the difference between 25 percent of the occupant's income, after deductions, and the market rent charges. There are many examples of this kind of arrangement; most of them having their own unique variations. The PHA will have leases with variations covering leasing arrangements agreed upon.

One example of the use of leased public housing in a private development is a program for mentally retarded adults in Pittsburgh, Pennsylvania. The local housing authority has leased 60 units in a 260- unit private development; the authority functions as the renter. Five of the 60 units are for mentally retarded adults. Each mentally retarded resident signs his own rental agreement with the PHA and is entitled to the subsidized rent plan, paying 20 percent of his income, after deductions, for rent. The five apartments also are adapted with special devises—grab bars, ramps, and a stairway lift— to accommodate physically handicapped residents. Although the furnishings are purchased with mental retardation funds, the residents select their own to match their tastes. Casework, medical needs, and social development are carried out by those community agencies providing such services and each mentally retarded resident is involved in some day programming, be it in a therapeutic activity center, sheltered workshop, or gainful employment.[9]

CHAPTER 4

# Assessing the Local Housing Market

An analysis of the local market for specially designed housing for the handicapped is an essential tool for use in determining the extent of need and demand in a given area for the alternative living arrangements being proposed or planned. It provides, with some precision, the data needed to assure both the building sponsor or developer and the funding or insuring agency that the proposed housing is economically feasible and that early and continued occupancy will yield assets adequate for debt repayment over the amortization period and for other operating costs. To provide this assurance, an assessment of need and demand factors in the area under consideration is a vital step for any local advocacy group preparing to present its case for proposed housing to private lenders; to housing funding agencies; or to municipal officials for inclusion in a local housing assistance plan.

## What Are Need and Demand Factors?

In making the local market analysis, the initial step is to gather information on (1) number and location of the total universe of handicapped persons in the area to be served and (2) the types of housing conditions among them that indicate need. Among these indicators are the extent of overcrowding in substandard housing; the number of persons in poorly located or otherwise inappropriate shelter; the number who are institutionalized unnecessarily; the number who are housebound; and the number who pay too much for shelter in relation to income.

When socially defeating housing such as this is identified, a determination can then be made of (1) the amount and type of housing that most nearly responds to need and (2) the number of persons in inadequate housing who would want to move to the proposed housing and could afford the required rent. The latter determination—the number who desire or intend to relocate and can afford to do so—is the effective demand factor.

It is worthwhile reiterating that there is a vast difference between the number of individuals who can be classified as handicapped and in need of improved housing and the number who would relocate in an independent residential facility if it were provided. Advocacy groups should ascertain the actual demand for the proposed housing, not just the theoretical need for it. The market survey should, therefore, reflect the felt housing needs and preferences of a wide range of handicapped persons and not rely solely on the opinions of professional or concerned persons with regard to the housing needs and preferences of the handicapped.

## Who Is Involved in the Local Market Survey?

A local market analysis is usually a professional task performed by trained analysts with an economics background. Any organization undertaking a large housing development for the

first time should plan to enlist professional help to conduct the market survey. If federal financing is invested in the project, it may be possible for the involved federal agency to provide staff to undertake the analysis. If not, the federal agency will at least provide guidelines on specific requirements for the survey as a condition of funding and these guidelines can and probably will be used by any professional. The agency usually will have basic demographic data that may be useful.

The Department of Housing and Urban Development issues instructions for market surveys utilized in developing a local housing assistance plan. HUD requires identification of data sources and methodology used in the calculations and estimates of need and demand. If an independent survey is used, the survey instruments and interviewing instructions also must be submitted. HUD instructions for establishing the market for various groups, including the handicapped, are lengthy, elaborate, and detailed. A visit to or contact with the nearest HUD office to request the *General Instructions for Forms HUD 7015.8 through 11* would be most helpful, even though all the detail would not be needed in establishing the market for housing the handicapped, especially if no such specialized housing exists in the community and there is, therefore, little or no danger or fear of overbuilding.

As an immediate practical matter, most sponsors of housing for handicapped persons will not require an elaborate, scientific market study to satisfy their needs and to develop a persuasive case to present to municipal officials, private lenders, or other funding sources to obtain support for the proposed housing. If the proposed project consists of a relatively small number of units, it is enough to establish that there is a sufficient number of handicapped people (of whatever type the housing is designed to serve) residing in the given area who desire and can afford to live independently, thus assuring that there will be sufficient occupants for the project. For example, if the intent is to produce residential living accommodations for 20 to 30 handicapped persons, the market survey can be limited, indicating only that there is an actual demand for such housing from more than 30 persons (in this case, it is better to include a margin for error and set a demand factor from at least 50 to 100 persons). Estimating both need and effective demand factors for this type of limited market can usually be accomplished by tapping the sponsor's own knowledge as well as local or regional resources familiar with or involved in servicing handicapped persons.

Determining whether or not to enlist professional help in making the local market survey thus depends upon size the scope of the proposed development and upon the specific requirements set by the funding source. In the process of seeking consideration and support for the proposed housing, it may be sufficient to consult existing data sources and supplement the information obtained with the advocacy group's own surveys to document need and demand. In general, this approach will satisfy the requirements of private lenders from who a sponsor is seeking construction and mortgage financing or the requirements of municipal officials from whom a sponsor is seeking inclusion in the local housing assistance plan. Once general approval is granted or assured, it may be necessary to meet more specific requirements set by the funding source for indicating need and demand factors with more scientific precision. Special surveys for this purpose are expensive. If a federal, state, or local government agency is involved in the planning effort to provide housing, services, or financing, or to be included in the housing assistance plan, the sponsor should determine whether the agency is willing to undertake the housing market survey. In any event, the agency will surely be willing to assist. Information of similar specificity may also be useful to or be required by private lenders, builders, and developers.

If professional assistance is involved in the market survey, there is a significant role for the local advocacy group to play. It can advise on the extent, characteristics, and location of the handicapped population, what resources are available, where local data can be found, etc. The group may assist the "surveyors" but definitely should work under their guidance. In short, the group's participation in helping to devise the best methodology for determining demand; for assessing and reporting levels of competence; and for ascertaining the services that individuals need to compensate for handicaps in order to make community-based living a reality, will contribute essential information and perspectives; will help identify the type of housing required; and may even change the local emphasis on what constitutes the most critical market demand in the area or what type of housing can be achieved or would be most effective. Many early plans are modified and improved when consumer opinions are tapped and considered.

## Establishing Need and Demand

The determination of need and demand is made on the basis of specific types of information

gathered from existing data sources or from special surveys. This information-gathering process may be planned in two steps:

1—Consult available data to identify the number, functional capacity, and general population characteristics of the handicapped in the given area and

2—Conduct special surveys to identify interested eligible persons, their housing preferences, service requirements, and their potential to relocate in the proposed housing.

At the early stage, only the market need must be established, with specifics left for further development when a firm housing plan is ready and application is made for financing. Both steps, however, may be combined in a single comprehensive survey that addresses the factors to be identified in each step, especially whether or not the person interviewed desires and intends to apply for the type of housing being planned.

In order to highlight important aspects of steps 1 and 2, the remainder of this chapter identifies the types of information that may be sought from major data sources at local, regional, state, and national levels and presents samples of survey questionnaires that have been used to estimate need and demand in two communities.

**Tapping Existing Data Sources**

In developing an estimate of need, as a minimum, there must be identified:

—Total number and location of handicapped persons in the area to be served;

—Category of disability and functional capacity of each;

—Age, sex, and marital status;

—Income and its source(s), e.g., Social Security, Supplemental Security Income, etc. (The Rehabilitation Services Administration provides no income maintenance itself. Limited payments are made in some circumstances, however, by state vocational rehabilitation agencies; this possibility should be investigated.)

—Current living situation, i.e., in family homes, nursing homes, shared dwellings, substandard or inappropriate housing, etc.; and

—Educational and occupational status.

**State and Local Data Sources**

In some states and communities, data on these items may be available from a number of sources, including:

—Local chapters of national organizations interested in one or another type of handicap, such as the National Easter Seal Society, United Cerebral Palsy Associations, Goodwill Industries, the National Association for Retarded Citizens, etc.;

—Welfare or other agencies providing income for the handicapped, including the Social Security Administration office;

—Vocational rehabilitation agencies that provide training and other services or maintenance costs;

—High schools, colleges, and universities, whether or not they specifically accommodate the handicapped;

—The local array of medical institutions, nursing homes, etc., and most particularly, rehabilitation hospitals;

—Training and employment centers and workshops, many of which may have lists identifying handicapped persons who are homebound;

—Industries and businesses known to employ handicapped persons, as well as the local employment agency;

—Mental health or mental retardation centers, physical therapy centers;

—County medical society;

—City planning department and other agencies or groups that conduct population surveys; and

—Local insurance companies and workman's compensation offices.

Care should be taken to identify overlap in gathering information from these varied sources, since a handicapped person may be known to more than one of them. Avoiding overlap will prevent overstating the need (a situation that could cast a shadow on the survey's validity).

State offices and/or boards related to vocational rehabilitation, mental retardation, or developmental disabilities may be expected to have statistical data based on caseloads in various areas of the state.[1] Income data should also be available from state agency sources.

If a deinstitutionalization effort is underway in the state, contact should be made with the state health department, hospitals, schools, and other state-supported institutions to determine the number and types of developmentally disabled persons being returned to the community and the nature and extent of their housing and essential service needs.[2]

On each contact with these state and local

sources, an inquiry should be made to identify other agency or individual sources that may have been overlooked, especially those with knowledge of the homebound. A well-circulated news story may help reveal handicapped persons in need of housing but not yet known to any agency. This story may prompt such persons, their families, and their friends to make contact.

**National Data Sources**

National data sources may also be tapped, if necessary, to supplement local documentation or to dramatize the urgency of local need in comparison with other areas. Such sources, and the type of information they have available, include the:

—U.S. Census Bureau—member and percentage of disabled persons in the population. (The bureau is the major source of data for determining population characteristics that relate to the housing market. However, the 1970 census does not include identification of handicapped persons except as a handicapping condition relates to working or not working. The 1980 census, hopefully, will include methods to identify the handicapped population group by all the usual census factors and cross-tabulations.)

—Social Security Administration—work limitations, income levels;

—National Center for Health Statistics—raw data oriented toward health care and the prevalence and classification of disabilities;

—Veterans Administration—income and service benefits, facilities, care;

—Rehabilitation Services Administration in the Department of Health, Education, and Welfare—rehabilitation needs, training, etc.;

—U.S. Office of Education—educational limitations;

—President's Committee on Mental Retardation—studies, surveys, etc.; and

—President's Committee on Employment of the Handicapped and its Architectural Barriers Subcommittee.

**Conducting Special Surveys**

In addition to establishing a need for the proposed housing, estimates must be obtained of the effective demand for it. The existence of a certain number of persons with one or more handicaps does not necessarily mean that each of them will need or want such housing. It is also necessary to gather information indicating a person's eligibility, the desired number and size of rooms, preferences for types of apartments or houses, the number of dependents and the bedrooms required, willingness or need to share the facility, requirement for attendant space,[3] and a more precise definition of a person's level of independence: total independence with occasional minimal help; moderate, needing help with some activities; moderate, but needing help with most activities; total dependence in nearly all activities; or total care. For project planning purposes, it is useful also to know whether a lift or other type of assistance is needed for bathing.

A 1974 study conducted by the American Society of Landscape Architects Foundation and funded by HUD suggests major areas in which minimal information should be obtained in a need and demand survey:

—Number and location of handicapped persons within a given area;

—Types of disabilities within this population group and the extent of impairment these disabilities entail;

—Age groups represented within this population;

—What constraints these handicaps cause for persons in using site areas or elements; and

—What considerations should be made in designing facilities for persons with specific handicaps, in terms of space utilization, location, alteration, and cost.[4]

An example of a specific survey instrument for determining housing need and demand is that prepared and utilized by the Atlantis Community, Inc., a group of handicapped persons developing both short- and long-term housing for physically handicapped persons in Denver, Colorado. The major inquiries in this questionnaire are presented in Exhibit 4. In addition to questions presented in the exhibit, respondents are asked to state what services they would like to have included in the proposed facility; whether they would need attendant care; and, finally, whether they have any comments or suggestions. It is interesting to note that respondents have the option of signing or not signing the questionnaire.

Another survey example is that prepared for and utilized by the public housing authority in Madison, Wisconsin as part of its planning for Karabis Apartments, a 20-unit development for severely physically handicapped persons. This comprehensive survey questionnaire (Exhibit 5) requested detailed medical information and was

administered by student nurses from the University of Wisconsin. The results were used not only to determine the need and demand for the proposed development but also to guide the design of housing and service components.

## Summary

The local market survey should be precise and encompass the need and demand for the proposed housing. It should present the information required to plan, implement, and conduct an economically feasible operation. In preparing to undertake a special survey, universities are an excellent source of assistance both in formulating the questionnaire (semantics can be critical in soliciting the precise answers required, and there are techniques for assuring that questions are so phrased) and in training interviewers to administer it. After the survey is complete, a market analyst, usually an economist, may be called upon to tabulate and analyze the findings in order to draw significant market conclusions that will satisfy the financing requirements.

CHAPTER 5

# Resources for Developing Options in Housing

After determining the number and type of handicapped persons to be housed and the appropriate size and type of structure, an inexperienced group interested in housing should discuss its proposed plans with local individuals and organizations experienced in developing housing. Such contacts have two benefits: (1) the door is opened (perhaps for the first time) to planners and developers to become familiar with and to learn to work with the needs and potential of the handicapped market; (2) the new sponsor will learn more quickly some of the facts of life in the construction or rehabilitation field. In most communities these contacts will include some or all of the following: private development firms; home-builders and their trade associations; real estate brokers, mortgage bankers, and their trade associations; city officials, particularly those in the planning and building inspection offices; the public housing authority; and community development agencies. The local chapter of the American Institute of Architects (AIA) will also have useful knowledge and information.

The early discussions might explore the feasibility of a short- or long-term housing program, new construction versus use of rehabilitated existing dwellings, and cost and design factors. If the advocacy group has a specific plan to discuss, the results will be more productive. Whether the plan is short- or long-term or a combination, will depend on the urgency of the housing need, the level of community interest and support, and the financial resources to consummate the housing plan.

## Existing and / or Rehabilitated Housing

### Houses, Apartments for Individual Use, Group Sharing

The quickest way to achieve needed housing is to rent or lease—for individual use or group sharing—a specific number of apartments or houses owned by public or private developers.

When consideration is given to renting existing housing, it is important to note the cost of rehabilitation to provide accessibility and usability and the owner's willingness to remodel and at what cost. After knowledgeable persons have inspected the premises, physical changes should be itemized and costed out. An architect and a consumer are helpful in making such determinations.

It may be possible to lease a number of apartments (individual or shared) in one or more buildings in a stable neighborhood accessible to those community services essential to residents. If they are going to school, for example, the school should be close. If all are employed in a distant location, transportation should be available. If all must have regular therapy, the housing should be close to or within easy reach of the therapy center. If training is essential, the center also should be within easy reach.

According to an experienced official of the

Department of Housing and Urban Development, one of the most economical methods of establishing small group homes for the handicapped and disabled is to lease HUD-assisted housing. The appeal of this approach is that a nonprofit group does not have to be an expert in housing construction and does not have to finance the cost of construction. With HUD approval, a public housing authority or an owner of FHA-insured housing can lease dwelling units or community space in an existing project. The housing owner or manager can negotiate on the sum of the monthly lease payments and on the house clients who might not otherwise qualify or be able to live alone; can set aside a number of units specifically to house the handicapped or give them priority over other applicants (except the elderly), ignoring waiting lists and tenant assignment procedures; and can assist, to a limited degree, in providing social services support.

In a new project developed by a public housing authority, the nonprofit agency can work with the authority in the design and construction of special units for the handicapped—built at no cost to the agency—and then subsequently lease the homes in much the same manner. Also, under the Section 8 housing assistance payments program, an agency can assist its clients to obtain rent-subsidized homes or apartments.

Following are examples of leased private or public apartments:

*Houston, Texas:* 20 apartments in a 300-unit private apartment were rented by 28 young adults, all of whom used wheelchairs. Because vacancies in the area were high, all apartments were leased on one floor. The owner removed major architectural barriers at his own expense, including the replacement of bathtubs with showers at a cost of $150 each. All doors were widened and a ramp was provided at the building entry. Other improvements were made by the occupants.

The 20 apartments are managed by the three handicapped persons with management skills, elected by the entire group to serve for six-month periods. They arrange for transportation and for a delivered meal service, collect rents, and make minor repairs—except those affecting the entire building, such as plumbing. They select tenant replacements. The three managers are paid and the amount is not deducted from the state vocational rehabilitation income.

*Denver, Colorado/Newport, Rhode Island:* In both cities, public housing apartments have been leased for use by mentally retarded adults with live-in house counselors. In each case, two-story garden apartments were leased.

*In Newport,* additional apartments were leased and used for training in housekeeping and personal care, primarily for patients from institutions being readied for community living.

*In Denver,* employed retarded adults from the community (who needed no such training) are housed.

In both instances, some modification of the physical layout of apartments was needed for proper relationship to house counselors or supervisors and for surveillance requirements, with the cost defrayed in part by the public housing authority from modernization funds. Since the rent in public housing is based on 25 percent of the income of each individual, an economically deprived group of mentally handicapped persons may be served in this program. The tenants under training have specified hours each week for use of the community center or outdoor areas for supervised recreation. The mildly retarded make full use of all facilities at all hours with all other tenants.

It is also possible for local housing authorities to use former Section 23 and current Section 8 programs to provide private apartments or houses for the handicapped, scattered throughout the community rather than in projects. Where this is so, service agencies might select the tenants, provide the services, and manage the individual properties. Thus, the public housing subsidy can bring apartments or housing in different neighborhoods within the paying ability of tenants, many of whom already are receiving services, albeit in substandard or inappropriate housing.

**Single-Family Homes for Group "Family" Living**

Another approach to a short-run housing program is the lease or purchase of an existing single-family home at a specified rental or purchase price for group "family" living. Before leasing or purchase for group use, it is necessary to carefully investigate the zoning. If the area is zoned for single-family housing, there is always a possibility that a group home may be considered multi-family and a zoning variance will be needed for group use.

If an existing structure is to be purchased and if it is quite old and will require new wiring, heating, plumbing, etc., the cost of extensive rehabilitation should not be minimized. There have been more failures than successes in the rehabilitation field. Purchase should be postponed until there has been

a thorough study of the structure by a competent engineer, architect, or both.

### Nonhousing Structures

There are a few successful examples of converting structures that were not built as housing. This approach may be costly, including a change of the exterior character of the building or rearrangements of space for livability, in addition to other rehabilitation requirements. A nonhousing structure also may be in an area zoned for commercial or business purposes; the surrounding uses and neighborhood may not be compatible with the goals of residential living even though the in-town location and its cost may be tempting.

### Old Hotels

Among other resources are old hotels now on the market that may represent a bargain if the rehabilitation cost is not excessive (which it is, more often than not). A competent appraiser should be retained to establish real value for the new use in addition to rehabilitation costs; rehabilitation will require the services of a builder, architect, or engineer. The cost of operations may be increased due to the expense of heating and cleaning large spaces, such as ballrooms, meeting rooms, and large restaurant areas. Such operating costs can overcome any low purchase savings in a few years.

Because empty spaces in a building are both costly and depressing, an investigation of the possibility of other local uses for unneeded spaces should be made. For example, in one small city, a large mezzanine and two ballroom areas in an old hotel were leased to the public library as a downtown center when the hotel was converted to housing for the elderly. Since mid-town location is the prime attraction of older structures (as well as the "bargain" price), combined community uses of spaces not needed by residents may result in feasibility of renovation and use of a safe and substantial structure.

In the use of older buldings, particular attention should be given to fire safety, since handicapped persons may be slow in evacuating in an emergency. Rehabilitation plans should include the provision of the most sophisticated possible fire and smoke detection equipment as well as two exit routes.

### Vacant Dormitories on Campus

Vacant dormitories on college campuses are being offered as housing for the elderly or handicapped. Here, their isolation from the general community is an important consideration, unless occupants are attending classes and are involved in campus activities. School officials and the housing sponsor should develop a written agreement on the responsibility of each in achieving a hospitable and normal lifestyle for the occupants on campus. If tenants are not involved in campus activities, the criteria for site location discussed in Chapter VI should be consulted to determine the feasibility of using dormitories, regardless of the savings on lease or purchase price or regardless of the appropriateness of the housing. Shared facilities, such as baths, may not be acceptable. Some right-in-town dorms may be adaptable, but caution is urged in the selection of this type of facility.

## Long-Term Program—New Construction

A long-range plan may include starting from scratch to design, build, and own the housing under nonprofit auspices. If this is too much, an alternative is to contract with a public or private developer willing and able to finance specially designed houses or apartments for handicapped persons. The developer no doubt will agree only if the needed help and understanding of users or organizations representing them are proffered. Under Section 8 of the Housing and Community Development Act of 1974, public and private builders may use federal subsidies to bring rents within the paying ability of low-income residents in housing designed and constructed for handicapped persons, including the severely physically handicapped, and the developmentally disabled, including mentally retarded. Private nonprofit developers can use the federal direct loan program, Section 202. Federally insured programs without subsidy can be used by profit-motivated groups building for those in higher income brackets.

Public and private housing sponsors are increasingly interested in the market for handicapped housing; many have plans underway. Others would be interested if the need were brought to their attention. Because specialized markets are difficult to determine and because some handicapped groups cannot use even sensitively designed housing without supportive services, a new housing development is at best a complicated but not impossible process.

## Developing Options in Rural Housing—A Recommended Resource

In addition to the Farmers Home Administration programs in the Department of

Agriculture, special note should be taken of the excellent resources of the Housing Assistance Council (HAC), 1601 Connecticut Avenue, N.W., Washington, D.C. Organized in 1971 under a grant from the Office of Economic Opportunity, the council is a federally funded national corporation with established and diverse services in rural housing development, including seed money loans, housing program and policy assistance, research and demonstration projects, and training and information services. These activities have stimulated the development of rural housing programs at the national, state, and local level and have gained the council a nationwide reputation for technical competence.

The May 1976 newsletter (page 7) of the National Association of Private Residential Facilities for the Mentally Retarded, stated that:

> HAC (Housing Assistance Council) has been dismayed to see rural people, in general, forced into larger and larger cities in the quest for better education, housing, and employment opportunities. Data available to this group show that a higher proportion of persons living in non-metropolitan areas have handicaps than do persons living in the cities. HAC is, therefore, seeking to aid handicapped people who live in rural areas to overcome housing barriers.

The purpose of the council is to help provide the rural poor with decent housing in a suitable living environment by using its loan funds, technical assistance, and training to improve—on a continuing basis—the production capability of housing organizations serving the rural poor, including the handicapped. HAC manages a 3-million-dollar revolving loan fund from which developers—public, nonprofit, and private—can obtain seed money to build or rehabilitate housing for rural low-income families. Loans have been made for such predevelopment costs as land options, site acquisition and development, and engineer, architectural, and legal fees. Any item covered by seed money loans must be recoverable from the ultimate financing of the project through federal or state housing programs. The HAC loan process includes help in preparing the required application as well as technical assistance throughout the life of the project.

## Housing / Services Partnerships

Whether short- or long-term development of housing is planned, firm housing/services partnerships should be formed at the beginning of the planning process. Since, unfortunately, many handicapped persons may have low incomes, federal, state, or local public housing agencies with substantial subsidy funds undoubtedly should be sought in order to achieve rent levels within the residents' paying ability; private nonprofit builders using Section 8 funds also are a possibility. If the services component is assured, financing will be more readily achieved, whatever developer is used.

One way to assure the services component would be to have the service agency agree also to manage the housing, thus automatically setting responsibility for the needed services. Since not too many service agencies as yet perceive housing as a service responsibility and since all service agencies probably have full funding commitments to handicapped persons in the community at large, advance planning with service deliverers is essential if a new housing program is to become a reality for the more severely handicapped.

Most service programs for mentally or physically handicapped persons receive federal funds through state agencies. It is for this reason that some governors who perceive the essential nature of a services/housing program have "ordered" service agencies to participate in housing planning and to be totally responsible for the required services component. With this kind of assurance, a broad program of housing for the handicapped in any state can go forward. Two examples follow, illustrating state initiative in developing housing/services partnerships.

### Michigan Program for Housing Mentally Retarded Persons

From 1972 to early 1976 the Michigan State Housing Development Authority (MSHDA) financed 356 housing units for mentally retarded adults in 16 communities, from Detroit to the upper peninsula. Another 160 units were in process as of 1976. All sponsors are nonprofit corporations composed of local residents with concern for and experience in working with mentally retarded citizens. The projects (with one or two exceptions) each provide a group residential setting generally for six to 16 persons. Projects completed so far are newly constructed; however, plans call for some units in rehabilitated existing housing. The homes qualify for aid programs administered by the Michigan Department of Social Services, which also provides funds to help support rent and operating costs. The Michigan Department of Mental Health assures vocational counseling, guidance, medical aid, and other supporting services.

Through the Section 236 interest subsidy program for rental housing, HUD provides rent assistance. Future plans include use of the Section 8 housing assistance payments program.

The Michigan projects offer an outstanding model of careful and successful planning that might well be studied by groups around the country seeking to provide residential environments for handicapped persons. Among the highlights of the Michigan process that deserve imitation are the following:

**1—Needs Analysis.** The project planning included a careful analysis of the need for this type of housing among the state's mentally retarded citizens. An MSHDA- supported survey indicated that at least 76,000 retarded individuals in the state was releasing well over 3000 mentally retarded adults from state institutions, further intensifying the need for providing residential retarded adults from state institutions, further intensifying the need for providing residential living arrangements for them in many communities.

**2—Analysis of Services Available.** A thorough analysis was made of services in the state available to the adult mentally retarded. The study covered not only the normal services provided but also the extent to which various service agencies could make direct payments to defray housing rental costs. Economic feasibility was established with the help of rental subsidies.

**3—General Cooperation Among Supporting Agencies.** A general cooperative effort was launched at the federal and state level involving the MSHDA; the governor's office; state departments of mental health, social services, public health, and the division of vocational rehabilitation; and HUD. Another important contributor was the Michigan Association of Retarded Children, a nonprofit private agency. This cooperative venture resulted in a memorandum of understanding that specified what each agency would provide in support of the projects. The 1972 memorandum was reinforced by a letter from the governor authorizing involved state agencies to carry out the actions agreed upon.

Excerpts from the memorandum follow, presenting several agreements that illustrate one approach to pooling and coordinating state agency resources on behalf of the handicapped.

> . . . The homes will provide a program that is a comprehensive, cost-related, community-based effort for self-help with supportive social services. It will thus require no licensing procedures either for the home or the program from the department of social services or the department of mental health.
>
> . . . The initial phase . . . will serve 160 adult mentally retarded in 10 prototype developments throughout Michigan. These will be built and financed with 30-year mortgages provided by the Michigan State Housing Development Authority.
>
> . . . The program is designed to supply housing for the adult mentally retarded and to provide a supportive living environment with the additional provision of supportive home-related services for those mentally retarded adults who are capable of functioning in a relatively independent manner within a residential community. Although it is designed for and directed primarily to . . . the mentally retarded adult presently living in a community, . . . retarded adults returning to the community from institutions will also be considered eligible.
>
> . . . The Michigan State Housing Development Authority will provide development loans, construction loans, long-term mortgage loans, and reservation of HUD Section 236 interest subsidies where appropriate, together with other services, including long-term supervision over the mortgage, the use of the homes, and the operation of the programs to be conducted in the homes.
>
> . . . The Michigan Department of Social Services will provide, under the aid to the disabled program, a support rate of $10 per day per eligible person. This allowance is based on a social services component of $4 per day, an income maintenance of $6 per day, plus a $23 per month component per person for use for items not purchased from the nonprofit corporation.
>
> . . . The Michigan Department of Mental Health will ask their local "Act 54 boards" to assign priority status to assisting the programs as required and as available in each community.
>
> . . . The MSHDA loans will be made to nonprofit sponsors who will have complete responsibility and authority to own and operate these community living units. This responsibility will include repayment of the mortgage loan. Responsibility for program activities and the management function will

be described in detail in the "regulatory agreement" entered into between the nonprofit sponsor and the authority.

. . . A timetable for action was determined by MSHDA as follows:

| 1972 | Action |
|---|---|
| June 19— | Authority feasibility determination for the first three projects |
| June 23— | Program announcement by the governor |
| June 25— | MSHDA response to 14 potential sponsors of housing for the adult mentally retarded |
| June 30— | Land acquisition and architectural effort commence |
| Sept.— | First authority mortgage commitment and first groundbreaking |
| **1973** | |
| Spring— | First occupancy |
| Dec.— | Completion of 10 prototype projects |

**4—Budgeting.** A thorough budget was prepared for the program as a whole and, later, for each individual project, listing all expense and income items. This budgeting approach produced guidelines for feasibility on cost per day for construction and management, as well as rent income necessary from each tenant (including various rent subsidies required).

**5—Use of Aids to Reduce Rents.** All possibilities for reducing net rents required to be paid by tenants were explored and used where available. They included federal rent subsidies (available under Section 236 and, later, Section 8); the reduced interest rate on mortgage loans made possible by MSHDA financing tools; local real estate tax abatement; and payments to rent by service agencies ($10 per diem per resident was provided from this source—$5.50 from Supplemental Security Income payments and $4.50 from the state department of social services).

**6—Financing and Construction Know-How.** The intricacies of arranging for project financing (often from several sources); processing of applications; site selection; land option and purchase; design; construction; construction supervision; mortgage closing; and management plans were handled largely by the skilled staff of the MSHDA.

**Virginia Program for Housing the Adult Mentally Retarded**

The Virginia Housing Development Authority (VHDA) and the Virginia Department of Mental Health and Mental Retardation are developing a joint program for housing mentally retarded adults, 18 years of age or older, of low- or moderate-income, who are capable of a reasonable degree of self-care and independence and whose basic needs include the provision of a suitable residence in a normal living situation concurrent with employment, or placement in a community program or sheltered workshop setting appropriate to their level of functioning.

Group homes for six to 16 persons, as well as apartments for eight to 25 persons, are to be constructed or leased from the public housing authority. The buildings are to be attractive, complementary to their settings in the community, and large enough to comfortably house occupants, including space for sleeping, cooking, dining, and living. Developments are to reflect a homelike atmosphere without traces of institutionalization. Standards are to be the same as those generally applied to group homes, apartments, or boarding homes. All applicable local and state fire and safety codes, as well as zoning and sanitation standards, are to be met.

Following are excerpts from the September 1975 program description issued by the VHDA to identify the housing/services partnership basic to the development of the project.

**1—Role of the State Housing Development Authority.** The authority agrees to (a) Provide construction and permanent mortgage loan financing where feasible for the rehabilitation or construction of multiple occupancy rental housing developments designed and developed for the adult mentally retarded and to be assisted through the Section 8 program; (b) Provide seed money loans to nonprofit sponsors of housing under the program . . . (Loans) will be utilized to defray allowable front-end costs, including organizational expenses, legal fees, housing consultant fees, engineering reports, land control costs, future land contract payments, title work, and VHDA application fees . . . . Loans will be made from a revolving seed money loan fund to be established through earmarked portions of VHDA's retained earnings in the 1975-76 budget. (The fund) will be paid at initial closing for advances paid out; (c) Develop and provide at its own expense a special training program for individuals selected as resident managers of such

developments; (d) Utilize its normal procedures for processing and for testing feasibility of development proposals. Criteria and timetables will be altered to take into account the nature of the housing development, the residents to be housed, and the level of services to be provided; (e) Provide (when existing housing is used) overall supervision of the activities of the delegate administrative agency, submit Section 8 applications to HUD, and requisition annual contributions payments on behalf of recipients.

**2—Role of the Department of Mental Health and Mental Retardation.** The department agrees to (a) Provide assistance to VHDA in assessing the relative need for housing assistance for the mentally retarded throughout the state and in developing a plan for allocating Virginia housing resources; (b) (Assist VHDA) in evaluating the merits of particular housing development proposals for mentally retarded adults, including the assessment of the sufficiency of vocational, therapeutic, medical, and other services, review and critique of the site, design, and architectural characteristics, and an assessment of the potential for operational stability of the development; (c) Will give (by virtue of an interagency agreement executed between VHDA and the department) priority consideration in its annual allocation of funds under its authority . . . to those community mental health and mental retardation services boards that are obligated through grant contracts to assist sponsors of housing financed by the VHDA for the adult mentally retarded in the delivery of specified levels of therapeutic, vocational, medical, and other services, as well as to provide the personnel needed to manage, operate, and maintain such developments adequately.

**3—Supportive Services—New Construction or Substantially Rehabilitated Housing.** Prior to the authority's agreement to finance a housing development under this program, written agreements must be secured from appropriate public and private agencies in the area to provide for social, therapeutic, and vocational services to prospective qualified residents appropriate to their capabilities and needs.

**4—Costs and Feasibility.** The VHDA and the department of mental health and mental retardation are to analyze data available in the state and in others to develop a cost model for use in determining the feasibility of developments. Income of residents will be derived from welfare payments, disability payments (total or partial), individual earnings and savings, and family contributions. Services are to be provided by the welfare department, the department of vocational rehabilitation, public health services, mental health clinics, public schools, the medicaid program, and the food stamp program. It is expected that Title XX of the social security act will play a key role in providing services to residents.

**5—Administrative and Planning Liaison Between the Agencies and the Public.** The VHDA and the department are to establish an interagency advisory council on housing for adult mentally retarded. Its purpose is to provide administrative and planning liaison between the two agencies and the public concerning planning for and provision of housing for such persons throughout the state. The council is to be composed of seven members, two of them from the department, two from the VHDA, and three interested citizens jointly selected by the department and the VHDA. The council chairman is to be selected from among the citizen members.

**6—Alternate Uses.** Where possible, housing developed under this program is to be designed for possible alternate uses, particularly for use by the elderly. This will provide additional protection for VHDA's investment should subsidy programs over the lifetime of the mortgage be altered so as to affect feasibility adversely.

## Summary

Groups interested in promoting housing for handicapped persons have local resources to call upon and have some leeway in determining housing options in addition to building and owning. They may seek out and encourage local public and private developers to undertake new housing, providing them with information on the characteristics and rent-paying ability of the group to be housed, approximate demand for such housing, design requirements, types of services needed—by whom and at what cost—and the potential for undertaking housing management. They may rent or lease existing housing, purchase existing structures (to use with or without rehabilitation), or develop new specially designed housing (either as a profit or nonprofit group or as a public service) that will serve as a new resource with expansion potentials.

CHAPTER 6

# Selecting the Right Housing Site: Site Characteristics and Development

In selecting a site for housing for handicapped persons, the basic consideration is: what opportunities does it offer for community involvement in a normal, generally residential neighborhood? Just as institutions are now considered an inappropriate environment for many persons with handicaps, so too it is no longer acceptable to place housing for the handicapped in outlying areas away from population centers and community activities. Such isolation does not promote normalization and, therefore, will not promote the individual's adaptation to or enjoyment of community life.[1] The exceptions may be housing for (1) persons so ill that they may be harmful to themselves or to others and (2) persons whose capacity for work training or experience can be developed best in a rural location, away from many of the stresses of an urban setting.

An organization sponsoring housing for handicapped persons in a community setting will want first to determine the type of neighborhood that best suits its housing goals and then examine such factors as zoning, costs, and the possibility of contracting with the site owner to hold the desired land or structure under option for a specified time at a specified price. This chapter discusses steps to be taken in the process of choosing and securing the right housing site.

### Step 1—Selecting a General Location

More important than the housing structure itself is the neighborhood—its characteristics and the opportunities available in it. One may adapt more readily to a less than desirable house or apartment than to a location where barriers to participation, to conveniences, or to services may deprive the individual of benefits expected from a normal living arrangement. For a handicapped person in particular, accessibility between the housing and the surrounding environment is essential, in contrast to the obstacle course that is confronted too often in most neighborhoods today.[2]

The ideal neighborhood will have many facilities that can service the resident population. Some of those to look for when considering a neighborhood as a potential site for housing include:

—Medical installations (for the severely handicapped, this type of facility may be the one most critically needed);

—Social service agencies or centers;

—Educational facilities;

—Religious institutions;

—Grocery and drug stores;

—Community centers;

—Bars and liquor stores;

—Laundry, barber and beauty shops;

—Public offices, a post office;

—Parks and other recreational opportunities,

such as movies, theaters, and museums; and

—Transportation (if available and usable, it may reduce the need for having other services in close proximity).

Obviously, an ideal area that includes all these facilities may not be found easily or, if found, may not have an available housing site that the sponsor can afford (although it should be noted that a more expensive site could, in reality, be an economy if it provides opportunities that should not or need not be replicated in the housing). Therefore, facilities and services, including transportation to essential services, should be listed according to their priority in addressing the hierarchy of needs among the potential resident population of the housing to be developed. For more severely handicapped persons, for whom medical care and therapy may be anticipated on a regular basis, the availability of facilities that provide these services, within close reach of the housing, will be an essential determinant of site adequacy. While center city or near town sites undoubtedly will be more expensive, this cost should be weighed against the possible savings gained by having easy access to facilities or assuring a quality service program. For a small home simulating a family environment, a residential neighborhood is preferable, provided that the services needed are available and accessible.

Criteria for relating housing types to the sites where they are to be located are found in the *HUD Minimum Property Standards, 1973 (4900.1)* series.[3] These standards cover the immediate site environment for the dwellings, including streets, storm water disposal, and other services and facilities for the site. Variations, additions, and exceptions to these standards—which are applicable to housing designed for elderly or handicapped occupancy—are identified in italics. In February 1976, Chapter 3 of the standards was revised to update designs for the handicapped including all requirements in the *American National Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped,* published by the American National Standards Institute (ANSI).[4]

A reading of site requirements is highly recommended before moving on to step 2, scouting for a site within the neighborhood.

### Step 2—Looking for a Site

In assessing various sites that appear usable, certain basic physical characteristics should be considered.

**Topography.** The site should be sloped enough for drainage, yet level enough for persons using wheelchairs.

**Size.** The site should accommodate not only the structure but also parking spaces 12 feet wide. It should permit some outdoor activity as well as sitting space at home, regardless of whether the structure is an apartment building or a single house. A rear delivery area is desirable.

**Availability of Utilities or Arrangements with the City to Have Them Extended to the Site.** This cost usually is defrayed by the city up to the site perimeter.

**Street Closures and Dedication.** Some sites will be usable if a street is closed and included in the area. This closure requires city action, which is not difficult to obtain if the street is not heavily used or does not provide access to existing structures. There may or may not be costs involved. An attorney should draw up the papers dedicating the property to the development. While large developments are not recommended, if a development requires interior streets, an effort should be made to have the city accept dedication of them so that their upkeep will be a city responsibility.

**Soil and Drainage.** In a built-up neighborhood, soil tests and drainage concerns may not be critical until the time of construction. In new areas, it is advisable to look into these conditions before optioning, especially if a costly fill is needed, if underground springs are present, or if there are other site characteristics that will increase the cost of development.

**View and Other Concerns.** Consider both good and bad views offered by a potential site. The good view should be related to requirements for building orientation and the potential for screening the ugly view.

**Plantings.** Natural plantings on the site should be observed. As many trees as possible should be saved to provide shade and also to reduce the cost of future landscaping.

**Blind Spots.** The entrance to the site should be studied in relation to traffic patterns. Upon entering or leaving the site, there should be no blind spots at the sight level of persons in wheelchairs. No such blind spots should obscure the low profile of persons in wheelchairs from drivers approaching the site.

All of these factors should be related to the land cost. A comparatively inexpensive site may turn out to be otherwise if it requires costly develop-

ment, such as excessive foundations due to subsoil conditions, difficult drainage problems, or costs related to extension of utilities.[5]

## Step 3—Selecting the Site

When several sites appear to be feasible, additional specifications should be examined, such as zoning, neighborhood attitudes toward the housing being planned, amount of site development needed, ownership, availability, and cost. At this point, some sites will be eliminated for a number of reasons, including unavailablity, high cost, unsuitable physical characteristics, excessive development costs, lack of transportation, lack of utilities, or neighborhood resistance.

### Zoning Requirements

The site under consideration should be zoned properly for the type of housing being planned.

In general, there are three broad zoning categories: residential, commercial, and industrial. Each is further subdivided in relation to more specific conditions (these subcategories vary with the locality; a local planning or zoning board usually has a zoning map of the community that identifies the various zoning divisions and their locations). Although there is some variance in the kinds of residential zones, they are typically subdivided into zones for single-family dwellings, for mixed single-family dwellings and apartments, and for apartments only. Each of these, in turn, may be subdivided further by the size of house and lot permitted or by the type of apartment bulding—high- or lowrise.

As has been noted, local laws governing these subcategories vary; in some cases, a group living arrangement may not be included in a zone for single-family dwellings. Most residential areas, however, can include special housing arrangements for handicapped persons if a zoning variance is obtained.[6] Before the zoning board can grant such a variance, a public hearing must be held. An attorney should be retained to draw up the necessary papers for such a hearing. Prior to submitting a request for a zoning variance, a neighborhood educational program should be undertaken.

### Educating the Neighborhood

A neighborhood educational program serves two important purposes. On the one hand, there is the possibility that, without it, citizen opposition to locating housing for the handicapped in the neighborhood may be generated and may become strong enough to defeat the request for the necessary rezoning. Some area residents may fear living around or near handicapped persons or fear that the value of their property may be adversely affected. On the other hand, the program can help counter such fears and rumors and can engender citizen support for the housing that will be strong enough to override unorganized opposition or pockets of discontent. In any event, it is wise to have the hearing on the rezoning request well attended by supporters and by those persons who need and are seeking the type of housing being planned.

Some state legislatures have acted recently to prohibit the use of zoning as a cover for excluding residential facilities for handicapped persons. One example is the North Carolina legislature which in 1975 amended a previous law on the rights of the handicapped by adding the following section:

> *Right to housing.* Each handicapped citizen shall have the same right as any other citizen to live and reside in residential communities, homes, and group homes, and no person or group of persons, including governmental bodies or political subdivisions of the State, shall be permitted, or have the authority, to prevent any handicapped citizen, on the basis of his or her handicap, from living and residing in residential communities, homes, and group homes on the same basis and conditions as any other citizen.[7]

This legislation appears to prevent local zoning boards from barring citizens from living in neighborhoods of their choosing on the basis of their handicaps alone. It is significant that group homes are specifically covered.

Even if the zoning for the type of housing being planned is appropriate, it is nevertheless wise to plan to alert the neighborhood (at least those in the immediate block) to the forthcoming use of the site. Personal interviews and contacts should be made; whatever reassurances are needed should be given. Six months prior to occupancy is not too soon to begin to lay the groundwork. It is often useful to know the backgrounds of some of the immediate neighbors; their identity will be reflected in tax records or in the local city directory. If one or more families are familiar with the anticipated handicapped occupants of the housing, this will help create a hospitable neighborhood attitude.

Misconceptions about handicapped persons are rampant, in part because of their general "invisibility" which has been caused by barriers to their freedom to come and go in the general en-

vironment. Re-education, therefore, is warranted and often can be accomplished by obtaining the understanding, cooperation, and involvement of civic organizations, clubs, neighborhood churches, and schools. In some places, it may be possible to introduce some of the potential residents to the neighbors before the time of occupancy. In other places, this effort would be neither needed nor desirable.

In short, it cannot be anticipated that all persons will spontaneously or readily accept, as neighbors, persons they regard as "unusual." Some may fear an adverse influence on their children, the character of the neighborhood, or property values. One of the underlying ambitions of our society is the desire to move up to better neighborhoods not only for housing improvement but also for exposure to persons of presumed higher educational or cultural levels and a more fulfilling lifestyle—a somewhat fallacious concept but dominant. Any development that tends in their minds to decrease the neighborhood value to themselves or their children can be expected to have a negative effect. Such an attitude, born of misunderstandings, can be changed. Various chapters of the National Association for Retarded Citizens have developed short movies depicting ways to initiate group homes and have them accepted by communities. This resource material can be obtained by writing the appropriate chapter.[8]

### The "Buildable" Site

If an architect has been selected, even though not yet contracted with, he should review the site(s) under serious consideration. His experience is valuable in detecting any potential or costly difficulties that might be encountered in either new construction or rehabilitation. He also will know if the site is properly oriented for the kind of structure being planned or, indeed, if it can accommodate the proposed housing. For example, a one-story cottage arrangement may be what is most wanted; but when additional cost of utilities, walks, etc., is pointed out, this scheme may prove financially impossible. The architect then can compare the lesser costs of higher density plans, such as clusters, mid-, or highrise types. Such decisions will be influenced by local living patterns and land costs. Harmony of design with the neighborhood is another determinant that the architect is best able to judge. Because the architect is aware of code, insurance, and other requirements, he also will note seemingly small factors, such as the location of the fire station and hydrants, that are important in obtaining reasonable insurance rates later on.

### Ownership, Availability, and Cost

Obviously, the site finally chosen must be available for purchase; the sponsor must also be able to afford it. The site cost may determine the amenities that may or may not be possible in the building. A good rule of thumb is that the per dwelling unit site cost should not exceed $2000 and should be, if possible, closer to the $1000 limit. In today's land cost escalation, neither of these limits may be possible. As previously stated, the adequacy of the neighborhood is more important than the home itself, which may have to be more modest than planned.

### Lending Institution Requirements

Any site requirements the financing agency or lending institution may have should be known before optioning a site.

## Step 4—Optioning

An option is a contract between the site owner and the potential purchaser to hold land for a specified time at a specified price. The potential buyer's payment that secures the contract may be forfeited if the land sales does not take place within the required time and if the landowner does not agree to an extension of the option period. Once having optioned a suitable piece of land, every effort should be made to secure commitments in financing, tax exemption (if this is possible), and rezoning (if needed); to conduct a title search; and to prepare the housing concept for the architectural stage. The decision to option a site and the option period should bear some relation to the amount of work already done or yet to be done.

## Summary

Decisions on an appropriate neighborhood will include a good location in an active area close to service facilities (for some types of residents, this means emergency health facilities): transportation; and easy accessibility to community agencies, families, and groups interested in promoting a more fulfilling life for residents. The neighborhood also should be one that is safe and one that holds out opportunities for resident participation. Some residents, of course, may only be able to observe rather than participate in activities. Spectator opportunities for them are equally as important as participation is for others.

Thus, the resident whose disability does not permit participation in sports or other activities can be with and feel a part of the community of man, as indeed he is, wanting and needing what everyone else wants and needs, nothing more nor less.

In weighing the appropriateness of the site, the major components of the site development plan must be considered. It must accommodate a barrier-free site plan, noninstitutional type structures, outdoor recreation opportunities, parking spaces of appropriate size, and emergency vehicle parking. It should also provide orientation to climatic factors as well as a pleasing view from the dwelling, while screening out eyesores of any kind.

Perhaps there is no better overall guide to the selection of an appropriate site than to ask: "Is this the neighborhood *I* would want as my home base?"

CHAPTER 7

# Highlights of an Architectural Program

Because of the variety of housing types that may be under consideration for a clientele with diverse needs, it is impossible to provide a specific architectural program that will fit all. This chapter presents major categories and elements of any such program—whether for large or small developments—and discusses the decisions that a housing sponsor must make in relation to them.

## An Architectural Program: A Checklist of Major Elements

### 1—General Considerations, Structure

Highrise, lowrise, mediumrise, combinations

Relation of design to neighborhood

Noninstitutional concept

Barrier-free design

Emergency alerts with special communication systems for the blind, deaf, or others

Heating and cooling systems

Patios and balconies

Number and types of bathing arrangements—bathtub, shower, lifts, and other assists

Building controls for security and surveillance

Elevators (and stand-by generators for emergencies) to be designed for safety, timed to user needs, and at least one sized to take a stretcher

Number, type, and function of common spaces

Relationship of common spaces to dwellings (central building with dwelling wings, highrise with first-floor special units, other solutions)

Number and placement of laundries

Health-related areas, including therapy

Dining space and type of service

Maintenance concerns—finishes, floors, walls, etc.

Covered from entry—its control and surveillance

### 2—Common Spaces

Types and activity potential

Indoor and outdoor accommodations

Leisure time pursuits and hobbies—indoors, outdoors, crafts, games, gardening, etc.

Study, training, exercise, work

Quiet room, snack bar, gift shop, greenhouse, potting room, workshop

Amusements (movies, concerts, shows, TV, radio, piano)

Directions and guides to spaces (color coding, graphics, floor trails, braille symbols, etc.)

Floor and wall coverings for ease and economy of maintenance

**3—Dwellings**

Number and characteristics of residents (mental or physical handicap, combined handicapped and able-bodied, other)

Number and type of spaces (single or double rooms, dormitories, or apartments, which might include efficiencies, one or more bedrooms, shared or private)

Provision of turning radius for wheelchair in bathroom, kitchen, and bedroom (if designed for wheelchair users)

Individual privacy if shared space

Special design features that compensate for the handicap (dimensional reach, special equipment that is safe and usable, shelf heights, light and hearing intensity, wall and floor finishes)

Furnishability of dwelling and provision of some furnished units where indicated

Number and type of bathing facilities (tub versus shower); private, semi-private, or general use bathroom; turning radius for wheelchairs, bathchairs, and other devices for independent use

Communication systems for blind or deaf (closed circuit TV, flashing lights, braille directional signs, calibrated equipment, texture changes, other)

**4—Staff and Service Space**

Staff size and space requirements (resident manager, attendants, maintenance, custodial)

Operational services (dining, housekeeping, personal aid, etc.)

Accommodating mobile or community services (counseling, health, transportation, etc.)

Others as required by residents or provided by community

## Comments on the Architectural Program

### General Design Directives

**1—Normalcy.** The primary design principle for the housing is normalcy, i.e., it should not include any aspect that characterizes the design or operation of an institution. It should be related to the scale of the neighborhood as closely as possible and should fit into the surroundings harmoniously and inconspicuously. Its size and type should be related to the characteristics of residents and any special design requirements, e.g., space for in-house services, attendants, residence manager, or surrogate parents.

In order to achieve the personal and social goals of the residential environment, the architect should be aware of and be sensitive to the needs, capabilities, or limitations of residents. Only then can he design for their highest expectations, including their potential for growth in an atmosphere of comfort, ease, and relaxation. The environmental optimum should mark the early design discussions. Being informed of all ideal or desirable characteristics of the structure, the architect will better understand the dwelling function and be able to achieve flexibility with economy by providing for combinations of spaces that, although less than optimum, at least meet priority needs and functions.

**2—Promoting Independence.** The second principle is: provide a living situation based on "learning to do for yourself." Design decisions may increase or decrease a resident's potential for independence and self-management. It is clear, for example, that this potential is enhanced by selecting equipment designed for safe, comfortable use. Greater independence may be realized by utilizing an uncomplicated structural design, assisted if necessary by color coding, floor trails, braille directives, graphics, and other pointers. These aids to orientation or quick identification are especially important in large buildings.

**3—Balancing the Need for Privacy and for Socia. Activity.** The third principle calls for recognition of the fact that the design of general purpose or common spaces will be different from that of the dwelling unit, even though the relationship of one to the other is critical. The architect, therefore, is faced with two separate solutions: although privacy is the highest priority in the dwelling unit, general purpose spaces (such as leisure time and service areas) should offer a community atmosphere and be usable at all hours without disturbing those who remain in their private units.

**4—Encouraging Socialization in Common Areas.** In large apartment buildings, it may be possible to design for a variety of lobbies, lounges, and activity rooms. If so, the design principle to keep in mind is: the major reason why many people participate in arts, crafts, games, and other activities is to be with others. For this reason, a classroom approach, i.e., assigning a separate room for each activity, is not recommended. Combining different activities in the same space tends to heighten interest and may encourage more timid persons to join in. Although some may consider that a major deterrent to this concept is the overlapping of sounds from varied,

unassociated activities, it is generally true that the more activities there are in one area, the greater is their attraction, even if a person stops by only as a spectator. Other design features that help attract residents to a common activity area include a snack bar, writing desks, bookshelves, and reading tables.

**The Lobby and Related Areas**

The most heavily trafficked part of the building will be the area in and around the major entry where people come and go or gather to sit, observe, socialize, and pass the time. Therefore, the entrance, lobby, and related areas should be designed with this fact in mind.

The lobby is the family room of the development and should be furnished to convey an atmosphere of welcome, comfort, homeyness (the latter is best achieved by mixing traditional and contemporary funiture). Windows in the lobby should be designed so that individuals, whether sitting or standing, can enjoy a good view of the street scene. Having magazines, newspapers, convenience items, and hot or cold drinks available helps make the lobby more relaxing and adds a touch of home, even in large developments. Another pleasantry—and one that encourages informal socialization and making friends—is a lobby or alcove mailroom with places to wait for the mail carrier and to chat. Floor-to-ceiling library shelves in the lobby tend to promote use and offer an unobtrusive reason for being there (a separate, quiet room for reading will be used less). A greenhouse or aviary nearby would also be pleasant. Designing the lobby and related areas with a variety of features such as these will attract residents and prevent them from spending too much time alone and isolated in their rooms or apartments.

Unfortunately, the personal and social significance of the lobby and related areas may be overlooked. A recent newsletter from a manager of housing for the elderly informed tenants: "Because of complaints, all tenants are asked to use the rear sitting area instead of crowding the front walk of the building. Using the sitting area provided in the rear makes our building *look more presentable.*" The statement illustrates a design oversite—because most people want to see and stay in touch with the life and movement of the neighborhood and do *not* want to be relegated to a quiet rear area, the front walk and the lobby should have been designed for sitting and viewing. The statement also illustrates a serious misinterpretation of the goals of the housing. With regard to what is "more presentable," it might well be asked, "Whose home is it? More presentable for whom?" Is an opinion of what might "impress" the public more important than the enjoyment of the residents? Some developments have a completely unfurnished lobby, simply because the manager thinks that it is not pleasant to see old or handicapped people sitting around. Therefore, they are relegated to their apartments with little opportunity for informal socializing, chatting, or simple unstructured human contact. It is far better to promote such contact and to glory in the fact that people of all ages and all conditions want to be together for enjoyment and companionship.

Experience further reinforces the importance of a common spaces lobby. Floor-by-floor general living rooms and rooftop community facilities are not used enough to justify their cost. Community spaces in basements are also less than satisfactory. A better alternative is to plan and design a lively lobby that offers things to do or the pleasure of sitting and watching the coming and going.

**Dining Room**

Whatever a person's age or handicap, dining is a social event. If possible, space should be provided for sharing meals as well as for sitting and conversing before and afterward. Served meals tend to connote a certain dignity over and above those served cafeteria-style, although a combination of self-service buffets and served entrees is pleasant and offers some elements of food choice. Of course, this arrangement will depend on the ability of residents to serve themselves. If many cannot do so, whatever arrangement is provided should not cause embarrassment by differentiating between the more and the less able. Diners should select their own companions. Tables of varying sizes should be provided.

**Building Security**

The architect should be aware of design for security. A sense of personal safety and security within and around the building is essential to a sense of well-being, particularly for persons who may be most vulnerable to attack or mischief. Surveillance of entries to the building and control of all building openings is essential. Management and staff offices should overlook the main entry, but unobtrusively. A tenant-manned hospitality desk in apartment house lobbies may be useful not only to provide information and make visitors welcome, but also to relieve the management and staff of the need for constant policing or surveillance.

### Service Spaces

Budgetary considerations will help determine the extent of in-house versus community services and the spaces needed to accommodate them as part of the living environment. In this regard, it should be kept in mind that over-servicing residents or providing all or most services in-house may deprive residents of benefits from going out into the community—as other citizens do—to fill many of their daily needs, even if it is only to purchase a newspaper. One exception might be to provide a convenient "at the house" mailbox with a place to buy stamps. Church services and amusements are best sought in the community, if at all possible, on the premise that the neighborhood is the life support system that provides for all persons most of the opportunities for recreation, enjoyment, and socialization away from home. For some, such a simple activity as going to the drugstore may be the most important event of the day. The sights, sounds, and events of the neighborhood break through isolation and afford something to talk about and be interested in. If this fact is kept in mind, building spaces and costs may be reduced.

In general, space requirements will relate to the size of the project, the characteristics of the residents, and the sponsor's concept of the goal of the development. In lowrise buildings, exterior patios at each dwelling are an added amenity and are well used. They should be flush with the dwelling floor and have drainage away from the building. In highrise buildings, balconies also provide for some semblance of outdoor living, a place to grow plants, sunbathe, or follow other wholesome pursuits. Also, it may be possible in some highrise buildings to locate some apartments on the first floor with patios, thus providing choice outdoor orientation.

### The Dwelling Unit

Privacy within one's individual dwelling is of first importance. If apartments are shared, if at all possible sharers should choose their companions. As a minimum, a private sleeping area should be provided for each. If double sleeping room occupancy is necessary (in small residential homes, for instance), the space that is the individual's private turf should be identifiably separated in some fashion. Placement of furniture, such as bookcases or chests, use of planters, half walls, decorative screens, or other devices may achieve this goal. Once the area is defined, the occupant then should be allowed to decorate it as his interests or tastes dictate. He/she should be encouraged to determine the arrangement of *his/her* effects in *his/her* space, in short, to project his/her personality onto the space. This emphasis on individualism promotes independence, self-esteem, and well-being.

Second only to privacy is dwelling design that reduces or obliterates the need for assistance. The design of the living space, furnishings, and equipment should reduce accident hazards and induce a feeling of competence on the part of the resident, despite the use of prosthetic devices. If an existing house is used, however, it may be necessary to provide aids that permit increased mobility despite any architectural barriers that are caused by the design of stairs, shelves, closets, cabinets, ovens, refrigerators, etc. Care should be taken to maximize their accessibility or to provide assistance in negotiating or using them. Environmental competence and personal satisfaction are closely related, and every effort should be made, at least gradually, to achieve the self-management goals.

The most critical areas in the dwelling unit are the bathing facility and the kitchen, especially in regard to the choice and placement of equipment. In many cases, showers should replace tubs; space must be provided to permit the necessary turning radius for a wheelchair; grab bars, commodes, and mirrors may have to be moved to within the reach dimension of a seated person. In other instances, a regular bathroom will do. In deciding between having a tub or shower, self-management or therapy may be the determinants. Currently, the chances are that men will prefer showers and women tubs. The preference for the latter is changing, however, as more young women are opting for showers and ease of shampooing. A shower over a tub can be very dangerous and should be avoided.

If the housing is for one type of handicapped person, such as a person using a wheelchair, the kitchen layout and equipment are well covered in current design literature. Work areas, however, should be adjustable if a person with more than one type of physical handicap is to be accommodated. For example, stove knobs may feature large calibrated numbers for safe use by blind persons without in any way constituting an interference for persons with sight.

### Building Codes and Standards

Firm plans for new development or for rehabilitation of existing structures must meet any

and all local or national building, fire, life safety, health, and occupancy codes before a building permit can be issued. Many of the fire code requirements are delineated in the basic *Life Safety Code of 1967*, issued by the National Fire Protection Association to provide protection from fire and its effects, i.e., smoke, heat, toxic fumes. The code addresses three basic safety issues: fire and smoke containment; safe and orderly evacuation of residents; and limitation of potential fuel for fire. Further requirements are related to the facility's type of construction, based on the resistance of the material to fire. The code lists eight construction types: fire resistive, protected wood frame, protected noncombustible, protected ordinary, ordinary, mixed types, wood frame, and noncombustible. Use of less fire-resistive construction materials will require more fire-fighting equipment in the building, such as an automatic sprinkler system. The 1967 code has been updated twice; various sectors within the disability constituency prefer one edition over the other. Therefore, it should be noted that there are different codes and different opinions regarding their application, in particular, the application of residential occupancy sections to very small homes which are not "institutions."

Under some conditions, code officials can adjust the standards so that undue hardship is not placed upon the developer while documenting the record that personal safety is not endangered. The standards are typically more rigid for highrise structures than for lowrise ones and more rigid for commercial buildings, nursing homes, and institutions. The more rigid fire and safety codes can apply when buildings are expected to accommodate large numbers of people or when the people housed may have difficulty in evacuating quickly. Stricter regulations will raise the cost of housing, and they may not be needed if the planned structure is properly classified. The local building permit office will know the basic fire and safety requirements for a given neighborhood. The architect also will be aware of the particulars of all the building regulations as well as the cost of agency standards and requirements.

In both the dwelling units and the general spaces, it is important to consider wall and floor finishes as they relate to fire codes and to maintenance costs, particularly since wheelchairs will be used.

Reconciliations will be necessary between budget limitations and the optimum environment desired, and priorities thus established within the limitations.

## Group Homes for Developmentally Disabled Persons: Examples of Special Considerations

Even though group homes for the developmentally disabled, including mentally retarded adults, will be primarily like any other home, with few if any special architectural features, it is recommended that, if designed as *new* housing, they should be free of architectural barriers, since physical handicaps among the residents may be higher than usual. Almost universally, the literature indicates that, in the achievement of a homelike setting within a surrogate family, a small home accommodating from four to eight residents is preferred. It should be reiterated that any community living arrangement such as a group home should not be limited to a place for sleeping and eating but rather should be a home with a family atmosphere and a physical setting that fosters social integration in the neighborhood and the community at large. The general use spaces should be more generous than in the usual single-family home because the living room, recreation room, or family room will be more heavily used. Also, teaching and training may take place in the home. With a secure and comfortable home base, developmentally disabled persons, including the mentally retarded, undoubtedly can grow and learn and more nearly adapt their life pattern to that of the society in which they live. Exposure and contact with nonretarded persons will be helped in this process.

Examples

1—*Fargo, North Dakota—100 Dwelling Units, Highrise, for Moderately Physically Handicapped*

| | |
|---|---|
| Apartments: 95 one-bedroom apartments at 57,000 square feet; five one-bedroom apartments for the handicapped at 3750 square feet; live-in manager's apartment, two-bedroom at 900 square feet | |
| Business and secretary's office, waiting room | 230 square feet |
| Multi-use office and duplication and work room | 300 square feet |
| Health maintenance or other counseling room | 150 square feet |
| Central kitchen including storage and office | 2000 square feet |
| Resident dining room, seating 120 | 1800 square feet |
| Janitor's closets | 80 square feet |
| Maintenance and engineering (includes boiler and mechanical rooms; transformer, | |

| | |
|---|---|
| electric, and elevator equipment rooms; repair shops; receiving and loading; general storage; trash and compactor rooms | 2250 square feet |
| Two activity rooms @ 400 square feet each: | 800 square feet |
| Adjoining activity rooms (storage, kitchenette) | 220 square feet |
| Two resident laundry rooms @ 100 square feet | 200 square feet |
| Waiting lounge and lobby | 1200 square feet |
| Craft room | 400 square feet |
| Coat room, community center: toilets, mailroom, PBX, public telephone, etc. | 660 square feet |
| By general space categories, this 100-dewlling unit, highrise apartment development comes out like this: | |
| Residential facilities | 61,650 square feet |
| Administration and service areas | 830 square feet |
| Kitchen and dining | 3800 square feet |
| Housekeeping | 380 square feet |
| Maintenance and engineering | 2,250 square feet |
| Staff facilities (if provided, this would include men's women's toilets and lockers, employee lounge) | 400 square feet |
| Common use facilities | 3800 square feet |
| Partitions and circulation spaces | 16,110 square feet |
| Project total | 89,300 square feet |
| Parking spaces (30) @ 400 square feet | 12,000 square feet |
| Total | 101,300 square feet |

*2—Laurinburg, North Carolina—Mobile Homes, Physically Handicapped*

In an interim report to HUD on an architectural and psychological experiment underway on the use of mobile homes for physically handicapped persons at St. Andrews Presbyterian College campus, Laurinburg, the following suggestions are made on housing for paraplegics and quadriplegics (further information may be obtained from Dr. R.W. Decker at the college).

The experimental units are essentially standard two-bedroom, 12 feet by 60 feet, oil-heated units. Basic modifications for all units included:

Widening corridors/halls to 36 inches;

Widening doors to 36 inches;

Relocation and lowering of light controls;

Adding an exit door in each bedroom that accommodates a handicapped person;

Installation of two smoke detectors in each unit;

Installation of a sprinkler system in each unit;

Installation of "fire retardant" draperies;

Relocation and lowering furnance thermostats;

Replacing some door hardware; and

Installing battery-operated emergency lights in each bedroom occupied by a handicapped person.

The two critical areas of adaptation directly influenced by the degree of resident's disability were the kitchen and bathroom. Experimentation thus far has indicated the following architectural design adaptations related to disabled resident's adaptation levels:

**Level I (paraplegic)**

—*Kitchen:* "U"-shaped kitchen with counter height at 32 inches. Clear space required under sink and approximately 25 percent of counter area. Countertop oven and range unit, with continuous space from food storage to serving area capable of sustaining weight of average food utensil. Kitchen counters contiguous to eating table.

—*Bath:* Clear space under sink; tub and toilet equipped with appropriate grab bars to meet the occupants' needs.

**Level II (average quadriplegic)**

—*Kitchen:* "U"-shaped kitchen with counter height at 32 inches. Clear space required under sink and approximately 40 percent of counter area. Countertop oven and range unit, with contiguous space from food storage to serving area. Kitchen counters contiguous to eating table. Sink equipped with hose spray. Pull-out cutting boards, one equipped with recessed mixing bowls, appear to be essential. Best success has been with flush mounted, ceramic-top cooking units. Open shelf storage above counter tops appears far superior to traditional kitchen cabinets, even when cabinets are lowered.

**Level III (severe quadriplegic)**

—*Kitchen:* Essentially the same as Level II, with counter height reduced to 31 inches. The contiguous counter space is wider, with a minimal of 10-inch space at the oven door. The oven door is side-hinged and adjusted to require a minimum of physical effort to open or close.

—*Bath:* A 3'6" x 4'6" shower permits the handicapped person to roll completely into the shower and to use handheld or fixed shower head. The base of the shower gently slopes to an interior drain, thus eliminating any base or curb.

*3—State of Michigan, Group Homes—Mentally Retarded*

As described at length in Chapter V, the Michigan State Housing Development Authority has built a number of group homes for mentally retarded persons in the state. A brochure issued by the authority in 1974 contained these cost factors and statements on the program:

> The number of residents thought to be desirable is from six to 16. The building should be large enough to comfortably house the number of occupants involved, including adequate space for sleeping, cooking, dining, and living; yet small enough to assure a homelike atmosphere. Amenities should typically include: carpeting, central air conditioning, drapes, and all modern appliances for kitchen and laundry. It is anticipated that the local sponsors will undertake a fund drive to raise money for the purpose of furnishing the full bath for the residents, ample living room, dining room, kitchen, and activity room. A two-bedroom apartment with attached two-car garage is provided for the resident manager.
>
> Total development costs for constructing new group homes are presently running from $25 to $30 per square foot, depending on varying regional and local costs. Typically, a 5,500-square-foot group home will have a total mortgage amount of $130,000 to $160,000 for *all* costs including land, on-site development, landscaping, structures, fees, interest, insurance, and taxes.
>
> Land costs vary widely from developed urban areas to the undeveloped countryside. Similarly, on-site development factors, landscaping, and amenity levels in the home may vary considerably, depending on the desires and decisions of the sponsor.
>
> Typically, the following median costs are presently (1974) being experienced for a 5,500-square-foot group home:

| | *Total* | *Per sq. ft.* |
|---|---|---|
| On-site development | $ 18,000 | $ 3.27 |
| Landscaping | 3000 | .55 |
| Structures (all construction costs including builder's overhead and profit) | 99,000 | 18.00 |
| Land, fees, interest, insurance, and taxes | 30,000 | 5.45 |
| Total | $150,000 | $27.27 |

*4—Madison, Wisconsin—Karabis Apartments, 20 Dwelling Units, Lowrise Developments for Severely Physically Handicapped*

This is a proposed project for 20 physically handicapped adults, all of whom use wheelchairs or other mobility aids, with provision for a live-in manager attendant. This following illustration is from the housing study for the Madison Housing Authority.

Apartments: 16 two-bedroom units @ 806 square feet each

2 one-bedroom units @ 615 square feet each

2 three-bedroom units @ 1058 square feet each

| | |
|---|---|
| Community rooms and toilets | 700 square feet |
| Mechanical room | 300 square feet |
| Laundry | 150 square feet |
| Trashroom | 120 square feet |
| Office | 60 square feet |
| Corridors (5.5 feet wide) | 2000 square feet |
| Total gross area | 19,272 square feet |

These standards meet or exceed the HUD minimum property standards for multi-family housing.

The Karabis plan grew out of a study by expert consultants with years of experience in designing such special housing. Each design feature was subject to analysis including trial runs of mock-ups by handicapped persons. One such trial resulted in a complete change of the bathroom design. The following exhibits provide an example of careful local planning as well as the requirements of HUD. Additional data provided by the authority includes justifications for the extra expense when designing for the severely handicapped.

Exhibit 6—Copy of the outline specification required by HUD (Form HUD-5087) dated January 1976, including a statement of utilities and services.

Exhibit 7—The affirmative fair market plan (HUD Form 935.2) dated January 1976.

Exhibit 8—A listing of special design features the architect considered essential for the safety and comfort of the residents.

## Recommended References

There are a number of references to consult for further information on (1) the current status of housing and barrier-free environments for handicapped persons and related issues, (2) design studies and standards for such housing and environments, and (3) design principles and con-

siderations for community residences for developmentally disabled persons, including the mentally retarded. Many sources and materials identified here are cited in footnotes to chapters in this guide and are included in the bibliography as well but merit special notice in the conclusion of this chapter.

**1—Current Status of Issues Related to Housing and Barrier-Free Environments for Handicapped Persons.** Of immeasurable assistance are two reports published in 1975 by the HEW Architectural and Transportation Barriers Compliance Board, *Freedom of Choice, Volumes I and II.* The first provides results of two days of testimony before the board in June 1975; the second includes all housing recommendations emanating from the testimony.

Another excellent source of information is the President's Committee on Employment of the Handicapped, Architectural Barriers Subcommittee, Washington, D.C. 20210. Many materials have been issued on the subject of removing architectural barriers in the environment, both in housing and in transportation.

The March 1975 issue of *HUD Challenge,* the monthly magazine of HUD, is devoted entirely to a discussion of issues in housing for handicapped persons. It includes illustrated descriptions of types of housing for physically handicapped persons throughout this country. It may be requested from Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

**2—Design Guides and Standards.** An excellent source on this subject is a study, *Into the Mainstream—A Syllabus for a Barrier-Free Environment,* by Stephen A. Kliment. Funded by the HEW Rehabilitation Services Administration and published in 1975, this study is available from the American Institute of Architects, 1735 New York Avenue, N.W., Washington, D.C. 20036.

Also of interest is *Center for Human Awareness,* edited by J. Tector, a report of the fall 1975 architectural programming studio project at the School of Design, North Carolina State University, Raleigh. Write to the school, Post Office Box 5398, Raleigh 27607.

The Central Mortgage and Housing Corporation in Ottawa, Canada provides a comprehensive guide to designing for the mildly or moderately handicapped person. Entitled *Housing the Handicapped,* this guide is replete with practical and dimensional drawings. It followed three years of intensive research in Europe, the United States, and Canada and reflects the broad experience of each country. For information, contact the corporation, Montreal Road, Ottawa KIA OP7.

Barrier-Free Environments, Inc. (Post Office Box 3446, Fayetteville, North Carolina 28305) has available slide shows for training and public awareness as well as the following publications: *An Illustrated Handbook of the Handicapped Section of the North Carolina Building Code,* edited by R.L. Mace, AIA, and Betsy Laslett, and *Accessibility Modifications: Guidelines for Modifications to Existing Buildings for Accessibility to the Handicapped,* by R.L. Mace.

The study now underway at the School of Architecture, Syracuse University, has particular significance. New standards of accessibility are being developed under a two-year contract with HUD. Information is being generated to revise and augment the *American National Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped* [ANSI A 117-1961 (R 1971)]. Since this standard was first approved in 1961, it has become apparent that there are many inadequacies, in particular with regard to the lack of criteria for housing units. These inadequacies, together with the lack of hard data on many concerns related to accessibility, have resulted in a profusion of different, unvalidated recommendations from many sources.

HUD has issued three revisions of its minimum property standards (MPS) to require those design features in the 1961 ANSI: *MPS for One- and Two-Family Dwellings* (4900.1), *MPS for Multi-Family Housing* (4910.1), and *MPS for Care-Type Housing* (4920.1).

Other sources of materials on this subject include a comparatively new organization in the field, the National Center for a Barrier-Free Environment (8401 Connecticut Avenue, Chevy Chase, Maryland), as well as state offices and agencies in North Carolina, Massachusetts, and Minnesota, which are among the states that are conducting programs developed in recognition of the housing needs of handicapped persons.

**3—Design Principles and Considerations for Community Residences for Developmentally Disabled Persons, Including the Mentally Retarded.** Perhaps the best source of information on planning housing for the mentally retarded is the *Standards for Residential Facilities for the Mentally Retarded* (5th printing, 1975), published by the Joint Commission on Accreditation of Hospitals, 875 North Michigan Avenue, Chicago, Illinois 60611.

The President's Committee on Mental Retardation, Washington, D.C., has several excellent documents on the importance of appropriate housing in the lives of retarded persons. A 1974 publication, *New Neighbors: The Retarded Citizen in Quest of a Home,* discusses services primarily, but perceives the living environment as one of the significant service requirements.

Aspects of how to achieve residential alternatives in the community for retarded persons are covered in a splendid booklet, *The Right to Choose,* published by the National Association for Retarded Citizens, Post Office Box 6109, Arlington, Texas 76011.

Another worthwhile booklet, *No Place Like Home: Alternative Living Arrangements for Teenagers and Adults with Cerebral Palsy,* by Irving Dickman, is available from the Professional Services Program Department, United Cerebral Palsy Associations, 66 East 34th Street, New York, New York 10016.

CHAPTER 8

# Resident-Oriented Management and Services

Housing management is increasingly being recognized as a profession. In the foreseeable future, we can expect that completion of a specified level of training will be required to qualify individuals to perform this many-faceted function. Experience over the years has shown that the success or failure of housing developments is directly related to the adequacy of the management program, the manager, and the management staff. Formerly, housing managers were too often selected on a hit-or-miss basis, with on-the-job work substituting for training. Usually chosen were those who could be expected to achieve the most economical operation, collect the rents promptly, supervise the maintenance staff, get along well with tenants, and work for low pay. They may have had no prior experience and most often had no training in the skills required to achieve a satisfactory level of performance, particularly with regard to the social and human goals of specialized housing.

The concept that "anyone can be a manager" is rapidly changing. It is now recognized in both public and private housing sectors that the skills needed to achieve fiscal and social goals, as well as to handle the changing tenant-management relationships emanating from an increasing emphasis on tenant rights, can be obtained only through training. Additional elements and requirements are added when managing housing for handicapped persons. Highlighted in this chapter are some of the more important concerns related to this specialized aspect of housing management. Before proceeding to a discussion of these concerns, it is worth noting that there are several sources with additional information that can assist in developing a successful management program.

The National Association of Housing and Redevelopment Officials (NAHRO) is one such information source. For many years it has published data; held national, regional, and local management conferences and training sessions; and in a variety of ways emphasized the need for management performance standards. One of its recent publications, *Housing Management in the Seventies,* reflects the views and opinions of several professionals in the housing management field; the principles can be adapted to all housing management.[1]

Another source is the National Center for Housing Management. It offers training in housing management, with particular emphasis on management of projects for the elderly. Its instructional materials are comprehensive. Of special note is *The On-Site Manager's Resource Book,* a compilation of reliable material in the management field.[2]

The International Center for Social Gerontology also develops short- and long-term courses for training of managers of special housing, and can provide training as well as consultation on concepts and development of housing for elderly or handicapped persons, including the services components required.[3]

Although there are a number of avenues for informal or more formal academic training, in the past there has been no educational or training *requirement* in most public or private housing as a condition of employment. Beginning in 1978,

however, the Department of Housing and Urban Development may require, in its assisted projects, manager certification based on specified training as a condition of managerial salary approval in the housing sponsor's budget. This requirement will establish, for the first time, a basis for the professionalization of housing management.

At this time, the certification relates primarily to large public housing developments. Managers with four or more years of operating experience will be automatically certified. Others must take the training required to obtain the management "points" needed for certification. It is possible or likely that group homes and other small developments funded by HUD will, in time, also be subject to managerial standards based on specific training requirements.

As is noted later in this chapter, there are isolated examples of handicapped persons themselves managing housing after the requisite skills were learned through on-the-job experience. The housing management profession has the potential to be a new career field for some handicapped persons if they are trained and competent to handle one or another of the staff positions. For physically handicapped persons, particularly those using mobility aids, only the heavy maintenance duties might be outside their capacity, but such work, in any event, is generally one of a manager's supervisory functions.

## General Management Considerations

The distinguishing characteristic of management related to housing for handicapped persons, especially those who require sustaining services, is the shift of primary emphasis from business management to the social and human goals of the program, most particularly the services aspect. In housing for the severely or profoundly handicapped, there is also special emphasis on the management function with regard to tenant relations, i.e., being aware of the functional capacity of each tenant and his probable needs within the living environment. Acceptance of this responsibility is quite different from property management per se. The manager should be able to secure and channel the services that the tenant needs; be mindful always of the normalization goal; be a counselor; and seek opportunities for tenant-community involvement. Despite these added services or oversight responsibilities, the manager should be careful not to develop dependency among tenants or perceive his role as managing people or their lives; but, rather, he should open doors to opportunities for self-development to the extent of each tenant's capacity. This shift of emphasis clearly indicates that housing for many handicapped persons is not a limited shelter program but is the development of as normal and pleasant a total living arrangement as can be achieved (as opposed to property management only). The purely business emphasis of the operation, as important as it is, must take second place. Certain business principles are followed in general by developers of housing for the handicapped and disabled. For example, pets are not allowed. Only since World War II have seeing eye dogs been allowed in such housing.

### Characteristics of Managers

Persons employed as managers and staff in residences for handicapped populations, particularly those in the moderate or severe categories, should have attitudes and qualifications suitable to their work. They should be able to provide the degree of nurturing, guidance, and homemaking that will be conducive to the occupants' effective use of the housing or home for which they apply.

Whether the manager is a man or a woman, young or old, handicapped or not, is not too important. What *is* important is the manager's attitude toward handicapped persons and recognition of their potential and their need for life satisfaction and normalcy.

The manager should be alert to the fact that there will inevitably be friction, misunderstandings, and difficulties, as operations go on over time, in any situation where several persons live together in a cooperative arrangement. This is as true for regular family living as it is for residents in group homes or housing developments. It follows that there should be an avenue by which residents can express their attitudes about lifestyles, fears, anxieties, and conflicts. Residents come into the housing from a number of living situations. Some may have been living alone (even isolated); some with family; some with friends in the area; and some in institutions. Whatever their previous environment, there is often a tendency for new residents to feel that this fresh home or housing is a self-contained world, that venturing forth is only necessary for medical or similar critical reasons. Self-limitation also could arise from fear, particularly in the early days of adjustment to the new environment. While manifestation of delight or satisfaction should never be discouraged, any attitude that limits life space should be.

One effective technique in redirecting a resident's thoughts outward to the community has been to provide booklets and maps of the neighborhood, showing the location and costs, if any, of all facilities, with explanations of what they offer and directions on how to get to them. The format of these "know and use your neighborhood" booklets or directories is that used in publications generally provided to tourists by hotels. Managers (or residents) can also post current information on special neighborhood or community events. Another effective familiarization tool is to conduct neighborhood tours and visits shortly after occupancy. Such tours might be planned and directed by volunteers.

### Manager and Staff

The type and number of staff will depend on the size of the development, the number of residents, the severity of handicapping conditions, and the extent of services needed. In small developments, a manager and maintenance assistant may be sufficient if their duties are limited to a purely rental operation. As the development increases in size, so too will the staff. Whether or not to have a resident manager, or live-in houseparents or house counselors, will be determined by the owner or sponsor, by the types of handicapped persons housed, and by potentials for emergencies and close surveillance.

If at all possible, a resident manager is recommended and, in some developments, should be required. If this is not possible, another staff person competent to handle emergencies should be on hand at all hours. If there is a resident manager or houseparents, arrangements should be made for adequate time off, with a designated and trained replacement in charge (Exhibit 9).

When a project is but one property in a firm owning or managing many developments, some duties may be centralized, including the process of taking applications, rent collection, and supervision of major maintenance staff, such as electricians, plumbers, carpenters, etc. In other developments, the manager will be in charge of rent collection, bookkeeping, budgeting, property care, admissions, tenant relations, and service coordination and evaluation. Generally speaking, the manager will be chosen from among one of the disciplines familiar with a particular handicapped clientele and with an understanding of the needs and potentials of such persons. With this background, the best way to become proficient in the business aspects of the operation is through intern service in an operating development. As previously stated, general proficiency in the business aspects of housing management is not sufficient in managing most housing for the handicapped. In any event, the manager must have supervisory skills in dealing with office and maintenance staff, as well as sustaining harmony in the builidng and providing a hospitable atmosphere through his personality and demeanor. Moreover, the manager is a coordinator of the service programs. To repeat, the manager should have a strong sense of the community and perceive the development as a part of it, not as an island isolated from it. He should have a public relations sense, but, above all, he should perceive that he is not operating an institution but is assisting in providing a home for occupants.

What the public sees in passing the house or development will indicate the relative adequacy of the management, maintenance, and tenant relations programs. If there is a sense of disorder, trash accumulation, unkept yards, and general lack of pride, the manager must take responsibility. His image is reflected in the care of property and the residents' pride in their home.

In a small home, approximating a familial environment, care should be taken that the parent role refers to an orderly operation and does not rest on the presumption that those in charge are to make all the decisions for each resident or to assume responsibility for ordering his life. The father/mother knows best attitude has no place in management; rather, the house manager or houseparent opens the door to opportunities that meet the needs, desires, and ambitions of each resident. When possible, decisions should be made by and with the residents, not for them. Although a buddy system among residents will undoubtedly develop, with a stronger tenant helping a less able tenant, this arrangement should not be required but should evolve naturally and freely between individuals.

## Specific Management Duties

The duties of a housing manager are highly diversified and reflect the policies of the board. Whatever the number or type of occupant, the broad categories of management duties cover:

—Responsibility for the resident selection and termination process;

—Responsibility for services to individual residents, including counseling and referral;

—Management of the fiscal operation, including budgeting, rent collection, bank deposits, and accountability for same;

—Property management, including maintenance and repairs, supervision of maintenance staff, and purchase of supplies;

—Relationship with community agencies or individuals wishing to make referrals to the development;

—Development and maintenance of a community resources file in order to tap services or adequately handle referrals;

—Selection, training, and supervision of staff;

—Coordination of the services program, management services, social services, and leisure time activities; and

—Interpretation of the housing to the community.

It should be noted, however, that in many group homes, responsibility for the selection and termination process is generally not handled by the manager—that is, the house counselor—but by a community service agency, the local or state mental retardation agency, or a combination of all the above. The same is true for provision and coordination of services where the general pattern is that of a services program plan developed by a combination of the above and delivered through a variety of sources, including but rarely limited to the live-in staff.

**Tenant Selection and Placement**

The goal of the tenant selection and placement policy is to assure acceptability and compatibility among the resident group and promote social interaction, while providing for privacy and an individual lifestyle.[4] Although all stressful situations cannot be avoided, a thoughtful policy based on a realistic screening process may determine both the social and economic success of the development. It is well to remember that medical rehabilitation—the process of early anticipatory intervention in the course of a disability—is a component of comprehensive rehabilitation, and the interaction between many handicapped persons and their physicians should not be ignored as another element in the screening process. Physician orders may have to be obtained for certain supportive services, and they may be helpful or even required in emergency response systems.

In some places, a cross-disciplinary team from the community prepares the selection plan and actually reviews the applications and makes the selection. Participation of physicians in this team is important since medical factors undoubtedly will be important or decisive in arriving at the best and most workable solution. In other places, this responsibility is retained by the governing board. In other establishments, the manager and staff develop and execute the plan based on board policy. One word of caution: if it is planned to house handicapped and nonhandicapped persons together, be sure the able-bodied are in the majority. A suggested ratio is 60 percent able-bodied and 40 percent handicapped. An even larger percentage of able-bodied might be even more desirable.

Any tenant selection plan should be kept flexible enough to achieve full occupancy in a limited time to meet the first mortgage payment from rent income. In regular housing, it is anticipated that only one in six applicants will actually take residence when it is offered. The ratio may be even lower among handicapped persons, since there may be more compelling reasons for not desiring to change environments. Applications should be accepted at least six months before the housing is ready to allow time to select the first occupants and to schedule move-ins (Exhibit 10).

Following is the Madison (Wisconsin) Housing Authority's flexible tenant selection plan for a project for the severely physically handicapped. It establishes goal priorities but allows leeway in the selection process.

**Selection Priorities**

I. Severely disabled, requiring wheelchair. Employed, employable, continuing education or training. Low-income—eligible for rent subsidy. Economic need.

II. Requiring wheelchair but less severely handicapped. Less economic need.

III. Dischargee from hospital or institution. Undergoing latter stages of rehabilitation. Pursuing employment, training, or education.

IV. Disabilities other than wheelchair use.

V. Nonhandicapped. Low-income—eligible for rent supplements.

VI. Able-bodied with no economic need, paying full market rent.

Once the range of persons eligible for occupancy is determined, the second tenant selection step is to arrange the applications in income classifications. If there is a flat rent for all, based on space, there is a minimal classification problem, and selection can be based on those in greatest need, providing they can afford the space rent. If a graded rent is used, based not on space

but on ability to pay, caution is needed. The practical fact is that the rent income must, at a minimum, defray all costs of operations (an exception is public housing, where operating subsidy may be available) as well as the service costs and reserve requirements, unless, of course, the sponsoring group is fortunate enough to be able to tap a source of income outside rent, enabling it to select from among the most needy group, regardless of rent-paying ability, in either the space or graded rent plan.

Assuming that rent income must equal expenses, this economic fact should be remembered both when occupancy is initiated and again when replacements for move-outs must be selected from a waiting list. For a graded rent program, a fair but not too generous rent-to-income ratio is 25 percent of income. In view of extra expenses that many handicapped persons have, a rent-to-income ratio might more fairly be 20 percent or less. Where graded rents are used, some legitimate deductions are allowed before determining from the gross income the net income base on which the rent is calculated. One or more deductions might cover continuing medical expenses, some portion of the cost of prosthetics, some allowance for individual transportation costs (if public transportation is not available or accessible to reach employment sites), or some or all of the cost of an attendant.[5] Another contribution to decreasing rents is having a master metered utility installation, instead of individual meters, since utility costs commonly are included in the rent.

### Termination of Residency

**1—Transfer.** If, in the judgment of the manager and/or rehabilitation counselor (if the resident is receiving rehabilitation services), the condition of the resident becomes such that continued residency can no longer be of benefit, notice must be given of the transfer plan. The notice can be for any time period established and reflected in the rental agreement or lease. The notification period is usually not less than 30 days or more than 60. The transfer of an unwilling resident from the residence to another living arrangement takes skilled and sensitive handling. Not only the individual but also the family, the caseworker, the doctor, the lawyer, and others may be involved. As a consequence, all possible steps should be taken before transfer is decided upon to see if the situation that seems to require it can be alleviated. The final decision for removal will probably be made in the light of the effect of one individual's problem on many others in residence.

**2—Eviction.** Possibly a more traumatic situation is the process of evicting a resident for legal reasons. Before eviction papers are filed, every effort should be made to relocate the individual, calling upon the social worker, family, or others for assistance. The housing sponsor may require that a competent board, and not the manager, make the decision regarding the legitimacy and inevitability of eviction.

**3—Death.** Yet another sensitive management responsibility is handling the problems associated with the death of a resident. For each resident, the manager should have on file the name, current address, and telephone number of the next of kin or other person responsible in case of serious illness or death. Other than seeking emergency medical assistance, the manager should not be responsible for decisions that arise from the death of a resident. Yet, this kind of decision sometimes is required if there is no one else to notify the proper authorities, make arrangements for the funeral, and handle the disposition of property. Under no condition should the manager handle this situation alone. No disposition of property should be made without making and filing a complete inventory that is witnessed. Possessions should be carefully stored; in some instances, there is a 30-day waiting period required before disposing of property, although some housing sponsors will store the effects for up to a year, awaiting possible claimants. Advertising for relatives may be wise before disposing of possessions. In any case, legal advice should be available to the manager in handling any such situation and should be scrupulously followed.

### Resident Participation

To the degree possible, the manager should permit and encourage a resident to make decisions, such as choosing a dwelling location, decorations or furnishings, activities, and that lifestyle most pleasing to him/her—so long as these independent decisions do not interfere with or invade the privacy of other residents. There should be very few regulations and those that prevail should be subject to resident scrutiny and suggestions for change. In one successful development, the book of rules and regulations had only one entry: "You may not smoke in bed." The way in which either regulations or other information is written will clearly and quickly indicate whether the manager perceives his tenants as adults or children, as competent or incompetent. The manager should reflect his expectation of the highest degree of resident per-

formance, even when a few experiences may cast a shadow.

Experience indicates that, when residents have some responsibilities, their vested interest heightens a feeling of belonging. And it also may decrease operating costs and prevent resentment of an overprotective manager. There is little doubt that the person who makes decisions for himself has a greater sense of independence and self-reliance. This fact tells us that, the fewer the rules and regulations, the better—whether they are developed by the management or by the tenants.

Among the decisions in which residents might participate (depending on the type of development) are the following:

—Household tasks—yard maintenance, weekend kitchen/dining room duties, locking up and providing security surveillance, emptying trash, etc.;

—Planning group functions;

—Planning for securing and using attendants;

—Planning floor rules, laundry schedules, etc.;

—Providing transportation and other guides to neighborhood facilities.

**Tenant Organization or Association**

Shortly after full occupancy of the development, groundwork should be laid for a tenant organization. It is well worth the manager's time to assist with the organizing effort, but not in a decisionmaking role. The degree to which residents make decisions about their "home," the less institutional the development will be. The attributes of a strong and representative tenant organization are that it:

—Provides and develops a community spirit through association and socialization around a common goal;

—Provides a channel for advising management of the need for regulations or changes in them, without identifying an individual as a "complainer";

—Is capable of developing and operating a 24-hour attendant system without management involvement;

—Provides a resource of help in time of accident, illness, or death;

—Is capable of developing an appropriate transportation system;

—Advises on adequacy and efficiency of the service elements of the housing program (meals, housekeeping, etc.);

—Is capable—through various committees—of handling maintenance service requests, lawn or garden care, conservation of utilities, and effecting economies that might keep down the rent;

—Arranges for social events, recreation, and trips;

—Is capable of being a back-up for the manager or the sponsor in public appearances seeking improved public services, such as curb cuts in critical places, increased police protection, or training sessions for city firemen in efficient evacuation techniques;

—Can be a public relations spokesman for the development, as well as for promoting additional housing as the need indicates; and

—Can provide tenant surveillance teams to promote security in-house and the immediate environment, including manning a hospitality desk in the lobby for welcoming or screening those entering the building.

This type of tenant-assisted management merits not only the organizational effort of the manager but also may merit some early financial help to the budding group effort, if this is possible. Inevitably, leadership will develop and the democratic process will take over. While controversies can be expected, the key to success is the importance of the service tenants are encouraged to develop and participate in. Some residents may have no desire to participate in the management process but may seek only social activities or those that relate to specific self-interest. Either of these interests, however, may lead to eventual involvement.

## Services

All service sources—federal, state, and local—that provide life support, growth opportunities, or enjoyment for handicapped people should be tapped. Many of the services needed by the handicapped population emanate from federal laws and are delivered through and by state and local agencies. Chart 6 lists services possible under specific federal laws covering the needs of a variety of handicapped persons. A good service program should maximize the number of options open to the individual resident in his daily living, whether to create an improved environment or to maintain physical or mental health.

An inventory of service needs and available community resources is recommended, including (1) in-house services and costs and (2) community services and costs. An impressive example of what

can be done through this technique comes from the Michigan State Housing Development Authority. From a survey of the services needed and available, a selection was made for inclusion in state-funded projects for the mentally retarded. Negotiated written agreements with the various state service agencies to deliver the agreed-upon services to occupants was prompted by a letter of understanding signed by the governor.

Many localities may not have effective state assistance and, therefore, must inventory what services the community offers for handicapped residents, eligibility requirements, delivery schedule, and the possibility of continuity of services. An out-of-house service package is as important in the management process as the in-house activity and in the long run probably more so.

Services accompanying housing for handicapped persons will:

—Compensate for functions individuals may not be able to perform or provide independently due to the handicapping condition;

—Meet any health-related needs (therapy, counseling, etc.);

—Stimulate capacity for social interaction, strengthen community ties, promote normalization, and provide new opportunities for a more fulfilling life; and

—Offer training as needed for self-management or for career or employment potentials.

Of course, the type and extent of services will relate to the type and severity of the handicap. Some in-house services are essential to sustain at least quasi-independence but the emphasis should be placed on those services provided in the community, by the community, for all population groups, since this kind of service provides an important, or sometimes the only, link to the community.

The goal of an in-house service program is to complement community resources, not to duplicate or overlap them. These services require coordination and cooperation between community service agencies, management, the residents, and their families. The unavailability of essential community-based services may require the housing management or existing agencies to develop and deliver them through service contracts. Whether or not the resident can pay for the services or is eligible to receive them at no cost will have an impact on the occupant selection policy and the operational feasibility of the housing development. It is well worth the effort to seek and secure services at minimal or no costs.

An in-house supportive service package might include some or all of the following, as resident functional capacity requires:

—Meal service;

—Housekeeping assistance;

—Individual attendant or part-time assistance with personal hygiene, dressing, bathing, etc.;

—Visiting health services or therapy;

—Pre-arrangements for medical services;

—Arrangements for transportation;

—Security and surveillance services;

—Leisure time and social services; and

—Training.

Occupants also might assist in helping to provide home service either as part of a buddy system, as a training technique, or as a cost reduction. In the latter case, the resident should not be taken advantage of or expected to undertake tasks beyond his physical or mental abilities.

**Meal Service**

The decision to provide a meal service will be determined by the ability or inability of the resident to shop and cook with safety. Apartment developments for the minimally handicapped or retarded probably will not provide a central dining service since independent living will not require it. In the case of severely handicapped persons living in private quarters and needing and using an attendant, one of the attendant duties may be the preparation of meals. Small group homes will feature family dining prepared or supervised by the house manager or counselor, sometimes with planned participation by residents.

A variation is the development that provides a minimal individual kitchen adequate for preparation of breakfast or snacks, with luncheon and dinner (or perhaps only dinner) served in a central dining room. Under this plan, a minimum number of meals per week or per month should be required in order to provide the most nutritious food at the lowest possible cost. The meals requirement should be understood and accepted at the time application is made for the housing, otherwise some may feel after occupancy that the congregate meals requirement is too institutional and constitutes a sacrifice of the freedom to care for oneself fully. Although good health is maintained by proper nutrition, the socialization aspect before, during, and after meals may also be important, particularly for the more timid and for

those who tend to isolate themselves.

Investigation should be made of all methods and resources to provide nutritionally balanced meals at reasonable costs (Exhibit 11). The food may be prepared by an in-house staff, may be contracted for with a commercial catering service, or may be arranged for with institutions already providing meals to other constituencies, e.g., hospitals, schools, homes for the aged, and nursing homes. Under whatever plan, the menus should provide at least minimum daily nutrition needs, food varieties, and special diets. Regional or ethnic food habits should be taken into account and respected.

Whether meals are served or a self-service cafeteria style is used will depend on the capability of residents to serve themselves, on costs, and on dining area design. It appears that served meals, with everyone present at one sitting, is the preferred method. Use of high school and college students to assist with meal preparation and service is suggested.

The dining room should be bright and pleasant, contain a variety of table sizes, and have sufficient space to accommodate wheelchairs or an attendant assisting with the eating process. Large dining spaces should be broken up with planters, furniture, or other devices to provide a sense of intimacy not possible in one large area that increases a sense of loneliness.

Room service should not be provided except in case of a health emergency and should be terminated as soon as possible. Whether beer, wine, cocktails, or other alcoholic beverages are served is a decision the sponsor must make.

**Housekeeping**

The individual should have responsibility for the care of his/her premises to the degree possible, and he/she should decide when or if housekeeping aid is wanted. Either full housekeeping service or one limited to heavy chores on a once-a-week schedule may be part of the management plan. Complete sanitation and an odor-free, infestation-free environment are essential.

Housekeepers or home aides should not enter the tenant's apartment or room without prior consent or as scheduled and posted. Management inspection, however, is necessary to offset possibility of unsanitary conditions. It should be anticipated that, at a minimum, the heavy chores such as window washing, floor waxing, drapery cleaning and hanging, etc., will be provided, probably by the maintenance staff. As with the meal service, if there is a personal attendant, he/she may perform the daily housekeeping chores as part of his/her regular duties. The manager, however, should retain inspection rights.

**Personal Services**

The extent of personal services depends on the type and severity of the handicap or retardation. Some degree of aid with dressing, bathing, and toileting will be necessary for the severely handicapped or retarded. Although handicapped persons should be encouraged to do as much for themselves as possible, some staff assistance should be anticipated. A matron might be trained for this purpose or the individual's personal attendant may have the responsibility. In any event, the user should have some say in what services he/she needs and at what cost. If attendants are shared by more than one resident, additional attendants at peak hours (such as mornings and evenings) should be scheduled. If personal attendants are used, they should be hired by, and be subject to the satisfaction of, the resident, not the management. If the attendant must live in, private space should be provided and paid for by the resident as part of his rent or service cost.

Volunteers can be used for minor services and, in some instances, one tenant may perform a service for another, but a specific service plan is more safe and businesslike and can be keyed to crisis situations as well.

**Training for Tenants**

While training residents for community living or for vocations is not one of the usual housing management functions, training in home activities, chores, and personal care often can and should be provided in the home setting. This housing management concept also may include adjunct education and training potentials within the housing if occupants otherwise might not be able to reach or use community-based training centers. However, it should never be forgotten that the housing service/program should be designed to emphasize all aspects of normal community or family living and not be secondary to a training environment. Thus, although housing is not considered a social service, it is the channel for services to occupants, including those services that promote resident participation in neighborhood activities.

**Social Interaction**

The service program also should be designed to promote social interaction between individual residents, residents and staff, as well as residents and the community. Social ties and roles formerly

limited to the family or institution can be expanded by new contacts and new roles. It goes without saying that institutional characteristics that increase dependency and reduce one's motivation to do things for oneself must be avoided in the development of social interaction plans.

Leisure time services and activities can best be determined by or with the residents and should be limited only by their interests, imagination, and functional ability. Generally, these will include programs with opportunities for relaxation and socialization that would be of interest to any group of similar age. They may encompass cards, bingo, chorals, plays, concerts, special events (holidays, birthdays, etc.), raising and caring for plants (a potting room with soil, fertilizer, and pots is always used, possibly with garden clubs as sponsors), reading, crafts, and art. An occasional break in routine will provide a different outlet, thus increasing the learning process and excitement as well as affording enjoyment. Bingo can become monotonous after awhile, as can billiards. Outdoor activities such as nature walks and camping are healthy and should be encouraged.

**Roles of Residents and Families**

The contributions that can be made by the resident of his family should not be overlooked as part of the service program, but should be encouraged. In small family-type group homes, there are many household chores that can be performed by even the severely handicapped. What is manageable often can be determined at intake or the time of occupancy, when assessing the functional capacity of the individual. Before taking occupancy, the individual should know what will be expected of him "as a member of the family" or group. For some, it will be training for self-management with transition to a more independent lifestyle in the offing.

The resident's family may be able to contribute to the service program, especially for festive occasions, such as Thanksgiving, Christmas, or other holidays. Families may also arrange for trips, vacations, or visits to events outside the home for their relatives and resident friends.

**Use of Community Services**

As advised earlier, advantage should be taken of any service provided in the community, since this is the normal source for general services. Community-provided services are preferable to the same service provided by in-house staff and should be less costly. Community contacts made when using the service together with other people are more beneficial to the individual than being set apart as "special," with no necessity for going out or being exposed to others. For example, if therapy is required and is given at a community-based installation, the resident should use it rather than receive treatment at home. If a training, educational, or work center is in the community, its use is preferable to a more limited or isolated service at home. A visit to the dentist, to the clinic, etc., has not only health benefits but social ones as well. This principle gives way, of course, if the individual cannot take advantage of the community-based service or if usable transportation is not available, but the ultimate goal should be to strive toward normal community involvement, including use of existing services.

Except in very large developments, it probably will not be possible to provide health or therapy services in-house. Management should make arrangements, however, for public or private health services, such as visiting nurses (where need arises) and should be fully aware of all health resources of the community that can be matched with the needs of the tenant body. Generally speaking, the provision of comprehensive medical services should not be the responsibility of the housing sponsor. There have been housing developments in which health or therapeutic agencies have their headquarters and thus are readily available to the occupants. When such spaces are provided (and rented), care should be taken that the residential character of the housing is not impinged upon. Under no condition should health facilities be located near the building entry. In general, it is far better that the resident have his health needs (including dentistry, podiatry, etc.) taken care of in the community.

Ways also might be found for residents to provide a service to the community, whether paid or volunteer. These services might include neighborhood cleanups, lawn care, paper delivery, trash removal, plantings in public places, shared flowers from tenant-operated greenhouses or gardens, or other acts of beautification or thoughtfulness that demonstrate a community interest. Open house for neighbors may be a way to inform them about the normal life in-house.

**Transportation**

Transportation in vehicles usable by the handicapped and routed from the housing to diverse destinations (employment sites, educational centers, therapy or medical centers, social centers, shopping) is an essential and important service

closely related to the location, planning, and operation of housing. If usable public transportation is not available, efforts should be made to provide a management-operated system at least on a limited scale. This service can range from a tailor-made plan to an on-call volunteer emergency driver. If local resources cannot be found to supply this important environmental component, application can be made through the state to the U.S. Department of Transportation for federal funds to assist in acquiring transportation equipment and facilities. Section 16(b)(2) of the Urban Mass Transportation Act of 1964, as amended, authorizes this type of assistance. The Urban Mass Transportation Administration has recently modified its procedures and set aside funds to facilitate use of this authority. Many developments or centers for elderly or handicapped persons enjoy minibus service as part of the housing plan.

Capital grants to finance the acquisition of transportation equipment and facilities by nonprofit sponsors of housing for the elderly and handicapped can equal 80 percent of net cost. Application is made on forms provided to the state office of transportation, which reviews them and sends selections to the Urban Mass Transit Administration's (UMTA) office of capital assistance. When all requirements are met and the project is approved, the UMTA will notify the project sponsor. The state will then administer the grant and disburse funds.

Besides urban mass transit capital improvement, just described, the UMTA provides several other aids to help in developing adequate public transportation systems for the handicapped. These are:

—Planning assistance to study needs and develop appropriate solutions, and

—A demonstration program to provide financial assistance to use or test new services, methods, and techniques.

**Security and Surveillance**

While construction code requirements should provide security and safety from fire or other dangers, the resident also must have a sense of personal security in his environment. Handicapped persons may be a prime target for robbery or assault in some areas or neighborhoods. Although a nine-foot fence around the premises is most definitely not recommended, arrangements should be made for the control of keys, lighting, management and tenant surveillance, as well as police surveillance, as important services. Determining adequate security is a direct management responsibility.[6]

**Financing Services**

The right service package for a given project requires knowledge of the laws authorizing such services, the agencies responsible for providing them, and related eligibility requirements. Some services may be delivered to the housing or may be provided by the housing sponsor and be paid for by residents from income derived from their work or from public support payments for which they are eligible. Chart 7 lists federal laws under which a variety of services for the handicapped is authorized.

## In Conclusion

The prime requirements for successful management of housing for select persons are knowledge, sensitivity, and the availability of services. The intelligent preparation of budgets and other fiscal management instruments should not be overlooked, however. Samples of operating budgets are, therefore, provided in Exhibit 12.

# Footnotes

## Chapter 1. Community Action and the Handicapped

**1.** The special nature of problems in providing housing for handicapped persons in rural areas is discussed at length in Chapter III.

**2.** Other terms for the house manager function are also utilized in the field. They include "house parents," "surrogate parents," and "house counselors," depending upon how their roles and responsibilities are conceptualized and executed. Usually, these individuals are not professionals in mental retardation or housing fields.

**3.** *Standards for Residential Facilities for the Mentally Retarded* (5th printing) may be obtained by writing the Accreditation Council for Services for the Mentally Retarded and Developmentally Disabled, 875 North Michigan Avenue, Chicago, Illinois 60611. At present there are two sets of ACS/MR and DD standards, one for community services and one for residential services. They are being revised into a single set of standards, scheduled to be available in late 1976.

**4.** Just off the press is *Accessibility modifications: guidelines for modification to existing buildings for accessibility to the handicapped*, developed by Ronald L. Mace, A.I.A., and published by the Special Office for the Handicapped, North Carolina Department of Insurance, Raleigh, North Carolina, 1976.

**5.** This step already has been taken in many localities throughout the country. In FY 1975 approximately 3,135 units of general local government had a housing assistance plan.

**6.** If there is no local housing assistance plan, applications for housing may be made directly to HUD.

## Chapter 2. Matching Housing and Handicap

**1.** Some difficulties in utilizing a coalition approach to housing sponsorship were noted in recent correspondence from Jack Harwell, community services advisor, HUD area office—Region VI, Dallas, Texas:

> We are advocating the formation of a coalition of agencies in each community to confer and negotiate with housing providers in order to present a united front and to exert more influence, but we have found that one agency is often reluctant to join another in actually constructing, purchasing, or managing housing. Invariably, the agency prefers to 'do its own thing,' i.e., house its own clients only. Unfortunate, but true.

**2.** For a discussion of the nature and extent of this problem, see: Kriger, Sara Finn. *Life styles of aging retardates living in community settings in Ohio*. Columbus: Psychologia Metrika, 1975. (The address of Psychologia Metrika is 2806 North High Street, Columbus, Ohio 43214.)

**3.** United Cerebral Palsy Associations, Inc., March 1976. *Word from Washington*, Vol. 7, No. 3, p. 10. Washington, D.C.: UCPA.

**4.** Developed from the text of the mimeographed issuance of the Michigan State Housing Development Authority, *1972 Program Description: Housing for the Adult Mentally Retarded*, p. 7.

**5.** Noakes, E.H. What is the problem? Whose problem is it? How widespread is it? *In* Eileen Lavine (ed.), *Proceedings of the national conference on housing and the handicapped*, p. 7. Bethesda, Md.: Health and Education Resources, 1974.

**6.** In 1975 a number of European countries were visited by a group of persons representing HUD, the President's Committee on Employment of the Handicapped (its Architectural Barriers Subcommittee), and Syracuse University (which is directing a HUD-funded standards study for the American National Standards Institute) for the purpose of viewing and evaluating housing efforts for the handicapped. For a report on the group's findings, see: Greenstein, Deborah; Gueli, C.; and Leonard, E. No one at home: brief review of housing for handicapped persons in some European countries. *Rehabilitation Literature*, XXXVII, 1 (January 1976), 2-9.

**7.** Consortium Concerned with the Developmentally Disabled, Task Force on Housing. April 1976. *The housing and community development act of 1974: impact on persons with disabilities*, p. 2. (Mimeographed.)

For information on this document, contact the Consortium, Suite 141, Chester Arthur Building, 425 I Street, N.W., Washington, D.C. 20001.

**8.** Roos, P. Normalization: implications for developing a national program for housing and handicapped people. *In* Eileen Lavine (ed.), *Proceedings of the national conference on housing and the handicapped*, p. 29. Bethesda, Md.: Health and Education Resources, Inc., 1974.

## Chapter 3. Financing Resources

**1.** Proposed new HUD rules on Section 106 (b) were published in the *Federal Register*, Vol. 41, No. 72, April 13, 1976. By August, when this volume was being developed, final regulations were not yet available.

**2.** The 1976 Housing Authorization Act revived the public housing program and the Section 202 direct loan program. It extended for one year (until 1977) the Section 312 rehabilitation program, the Section 235 homeownership program, and the Section 236 mortgage interest subsidy program. It also increased—from 20 to 40 years—the coverage for Section 8—FmHA developments. An overview of major provisions of the Act is presented in Appendix A.

**3.** HUD has published a new handbook on the *Section 8 Housing Assistance Payments Program for Existing Housing* (7420.3 Rev) which may be obtained from HUD, 451-7th Street, S.W., Washington, D.C. 20410.

**4.** For further details, an excellent reference is the NAHRO publication, *Answer to Questions on Section 8, Lower Income Housing Assistance Guidebook.*

**5.** Being considered by HUD are regulations requiring 100 percent of the units in approved Section 202 projects to have Section 8 housing assistance payments contracts. Adjustments in the number of these contracts on individuals would then be made following occupancy.

**6.** *Section 202, Direct Loan Program for Housing for the Elderly and Handicapped Processing Handbook* (HUD 4571.1), available from HUD, Washington, D.C. 20410.

**7.** The 1976 Housing Act makes centers for the handicapped an eligible expense under the community development block grant program authorized in Title I of the 1974 housing act.

**8.** The 1976 Housing Act reversed previous regulations that required the housing subsidy to be counted as unearned income for purposes of establishing eligibility for the Supplemental Security Income (SSI) program. After October 1, 1976, the housing subsidy cannot be used to reduce the SSI payment.

**9.** For further information, contact the United Cerebral Palsy Associations of the Pittsburgh district, House Building, 4 Smithfield Street, Pittsburgh, Pennsylvania 15222.

## Chapter 4. Assessing the Local Housing Market

**1.** The Housing and Community Development Act of 1974 (Public Law 93-383) requires that any Section 202 project for the disabled must be consistent with and supportive of the state developmental disabilities plan.

**2.** Although state schools are generally established for the mentally retarded, a large percentage of residents are persons with cerebral palsy, epilepsy, and associated disabilities. Many residents of housing programs of the United Cerebral Palsy Association are former residents of state schools who have been recently released under deinstitutionalization efforts.

**3.** The 1976 Housing Authorization Act establishes eligibility for housing a nonhandicapped person who is essential for the care of a handicapped or elderly person. It also establishes eligibility for single-person occupancy, in addition to the elderly and handicapped.

**4.** American Society of Landscape Architects Foundation. *Barrier-free site design.* Washington, D.C.: Government Printing Office, April 1975.

## Chapter 6. Selecting the Right Housing Site

**1.** One resource for determining normalization is the PASS system described in the following publication: Wolfensberger, W., and Glenn, L. *PASS 3—program analysis of service systems: handbook and field manual* (3rd ed.). Toronto, Canada: National Institute of Mental Retardation, 1975.

**2.** For an excellent reference on how to achieve a barrier-free environment, see: Kliment, S.A. *Into the mainstream: a syllabus for a barrier-free environment.* Washington, D.C.: American Institute of Architects, 1975. The syllabus was prepared under a grant from the Rehabilitation Services Administration, HEW. In the introduction, the AIA president, William Marshall, Jr., FAIA, observes: "As a storehouse of facts, figures, backgrounds, and trends, this syllabus will help launch the architect and his entire team towards that crucial goal: to bring every handicapped person into the mainstream of daily living." For information on obtaining a copy, contact the AIA, 1735 New York Avenue, N.W., Washington, D.C. 20036.

**3.** This series may be obtained from the standards branch, office of housing, Department of Housing and Urban Development, 451—7th Street, S.W., Washington, D.C. 20410.

**4.** For a copy of this publication [ANSI, A117.1—1961, (R1971)], write the American National Standards Institute, Inc., 1430 Broadway, New York, New York 10018.

**5.** For an excellent recent study of critical major components of site development for physically hand-

icapped persons, see: the American Society of Landscape Architects Foundation. *Barrier-free site design.* Washington, D.C.: Government Printing Office, April 1975. This well-illustrated book provides a competent guide to the design of outdoor areas (including equipment and dimensional factors) that are pleasant and usable for both physically handicapped and able-bodied persons.

**6.** Two handbooks on zoning for group homes for the developmentally disabled were published in 1975 by the College of Law, Ohio State University, Columbus: *Zoning for community homes: handbook for local legislative change* and *Zoning for community homes: technical assistance handbook for municipal officials.* Both were authored by Robert Hopperton, project administrator, law reform project, developmentally disabled law, at the college. To obtain copies, contact the project, College of Law, Ohio State University, 1659 North High Street, Columbus, Ohio 43210.

**7.** North Carolina General Statutes, 168-9.

**8.** For chapter addresses, write the National Association for Retarded Citizens, 2709 Avenue E, East, Arlington, Texas 76011.

## Chapter 8. Resident-Oriented Management and Services

**1.** Other NAHRO publications related to this subject are: *Training Program for Housing Maintenance Employees* (1970) and *Housing Management Bibliography* (1971).

**2.** The National Center for Housing Management (1133-15th Street, N.W., Washington, D.C. 20005) publishes manuals and resource data on management of housing for the elderly. Of special interest is its publication, *On-Site Housing Manager's Resource Book* (1976).

**3.** The International Center for Social Gerontology (425-13th Street, N.W., Washington, D.C. 20004) has prepared several useful documents in the field of management of specialized housing:

**a)** The Center. *Management of sheltered housing.* Baltimore, Md.: State Office on Aging, 1976.

**b)** Thompson, Marie McGuire. *Congregate housing for older adults: assisted residential living combining shelter and services.* Report for Special Committee on Aging, U.S. Senate, Washington, D.C.: Government Printing Office, 1975.

**c)** Donahue, Wilma T.; Thompson, Marie McGuire; and Curren, D.J., eds.) *Congregate housing for older people: an urgent need, a growing demand.* Selected papers from the First National Conference on Congregate Housing for Older People. In press, 1976.

**4.** The 1976 Housing Authorization Act provides for single-person occupancy that was not possible before, except for the elderly and handicapped. It is now possible to mix single able-bodied persons and handicapped persons.

**5.** Eligibility for Section 202 housing may now include (a) two or more elderly or handicapped persons living together, (b) one or more such persons living with another person who is determined to be essential to their care or well-being, and (c) the surviving member or members of any family living in a Section 202 unit with the deceased member of the family at the time of his death.

**6.** For further information on security, see *On-Site Housing Manager's Resource Book*, Part 5—Security and Chapter 8—The Manager and Security, published in 1976 by the National Center for Housing Management. Also, *Security Planning for HUD-Assisted Multifamily Housing: A HUD Handbook* (7460.4), published in 1974 by the office of housing, HUD.

# Bibliography

*Compiled by*

Priscilla Murray, M.A.
Research Assistant
International Center for Social Gerontology
Washington, D.C.

Accreditation Council for Facilities for the Mentally Retarded. 1975. *Standards for residential facilities for the mentally retarded* (5th printing). Chicago, Ill.: Joint Commission on Accreditation of Hospitals.

Alexander, R.C. and Nenno, Mary K. 1975. *A local housing assistance plan: a NAHRO guidebook.* Washington, D.C.: National Association of Housing and Redevelopment Officials.

American Institute of Architects, Easter Seal Society for Crippled Children and Adults of Iowa, Inc., Governor's Committee on Employment of the Handicapped. 1974. *Accessibility—the law and the reality.* Des Moines: The Institute.

American National Standards Institute, Inc. 1971. *American national standard specifications for making buildings and facilities accessible to, and usable by, the physically handicapped* [ANSI A117.1—1961, (R1971)]. New York, N.Y.: The Institute.

American Society of Landscape Architects Foundation. 1975. *Barrier-free site design.* Washington, D.C.: U.S. Department of Housing and Urban Development.

Architectural and Transportation Barriers Compliance Board. 1975. *Freedom of Choice, Vol. I.* Washington, D.C.: Compliance Board.

_____. 1975. *Freedom of Choice, Vol. II.* Washington, D.C.: Compliance Board.

Benson, H.A., Buford, W.B., and Ross, E.C. 1974. *Operation revenue: local action manual.* Washington, D.C.: Governmental Activities Office, United Cerebral Palsy Associations, Inc.

Benson, H.A. and Ross, E.C. (eds.). 1976. *Operation revenue: orientation-resource notebook for governmental activities.* Washington, D.C.: Governmental Activities Office, United Cerebral Palsy Associations.

Brown, A.Y. 1976. *Financing with tax free securities.* Jackson, Miss.: U.S. Department of Housing and Urban Development. (Mimeographed.)

Brown, M.G. 1975. *Handicapped housing: a need analysis.* Providence, R.I.: Housing Assistance Section, Division of Housing and Government Services, Department of Community Affairs. (Draft.)

Cannon, S.E. (ed.) 1975. *A statement of need for a community facility for disabled citizens in Rhode Island.* Providence, R.I.: Department of Health.

Center for Independent Living. 1976. *Fact Sheet.* Berkeley, Calif.: The Center. (Mimeographed.)

Central Mortgage and Housing Corporation. 1974. *Housing the handicapped.* Ottawa, Canada: The Corporation.

Chasin, J. and Saltman, J. 1973. *The wheelchair in the kitchen.* Washington, D.C.: Paralyzed Veterans of America, Inc.

Cherington, Carolyn and Dybwad, G. (eds.) 1974. *New neighbors: the retarded citizen in quest of a home.* Parts 1 and 3. Washington, D.C.: U.S. Department of Health, Education, and Welfare.

Comptroller General of U.S. 1975. *Further action needed to make all public buildings accessible to the physically handicapped: report to the Congress.* Washington, D.C.: General Accounting Office.

Cooperative Living Project. 1976. *Cooperative Living Project: a new alternative.* Houston, Tex.: The Project.

de Jourdan, A. 1973. Specialized housing helps mentally retarded. *Habitat,* Nos. 1 & 2, 2-5.

Decker, W. (ed.) 1975. *Research on housing needs for the severely handicapped: interim report.* Laurinburg, N.C.: St. Andrew's Presbyterian College.

Department of Health and Social Services, Division of Mental Health. 1973. *Family care.* Manual, Chapter 11. Madison, Wis.: The Division.

Dickman, I. 1975. *No place like home.* New York, N.Y.: United Cerebral Palsy Associations, Inc.

Donahue, Wilma T., Thompson, Marie McGuire, and Curren, D.J. (eds.) *Congregate housing for older people: an urgent need, a growing demand.* In press. Selected papers from the First National Conference on Congregate Housing for Older People. Washington, D.C.: Office of Human Development, Administration on Aging, U.S. Department of Health, Education, and Welfare.

Dumpson, J.R. and Davenport, H. 1975. *A guide to establishing community residences for the mentally retarded (hostels).* New York, N.Y.: Human Resources Administration.

Duvall, T.A. and White, E. 1975. *Answers to questions on Section 8, lower income housing assistance.* Washington, D.C.: National Association of Housing and Redevelopment Officials.

Easter Seal Raritan Workshop. 1976. *Cheshire Home: a new option in living for disabled adults.* New Jersey: The Workshop.

Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc. 1975. *Access '76: a blueprint for action.* Boston, Mass.: The Society.

Eltz, Sylvia. 1963. *Housing for the aged and the disabled in Sweden.* Stockholm: Swedish Institute for Cultural Relations with Foreign Countries.

Fay, F.A. 1975. *Housing alternatives for individuals with spinal cord injury.* (Reprint from selected research topics in spinal cord injury rehabilitation.) Medford, Mass.: Rehabilitation Services Administration Research and Training Centers Task Force Projects, Tufts University.

Fokus Society. *Fokus: a way to form a future.* Göteborg, Sweden: The Society.

Fritz, M., Wolfensberger, W., and Knowlton, M. 1971. *An apartment living plan to promote integration and normalization of mentally retarded adults.* Downsview, Ontario, Canada: Canadian Association for the Mentally Retarded.

George C. Schermer Associates, and Jones, K.C. 1967. *Changing concepts of the tenant management relationship.* Washington, D.C.: National Association of Housing and Redevelopment Officials.

Goldsmith, S. 1974. Society at work: more able to manage. *New Society*, XXVII, (June), 764-5.

Greenberg, J. 1974. Costs of in-home services. *In* Anderson, Nancy (ed.) *A planning study of services to non-institutionalized older persons in Minnesota, Part 2.* Minneapolis, Minn.: Governor's Citizen Council on Aging.

Greenstein, Deborah, Gueli, C., and Leonard, E. 1976. No one at home: brief review of housing for handicapped persons in some European countries. *Rehabilitation Literature*, XXXVII, 1 (January), 2-91).

Hilleary, J.F. 1969. Buildings for all to use: the goal of barrier-free architecture. *AIA Journal*, March. (Reprint).

Holland, J.F. (ed.) 1974. *Operating manual for residential services personnel.* Columbus: Nisonger Center for Mental Retardation and Developmental Disabilities, Ohio State University.

Hopperton, R. 1975. *Zoning for community homes: handbook for local legislative change.* Columbus: Ohio State University.

_____. 1975. *Zoning for community homes: technical assistance handbook for municipal officials.* Columbus: Ohio State University.

Interface, Human Factors Design Consultants. 1976. *Test your architectural barriers awareness.* Raleigh, N.C.: Interface.

International Center for Social Gerontology. 1976. *Management of sheltered housing.* Baltimore, Md.: State Office on Aging.

Jailer, Mildred. 1974. Breaking those barriers down. *The Royle Forum.* Spring, 9-11.

Jeffrey, D.A. 1973. A living environment for the physically disabled. *Rehabilitation Literature.* XXXIV, 4 (April), 98-103.

Johnson, D.L. (ed.) 1975. *Design for the disabled: summary report of short term training for student design professionals.* Philadelphia, Pa.: Dennis L. Johnson/George William Smith Partnership.

Kliment, S.A. 1975. *Into the mainstream—a syllabus for a barrier-free environment.* Washington, D.C.: Rehabilitation Services Administration, U.S. Department of Health, Education, and Welfare.

Klurfeld, J. 1976. Who is to care for the mentally ill? *Empire State Report*, March.

Kriger, Sara Finn. 1975. *Life styles of aging retardates living in community settings in Ohio.* Columbus: Psychologia Metrika.

Lauder, Ruth. 1969. *The goal is mobility!* Washington, D.C.: U.S. Department of Health, Education, and Welfare.

Lavine, Eileen. (ed.) 1974. *Proceedings of the national conference on housing and the handicapped.* Bethesda, Md.: Health and Education Resources, Inc.

Mace, R.L. 1976. *Accessibility modifications: guidelines for modifications to existing buildings for accessbility to the handicapped.* Raleigh: North Carolina Department of Insurance.

Mace, R.L., AIA, and Laslett, Betsy (eds) 1974. *An illustrated handbook of the handicapped section of the North Carolina Building Code.* Raleigh: Governor's Study Committee on Architectural Barriers.

Maffin, R.W., Silverman, E., and Sosson, D. 1976. *Charting a local community development course*

*under the Housing and Community Development Act of 1974.* Washington, D.C.: National Association of Housing and Redevelopment Officials.

Mayor's Task Force. 1973. *This city is for all its citizens . . . (Mayor's Task Force Report re: disabled and elderly).* Toronto, Canada: Task Force.

McGaughey, Rita. 1976. Adequate residential and community programs for persons with disabilities. Introductory paper for White House Conference on handicapped individuals, March 12. (Draft.)

_____. 1976. From problem to solution: new focus in fighting environmental barriers for the handicapped. *Rehabilitation Literature,* XXXVII, 1 (January), 10-12.

McRae, J. 1975. *Elderly in the environment—Northern Europe.* Gainesville: College of Architecture, Center for Gerontological Studies and Programs, University of Florida.

Michigan State Housing Development Authority. 1972. 1972 program description: housing for the adult mentally retarded. Lansing: The Authority. (Mimeograph.)

Ministry of Public Works. 1974. *Housing of specific population groups in France.* Paris: The Ministry.

Muskie, E.S., U.S. Senator. 1975. Statement at the joint hearing before subcommittee on long-term care and subcommittee on health of the elderly of Senate Special Committee on Aging. In *Mental health and the elderly,* pp. 4-5. Washington, D.C.: Government Printing Office.

National Association for Retarded Citizens. *Government Report.* Washington, D.C.; The Association (newsletter).

_____. 1973. *Right to Choose.* Arlington, Tex.: The Association.

_____. 1976. Survey—Implementation of the Housing and Community Development Act of 1974. Arlington, Tex.: The Association.

National Association for Retarded Citizens Library. 1975. *Community based residential services, bibliography series* #11. Arlington, Tex.: The Library.

National Association of Housing and Redevelopment Officials. 1970. *Training program for housing maintenance employees.* Washington, D.C.: The Association.

_____. 1971. *Housing management bibliography.* Washington, D.C.: The Association.

National Association of Private Residential Facilities for the Mentally Retarded. *Newsletter.* Falls Church, Va.: The Association.

National Center for Housing Management. 1976. The manager and security. In *On-site housing manager's resource book,* chapter 8. Washington, D.C.: The Center.

_____. 1976. Security. In *On-site housing manager's resource book,* part 5. Washington, D.C.: The Center.

National Easter Seal Society for Crippled Children and Adults. 1976. *Housing and handicapped persons: a resource guide of available publications from 1970 forward.* Chicago, Ill.: The Society.

National Housing Partnership. 1975. The National Housing Partnership. Washington, D.C.: The Partnership.

National Swedish Institute for Building Research. 1972. Accessible towns—workable homes (Document D9:1972). Stockholm, Sweden: The Institute.

Netherlands' Society for Rehabilitation. 1973. *Architectural facilities for the disabled.* Stockholm, Sweden: International Society for Rehabilitation of the Disabled, Committee on Technical Aids, Housing and Transportation (ICTA) Information Centre.

Northern Virginia Association for Retarded Citizens, Inc. 1975. *Community residential options: developing and operating group homes for the developmentally disabled of Virginia.* Falls Church, Va.: The Association.

O'Connor, Gail and Sitkei, E.G. 1973. *The study of a new frontier in community services: residential facilities for developmentally disabled persons.* Working Paper No. 72, Eugene, Ore.: Rehabilitation Research and Training Center in Mental Retardation, University of Oregon.

Pennsylvania Department of Public Welfare, Office of Mental Retardation, Bureau of Community Residential Programs. 1975. Community living arrangements program; community living arrangements plan: fiscal years 1975-76 through 1979-80. Harrisburg, Pa.: The Department. (Mimeographed.)

_____. 1975. Proposed 9600 regulations—community living arrangements for the mentally retarded. Harrisburg, Pa.: The Department. (Draft.)

President's Committee on Employment of the Handicapped. 1976. *Handbook on the legal rights of handicapped people.* Washington, D.C.: The Committee.

President's Committee on Mental Retardation. 1974. *Silent minority.* Washington, D.C.: U.S. Department of Health, Education, and Welfare.

_____. 1975. *Mental retardation: the known and the unknown.* Century of decision series. Washington, D.C.: Government Printing Office.

_____. 1975. *Message.* Washington, D.C.: The Committee. (Newsletter.)

_____. 1975. *People live in houses.* Washington, D.C.: Government Printing Office.

_____. 1976. *Mental retardation: century of decision.* (Report to the President.) Century of decision series. Washington, D.C.: Government Printing Office.

_____. 1976. *Mental retardation: trends in state services.* Century of decision series. Washington, D.C.: Government Printing Office.

Rehabilitation Institute of Chicago. 1972. *Access Chicago: toward a barrier-free environment.* Proceedings of a one-day's conference. Chicago, Ill.: The Institute.

Schweikert, H.A., Jr. 1971. *Wheelchair bathrooms.* Washington, D.C.: Paralyzed Veterans of America, Inc.

Sherwood, Sylvia and Greer, D.S. (eds.) 1973. *The Highland Heights experiment.* Washington, D.C.: Government Printing Office.

Steinfield, E. (ed.) 1975. Human factors research on buildings: standards for accessibility to disabled people. Syracuse, N.Y.: School of Architecture Research Office, Syracuse University. (Mimeographed.)

Stock, D.D. and Cole, Jean. 1975. Adaptive housing for the severely physically handicapped. *Rehabilitation Counseling Bulletin*, 36, 6 (June), 224-31.

Strang Partners, Inc., Nugent, T.J., and Ries, M.L. 1975. Housing for the young severely physically disabled. Madison, Wis.: Madison Housing Authority. (Draft.)

Tector, J. (ed.) 1975. *Center for human awareness.* Raleigh: School of Design, North Carolina State University.

Thompson, B. May 23, 1972. Some cost considerations in the implementation of specialized housing for the handicapped. Boston, Mass.: Harvard School of Public Health. (Unpublished paper.)

Thompson, Marie McGuire. 1975. *Congregate housing for older adults: assisted residential living combining shelter and services.* Report for Special Committee on Aging, U.S. Senate. Washington, D.C.: Government Printing Office.

_____. 1973. Housing for the handicapped. Speech at University of Wisconsin, Madison. September 20.

_____. 1971. Notes about housing for the handicapped. Speech at Columbia, Maryland. April 29.

Tica, Phyllis L. and Shaw, J.A. 1974. *Barrier-free design: accessibility for the handicapped.* New York: Institute for Research and Development in Occupational Education, Center for Advanced Study in Education, Graduate School and University Center, City University of New York.

Tinsley, Diane, O'Connor, Gail, and Halpern, A. 1973. *Identification of problem areas in the establishment and maintenance of community residential facilities for the developmentally disabled.* Working Paper #64. Eugene: Rehabilitation Research and Training Center in Mental Retardation, University of Oregon.

Trager, Brahna. 1972. *Home health services in the United States.* Report to the Special Committee on Aging, U.S. Senate. Washington, D.C.: Government Printing Office.

United Cerebral Palsy Associations, Inc. *Word from Washington.* Washington, D.C.: Governmental Activities Office, The Associations. (Newsletter.)

United Cerebral Palsy Associations, Pittsburgh District. 1976. New supervised apartment project for developmentally disabled adults. Pittsburgh, Pa.: The Associations. (Mimeographed.)

U.S. Congress. 1968. *Public Law 90-480.* Accessibility to physically handicapped. Washington, D.C.: Government Printing Office.

_____. 1970. *Public Law 91-517.* Developmental Disabilities and Facilities Construction Act of 1970. Washington, D.C.: Government Printing Office.

_____. 1973. *Public Law 93-112.* Rehabilitation Act of 1973. Washington, D.C.: Government Printing Office.

_____. 1974. *Public Law 93-383.* Housing and Community Development Act of 1974. Washington, D.C.: Government Printing Office.

_____. 1976. Examination of proposed section 202 housing regulations. Part 1. Washington, D.C.: Government Printing Office.

_____. 1976. *Public Law 94-375.* Housing Authorization Act of 1976. Washington, D.C.: Government Printing Office.

_____. House of Representatives. 1973. *Compilation of the social security laws.* (Document No. 93-117, Vol. 1, 93rd Congress, 1st session). Washington, D.C.: Government Printing Office.

_____. Senate. Special Committee on Aging. 1976. Material related to study by Virginia Housing Development Authority on Section 8 housing assistance payments program, housing for adult mentally retarded. In *Adequacy of federal response to housing needs of older Americans.* Hearing before the subcommittee on housing for the elderly. October 8, 1975, Appendix 2, Item 2, pp. 1024-32. Washington, D.C.: Government Printing Office.

U.S. Department of Health, Education, and Welfare. Office of Human Development, Developmental

Disabilities Office. 1976. *Developmental disabilities program, the 1975 amendments.* Washington, D.C.: The Department.

_____. Social and Rehabilitation Service. 1974. Medical assistance program: intermediate care facility services. *Federal Register*, XXXIX, 12, Part 2, January 17.

U.S. Department of Housing and Urban Development. 1968. *Housing for the physically impaired: a guide for planning and design.* Washington, D.C.: Government Printing Office.

_____. 1972. Report on HUD's programs as they impact on the mentally retarded. Washington, D.C.: The Department. (Mimeographed.)

_____. Housing. 1976. *Section 8 housing assistance payments program, existing housing: HUD handbook.* (7420.3 Rev.) Washington, D.C.: The Department.

_____. Housing Management. 1974. *Security planning for HUD-assisted multifamily housing: HUD handbook.* Washington, D.C.: The Department.

_____. Housing Production and Mortgage Credit—FHA. 1976. *Section 202 direct loan program for housing for the elderly or handicapped: processing handbook.* (HUD 4571.1) Washington, D.C.: The Department.

_____. Low Income Public Housing Office. 1976. Loans for housing for the elderly or han- moderate income housing. *Federal Register*, Vol. XLI, No. 72, April 13.

_____. Low Income Public Housing Office, 1976. Loans for Housing for the elderly or handicapped. *Federal Register*, XLI, 38, part 3, February 25.

_____. Office of General Services. 1975. *Challenge*, VI, 3, March.

_____. Office of International Affairs. 1974. Foreign programs for the housing and care of the handicapped—a compendium of foreign experience. *HUD International* (Information series 30). Washington, D.C.: The Department.

U.S. Federal Housing Administration. 1976. Revision No. 3, Minimum property standards for care-type housing. (4920.1) Washington, D.C.: The Administration.

_____. 1976. Revision No. 3, Minimum property standards for multifamily housing. (4910.1) Washington, D.C.: The Administration.

_____. 1976. Revision No. 3, Minimum property standards for one- and two-family dwellings. (4900.1) Washington, D.C.: The Administration.

Vogelsang, F.M. (ed.) 1974. *Public housing management in the seventies: readings.* Washington, D.C.: National Association of Housing and Redevelopment Officials.

Wisconsin Department of Health and Social Services. 1973. Community living systems for the developmentally disabled. *Wisconsin Mental Hygiene Review*, Review 2, supplement to September 1973 issue.

Wolfensberger, W. 1972. *The principle of normalization in human services.* Toronto, Canada: National Institute on Mental Retardation.

Wolfensberger, W., and Glenn, Linda. 1975. *PASS 3—program analysis of service systems, handbook and field manual.* (3rd ed.) Toronto, Canada: National Institute of Mental Retardation.

# Appendix A

## Comments on the 1976 Housing Authorization Act
(Public Law 94-375)

**Centers**

Heretofore only general community centers or senior centers could be provided for with community development block grant funds. The 1976 act includes centers for handicapped persons in the list of items eligible for support from such funds. These centers will provide not only a gathering place but also a setting for special recreation programs related to the interests and capabilities of persons with handicaps. They, like senior centers, may provide a service delivery base for many services now scattered. In planning housing, the provision of a special center in, near, or accessible to the development will be of special importance.

**Housing Operations**

Nonhandicapped and nonelderly single persons are now eligible for HUD-assisted housing. This provides greater latitude for a mix of handicapped and nonhandicapped persons in the same environment and is further recognition of the importance of involving the handicapped in normal community life. Related to this is the eligibility in Section 202 housing of one or more such persons living with another person who is essential to the care of the elderly or handicapped person. In addition, the survivor of a couple whose eligibility was established by the deceased member is now eligible to remain in residence. This is a logical and humane directive. Dual occupancy is also especially important because it recognizes the need to provide at-home assistance, thus helping many avoid placement or relocation in an institution.

Another significant improvement that will affect the achievement of operational feasibility is the prohibition against reducing Supplemental Security Income payments by the amount of the housing subsidy. Previously, Section 8 housing assistance payments were considered unearned income, thus reducing the amount of the SSI payment due an individual by the amount of the subsidy.

Housing operations also will be affected by the change in the method used to determine eligible income limits in assisted housing. The income ceiling now will be based on 95 percent of the median income of the area. Since higher income persons, including handicapped persons with incomes beyond the former 80 percent of median income limitation, may take occupancy, a better economic mix in the housing is possible. Indirectly, this may mean that, by selecting some persons in the higher income group, it will be possible to select more from the lowest income group.

Another assist in sustaining a feasible operation is the extension of the Section 8 subsidy from six months to a year to cover vacant new or substantially rehabilitated units of Section 8 housing, the amount of the payments for unoccupied units being limited to the debt service cost. This provides extra security for the developer in case of slow rent-up and permits more care in choosing from among eligible applicants those who may be the most needy or those who will more nearly achieve the goal of the development—a critical consideration in housing for handicapped persons.

Yet another assist for housing in rural areas or small towns is the authorization of Section 8 housing assistance payments contracts for the 40-year amortization period on projects funded by the Farmers Home Administration. This, together with the combination of the FmHA Section 515 rental program and HUD Section 8, should make developments feasible in these locales and increase the amount of housing available by opening new credit sources.

The 1976 act also recognizes the need for an increase in the per unit dollar mortgage ceiling of multi-family housing for small units serving single-or two-person families. The ceiling for efficiency units is increased by 50 percent with a 20 percent increase for all other sized units.

Since the Section 202 direct loan program is increasing in importance as a funding mechanism for housing for the handicapped, the interest rate formula is significant as it affects the project development cost and ultimately the rent levels attainable in housing by nonprofit sponsors. The computation is based on the average interest rate on all interest bearing obligations of the United States then forming a part of the national debt. The computation will be made at the end of the year preceding the date on which a loan is made to the sponsor. It appears at the time of this writing that the interest rate may fall between six and seven percent, thus representing some savings over the commercial rate. This lesser rate could be reflected in lower rents

and thus, combined with Section 8, the housing could serve more low and lower middle income elderly or handicapped persons. In addition, the 1976 act increases the borrowing authority under Section 202 from $800 million to $1.475 billion on October 1, 1976, with further increases in succeeding years. (A word of caution should be observed: borrowing authority does not necessarily mean the authorized limit will be appropriated.)

**Program Extensions**

The conventional public housing program is extended, and $850 million of contract authority (subsidy) is authorized for fiscal year 1977 to provide additional housing. Another $60 million is authorized for modernization of existing public housing. Operating subsidies not to exceed $576 million were authorized for 1977. This means that public housing authorities can continue to serve more persons with very restricted incomes. Throughout the course of the public housing program up until the mid-1960's, the rent income was sufficient to cover all operating costs. With the impact of inflation, this was no longer possible and an operating subsidy to cover the difference was needed if the program were to continue to serve the lowest income groups.

The Section 235 homeownership program for low- income families seeking to own a home was extended to September 30, 1977, as was the Section 236 low and moderate income rental program developed by private sponsors. Handicapped persons are eligible for both programs. The homeownership program mortgage limits also were increased with differentials for small families and for high cost areas ($25,000 for small families, upped to $29,000 in high cost areas; $29,000 for large families, increased to $33,000 in high cost areas). There is no reason why handicapped persons may not request special designs that will make the housing accessible and usable, providing the cost comes within the mortgage limits. Mobile homes are covered now in the Section 235 program for the first time.

The Section 312 home rehabilitation loan program at a three percent interest rate is retained through fiscal year 1977. These loans are available only to families living in renewal, code enforcement, or designated city improvement areas. The loans have been widely used by elderly families and might have special applicability to the handicapped in such designated areas.

# Appendix B

## HUD Regional, Area, and Insuring Offices Directory

### REGION I (Boston)

Catherine M. Pfeiffer
Elderly and Handicapped Coordinator
Room 800 John F. Kennedy Federal Building
Boston, Massachusetts 02203

Regional Administrator: James J. Barry
(617) 223-4066

AREA OFFICES

**Boston, Massachusetts**
Bulfinch Bldg., 15 New Chardon St.
Boston, Massachusetts 02114

Area Director: William H. Hernandez, Jr. (Acting)
(617) 223-4111

**Hartford, Connecticut**
999 Asylum Avenue
Hartford, Connecticut 06105

Area Director: Lawrence L. Thompson
(203) 244-3638

**Manchester, New Hampshire**
Davison Bldg., 1230 Elm Street
Manchester, New Hampshire 03101

Area Director: Creeley S. Buchanan
(603) 669-7681

INSURING OFFICES

**Bangor, Maine**
U.S. Federal Bldg. & Post Office
202 Harlow Street
Bangor, Maine 04401

Director: George N. McMahon
(207) 942-8341

**Burlington, Vermont**
Room 630 Federal Bldg.,
Post Office Box 989
Burlington, Vermont 05401

Director: Leslie Snow
(202) 862-6274

**Providence, Rhode Island**
330 Post Office Annex
Providence, Rhode Island 02903

Director: (Vacant)
(401) 528-4351

### REGION II (New York)

Shirley McClintock
Elderly and Handicapped Coordinator
26 Federal Plaza
New York, New York 10007

Regional Administrator: S. William Green
(212) 264-8068

AREA OFFICES

**Buffalo, New York**
Grant Bldg., 560 Main Street
Buffalo, New York 14202

Area Director: Frank D. Cerabone
(716) 842-3510

**Camden, New Jersey**
The Parkade Bldg., 519 Federal St.
Camden, New Jersey 08103

Area Director: Patricia G. Hampton
(609) 963-2301

**Newark, New Jersey**
Gateway Bldg. No. 1 Raymond Plaza
Newark, New Jersey 07102

Area Director: James P. Sweeney
(201) 645-3010

**New York, New York**
666 Fifth Avenue
New York, New York 10019

Area Director: Joseph D. Monticciolo
(212) 974-6800

**San Juan, Puerto Rico**
Commonwealth Area Office, GPO Box 3869
255 Ponce de Leon Avenue Hato
Rey San Juan, Puerto Rico 00936
(From DC Dial Code 106. Ask operator for listed number)
(From other offices dial 8-202-967-1221
Ask operator for listed number)
Area Administrator: J. Raymond Watson
622-0201

INSURING OFFICES

**Albany, New York**
Westgate North 30 Russell Road
Albany, New York 12206
Director: Robert J. Wolf
(518) 472-3567

## REGION III (Philadelphia)

Richard Krakow
Elderly and Handicapped Coordinator
Curtis Bldg., 6th & Walnut Streets
Philadelphia, Pennsylvania 19106
Regional Administrator: Theodore R. Robb
(215) 597-2560

AREA OFFICES

**Baltimore, Maryland**
Mercantile Bank & Trust Bldg.
2 Hopkins Plaza
Baltimore, Maryland 21203
Area Director: (Vacant)
(301) 962-2121

**Washington, D.C.**
Universal North Bldg.,
1875 Connecticut Avenue
Washington, D.C. 20009
Area Director: Harry W. Staller
(202) 382-4855

**Pittsburgh, Pennsylvania**
Two Allegheny Center
Pittsburgh, Pennsylvania 15212
Area Director: Charles J. Lieberth
(412) 644-2802

**Richmond, Virginia**
701 E. Franklin Street
Richmond, Virginia 23219
Area Director: Carroll A. Mason
(804) 782-2721

INSURING OFFICES

**Wilmington, Delaware**
Farmers Bank Bldg., 4th Floor,
919 Market Street
Wilmington, Delaware 19801
Director: Henry McC. Winchester, Jr.
(302) 571-6330

**Charleston, West Virginia**
New Federal Bldg., 500 Quarrier St.
Charleston, W. Va. 25301
Director: Perrin Law
(304) 343-1321

**Philadelphia, Pennsylvania**
625 Walnut Street
Philadelphia, Pennsylvania 19106
Area Director: (Vacant)
(215) 597-2665

## REGION IV (Atlanta)

Thomas W. Anderson
Elderly and Handicapped Coordinator
1371 Peachtree Street, N.E.
Atlanta, Georgia 30309
Regional Administrator: E. Lamar Seals
(404) 526-5585

AREA OFFICES

**Atlanta, Georgia**
230 Peachtree Street, N.W.
Atlanta, Georgia 30303
Area Director: (Vacant)
(404) 526-4576

**Birmingham, Alabama**
Daniel Bldg., 15 South 20th Street
Birmingham, Alabama 35233
Area Director: Jon Will Pitts
(205) 325-3264

**Columbia, South Carolina**
1801 Main Street, Jefferson Square
Columbia, South Carolina 29201
Area Director: Franklin Corley, Jr.
(803) 765-5591

**Greensboro, North Carolina**
2309 W. Cone Blvd., Northwestern Plaza
Greensboro, North Carolina 27408
Area Director: R. B. Barnwell
(919) 275-5361

**Jackson, Mississippi**
300 Woodrow Wilson Avenue,
W 101C 3rd Floor
Jackson, Mississippi 39213
Area Director: James S. Roland
(601) 969-4703

**Jacksonville, Florida**
Peninsular Plaza, 661 Riverside Avenue
Jacksonville, Florida 32204
Area Director: (Vacant)
(904) 791-2626

**Knoxville, Tennessee**
One Northshore Bldg.,
1111 Northshore Drive
Knoxville, Tennessee 37919
Area Director: Carroll G. Oakes
(615) 524-1222

**Louisville, Kentucky**
Childrens Hospital Foundation Building
601 S. Floyd St., Post Office Box 1044
Louisville, Kentucky 40201
Area Director: Virgil G. Kinnaird
(502) 582-5251

INSURING OFFICE

**Coral Gables, Florida**
3001 Ponce de Leon Blvd.
Coral Gables, Florida 33134
Director: Elmer W. Muhonen
(305) 350-6221

**Memphis, Tennessee**
28th Floor, 100 N. Main Street
Memphis, Tennessee 38103
Director: (Vacant)
(901) 534-3141

**Nashville, Tennessee**
1717 West End Building
Nashville, Tennessee 37203
Director: George N. Gragson
(615) 749-5521

**Tampa, Florida**
4224-28 Henderson Blvd.,
Post Office Box 18165
Tampa, Florida 33609
Director: (Vacant)
(813) 228-2501

SERVICE OFFICE

**Orlando, Florida**
Porterfield Bldg.
3191 Maguire Blvd.
Post Office Box 20200
Orlando, Florida 32802
Service Office Supervisor: John E. Taylor
(904) 377-2237

## REGION V (Chicago)

Irving Horowitz
Elderly and Handicapped Coordinator
300 South Wacker Drive
Chicago, Illinois 60606
Regional Administrator: George J. Vavoulis
(312) 353-5680

AREA OFFICES

**Chicago, Illinois**
17 North Dearborn
Chicago, Illinois 60602
Area Director: John L. Waner
(312) 353-7660

**Columbus, Ohio**
60 East Main Street
Columbus, Ohio 43215
Area Director: Paul Lydens
(614) 469-7345

**Detroit, Michigan**
660 West Woodward Avenue
First National Bank Bldg.
5th Floor
Detroit, Michigan 48226
Area Director: Elmer C. Binford
(313) 226-7900

**Indianapolis, Indiana**
4720 Kingsway Drive
Indianapolis, Indiana 46205
Area Director: James E. Armstrong
(317) 633-7188

**Milwaukee, Wisconsin**
744 North Fourth Street
Milwaukee, Wisconsin 53203
Area Director: John E. Kane
(414) 224-3221

**St. Paul, Minnesota**
1821 University Avenue
St. Paul, Minnesota 55104
Area Director: Thomas T. Feeney
(612) 725-4701

INSURING OFFICES

**Cincinnati, Ohio**
550 Main Street, Room 9009
Cincinnati, Ohio 45202
Director: Charles Collins (Acting)
(513) 684-2884

**Cleveland, Ohio**
777 Rockwell Avenue
Cleveland, Ohio 44114
Director: Charles P. Lucas

**Grand Rapids, Michigan**
2922 Fuller Avenue, N.E.
Grand Rapids, Michigan 49505
Director: John W. Kirkwood
(616) 456-2216

**Springfield, Illinois**
524 South Second Street,
Post Office Box 1628
Springfield, Illinois 62705
Director: Boyd O. Barton
(217) 525-4414

## REGION VI (Dallas)

Fleming K. Hurley
Elderly and Handicapped Coordinator
Federal Office Bldg.,
1100 Commerce Street
Dallas, Texas 75202
Regional Administrator: Richard L. Morgan
(214) 749-7401

AREA OFFICES

**Dallas, Texas**
2001 Bryan Tower, 4th Floor
Dallas, Texas 75201
Area Director: Manuel A. Sanchez III
(214) 749-1601

**Little Rock, Arkansas**
One Union National Plaza
Little Rock, Arkansas 72201
Area Director: (Vacant)
(501) 378-5401

**New Orleans, Louisiana**
Plaza Tower, 1001 Howard Avenue
New Orleans, Louisiana 70113
Area Director: Thomas Armstrong
(504) 589-2063

**Oklahoma City, Oklahoma**
301 North Hudson Street
Oklahoma City, Oklahoma 73102
Area Director: Robert H. Breeden
(405) 231-4148

**San Antonio, Texas**
Kallison Bldg., 2nd Floor
410 S. Main Avenue, Post Office Box 9163
San Antonio, Texas 78285
Area Director: Finnis E. Jolly
(512) 225-5511

INSURING OFFICES

**Albuquerque, New Mexico**
625 Truman Street, N.E.
Albuquerque, New Mexico 87110
Director: Luther G. Branham
(505) 843-3251

**Fort Worth, Texas**
Federal Bldg., Room 13A11
819 Taylor Street
Fort Worth, Texas 76102
Director: Richard M. Hazelwood
(817) 334-3233

**Houston, Texas**
Two Greenway Plaza East, Suite 200
Houston, Texas 77046
Director: William A. Painter
(713) 226-4335

**Lubbock, Texas**
1205 Texas Avenue
Lubbock, Texas 79401
Director: Don D. Earney
(806) 747-3711

**Shreveport, Louisiana**
New Federal Bldg., 500 Fannin, 6th Floor
Shreveport, Louisiana 71120
Director: Rudy Langford
(318) 425-1241

**Tulsa, Oklahoma**
1708 Utica Square, Post Office Box 4054
Tulsa, Oklahoma 74152
Director: Robert H. Gardner
(918) 581-7435

SERVICE OFFICES

**El Paso, Texas**
Mills Bldg., 303 N. Oregon
El Paso, Texas 79901
Director: Charles Hanks
(915) 543-7686

**Palo Pinto, Texas**
Dempsey Strategic Storage Center
Post Office Box 68
Palo Pinto, Texas 76072
Director: Kenneth Stroech
(817) 334-3304

## REGION VII (Kansas City)

Dewey Wells
Elderly and Handicapped Coordinator
Federal Office Bldg.,
911 Walnut Street, Room 300
Kansas City, Missouri 64106
Regional Administrator: Elmer E. Smith
(816) 374-2664

AREA OFFICES

**Kansas City, Kansas**
Two Gateway Center
4th & State Streets
Post Office Box 1339
Kansas City, Kansas 66117
Area Director: William Southerland
(816) 374-4355

**Omaha, Nebraska**
Univac Bldg., 7100 West Center Road
Omaha, Nebraska 68106
Area Director: Guy J. Birch
(402) 221-9301

**St. Louis, Missouri**
210 North 12th Street
St. Louis, Missouri 63101
Area Director: Elmo O. Turner
(314) 622-4761

INSURING OFFICE

**Des Moines, Iowa**
210 Walnut St., 259 Federal Bldg.
Des Moines, Iowa 50309
Director: Nate Ruben
(515) 284-4512

## REGION VIII (Denver)

Patricia Rice
Elderly and Handicapped Coordinator
Federal Bldg., 1961 Stout Street
Denver, Colorado 80202
Regional Administrator: Robert C. Rosenheim
(303) 837-4881

INSURING OFFICES

**Denver, Colorado**
Title Bldg., 4th Floor
909 17th Street
Denver, Colorado 80202
Director: Joseph G. Wagner
(303) 837-2441

**Helena, Montana**
616 Helena Avenue
Helena, Montana 596201
Director: Orvin B. Fjare
(406) 442-3237

**Fargo, North Dakota**
Federal Bldg., 653 Second Ave. N.
Post Office Box 2483
Fargo, North Dakota 58102
Director: Duane R. Liffrig
(701) 237-5136

**Sioux Falls, South Dakota**
119 Federal Bldg., US Courthouse
400 S. Phillips Avenue
Sioux Falls, South Dakota 57102
Director: Rodger L. Rosenwald
(605) 336-2980

**Salt Lake City, Utah**
125 South State Street
Salt Lake City, Utah 84111
Director: L. C. Romney
(801) 524-5237

**Casper, Wyoming**
4227 Federal Bldg., 100 East B Street
Post Office Box 580
Casper, Wyoming 82601
Director: Robert W. Finkbiner
(307) 265-4310

## REGION IX (San Francisco)

Donald C. Lamke
Elderly and Handicapped Coordinator
450 Golden Gate Avenue
Post Office Box 36003
San Francisco, California 94102
Regional Administrator: Robert H. Bade
(415) 556-4752

AREA OFFICES

**Los Angeles, California**
2500 Wilshire Blvd.
Los Angeles, California 90057
Area Director: Ronald E. Camfield, Jr.
(213) 688-4973

**San Francisco, California**
1 Embarcadero Center, Suite 1600
San Francisco, California 94111
Area Director: James H. Price
(415) 556-2238

INSURING OFFICES

**Phoenix, Arizona**
244 West Osborn Road
Post Office Box 13468
Phoenix, Arizona 85002
Director: Merritt R. Smith
(602) 261-3900

**Sacramento, California**
801 I Street, PO Box 1978
Sacramento, California 95809
Director: Richard D. Chamberlain
(916) 449-3471

**San Diego, California**
110 West C Street, PO Box 2648
San Diego, California 92112
Director: Albert E. Johnson
(714) 293-5310

**Santa Ana, California**
1440 East First Street
Santa Ana, California 92701
Director: Robert L. Simpson
(714) 836-2451

**Honolulu, Hawaii**
1000 Bishop Street, PO Box 3377
Honolulu, Hawaii 96813
Director: Alvin K. H. Pang
(Dial area code 415-556-0220 and ask operator for 546-2136)

## REGION X (Seattle)

David W. Payton
Elderly and Handicapped Coordinator
3003 Arcade Plaza Bldg., 1321 Second Avenue
Seattle, Washington 98101
Regional Administrator: James L. Young
(206) 442-5414

AREA OFFICES

**Portland, Oregon**
Cascade Bldg., 520 SW Sixth
Portland, Oregon 97204
Area Director: Russell H. Dawson
(503) 221-2561

**Seattle, Washington**
403 Arcade Plaza Bldg.,
1321 Second Avenue
Seattle, Washington 98101
Area Director: Nile D. Paul (Acting)
(206) 442-7456

INSURING OFFICES

**Anchorage, Alaska**
334 West Fifth Avenue
Anchorage, Alaska 99501
Director: Roger A. Riddell
(Dial 206-442-0150 and ask operator for 265-4871)

**Boise, Idaho**
331 Idaho Street, PO Box 32
Boise, Idaho 83707
Director: Charles Holley
(208) 342-2711

**Spokane, Washington**
746 US Courthouse,
W 920 Riverside Avenue
Spokane, Washington 99201
Director: E. Daryl Mabee
(509) 456-2510

# Appendix C

## State Housing Finance Agencies Directory

### ALASKA
Tolbert E. Elliott, Executive Director
Housing Finance Corporation
Suite 100, Plaza 201 East 3rd
Anchorage, Alaska 99501
(907) 274-4621

### CALIFORNIA
S. Michael Elliott, Acting President
California Housing Finance Agency
301 Capitol Mall
Sacramento, California 95814
(916) 332-3991

### COLORADO
Walter C. Kane, Exec. Director
Colorado Housing Finance Authority
1115 Grant Street
Denver, Colorado 80203
(303) 861-8962

### CONNECTICUT
John Maylott, Exec. Director
Connecticut Housing Finance Authority
1179 Main Street
Hartford, Connecticut 06103
(203) 525-9311

### DELAWARE
Robert S. Moyer, Director
Delaware State Housing Authority
55 The Green
Dover, Delaware 19901
(302) 678-4264

### GEORGIA
Keith A. Waldrop
Georgia Residential Finance Agency
La Vista Perimeter Office Park
Bldg. 1, Suite 101
2163 Northlake Parkway
Tucker, Georgia 30084
(404) 934-1192

### HAWAII
Yoshio Yanagawa, Exec. Director
Hawaii Housing Authority
Department of Social Services and Housing
P.O. Box 17907
Honolulu, Hawaii 96817
(808) 845-6491

### IDAHO
David Hegg, Exec. Director
Idaho Housing Agency
Post Office Box 894
Boise, Idaho 83701
(208) 336-0161

### ILLINOIS
Irving M. Gerick, Director
Illinois Housing Development Authority
201 North Wells Street
Chicago, Illinois 60606
(312) 793-2060

### IOWA
William McNarney, Housing Director
Iowa Housing Finance Authority
Liberty Building, Room 620
6th and Grand Avenue
Des Moines, Iowa 50309
(515) 247-4058

### KENTUCKY
F. Lynn Luallen, Executive Director
Kentucky Housing Corporation
1121 Louisville Road
Frankfort, Kentucky 40601
(502) 564-7630

### LOUISIANA
Champ L. Baker, Chairman
Louisiana Development Authority
for Housing Finance
1220 MacArthur Drive
Alexandria, Louisiana 71301
(318) 448-3271

### MAINE

John K. McIlwain, Acting Director
Maine State Housing Authority
128 Sewall Street
State House Complex
Augusta, Maine 04333
(207) 622-3126

### MARYLAND

Gerald Siegel, Director of Housing
Maryland Housing Fund

Maryland Department of Economic and Community Development
2525 Riva Road
Annapolis, Maryland
(301) 267-5161

Alyce H. Heath, Director
Maryland Home Finance Program

Maryland Department of Economic and Community Development
2525 Riva Road
Annapolis, Maryland
(301) 267-1122

### MASSACHUSETTS

William J. White, Director
Massachusetts Housing Finance Agency
45 School Street
Boston, Massachusetts 02108
(617) 723-9770

### MICHIGAN

David L. Froh, Exec. Director
Michigan State Housing Authority
300 South Capitol Avenue
Lansing, Michigan 48926
(517) 373-8370

### MINNESOTA

James F. Dlugosch, Exec. Dir.
Minnesota Housing Finance Agency
First Floor, Hanover Building
480 Cedar Street
St. Paul, Minnesota 55101
(612) 296-6959

### MISSOURI

William R. Moore, Exec. Dir.
Missouri Housing Development Commission
20 West 9th Street, Suite 934
Kansas City, Missouri 64105
(816) 421-1045

### MONTANA

Kent L. Mollohan, Administrator Housing Division
Department of Community Affairs
Montana Board of Housing
1400 11th Avenue
Helena, Montana 59601
(406) 449-2804

### NEVADA

Oscar L. Gubelman, Administrator Housing Division
Department of Commerce
Room 321, Nye Building
Carson City, Nevada 89701
(702) 885-4258

### NEW HAMPSHIRE

Vacant, Executive Director
New Hampshire Housing Finance Agency
9 Hills Avenue
Concord, New Hampshire 03301
(603) 271-3210

### NEW JERSEY

William L. Johnston, Executive Director
New Jersey Housing Finance Agency
101 Oakland Street
Trenton, New Jersey 08603
(609) 292-6447

Christopher G. Kelly, Executive Director
New Jersey Mortgage Finance Agency
36 West State Street
Trenton, New Jersey 08625
(609) 292-5265

### NEW MEXICO

Toby Michael, Chairman of the Board
New Mexico Mortgage Finance Agency
200 North 1st Street
Grants, New Mexico 87020
(505) 287-4580

### NEW YORK

Harold Kuplesky, Exec. Director
New York City Housing Development Corporation
42 Broadway
New York, New York 10004
(212) 480-1212

Edwin C. Cohen, President and Chief Exec. Officer
New York State Urban Development Corporation
1345 Avenue of the Americas
New York, New York 10019
(212) 974-7000

Lee Goodwin, Commissioner
New York State Division of Housing and Community Renewal
2 World Trade Center
New York, New York 10047
(212) 488-4962

Paul Belica, Exec. Director
New York State Housing Finance Agency
1250 Broadway
New York, New York 10001
(212) 736-4949

Karl Tofal, Chief Operating Officer
State of New York Mortgage Agency
405 Lexington Avenue
New York, New York 10017
(212) 682-1043

**NORTH CAROLINA**
William C. Currin, Exec. Dir.
North Carolina Housing Finance Agency
c/o Department of State Treasurer
Albemarle Building
325 North Salisbury Street
Raleigh, North Carolina 27602
(919) 829-3064

**OHIO**
William A. Losoncy, Exec. Dir.
Ohio Housing Development Board
34 North High Street
Columbus, Ohio 43215
(614) 466-7970

**OKLAHOMA**
James J. Wasson, Exec. Director
Oklahoma Housing Finance Agency
Post Office Box 1045
Oklahoma City, Oklahoma 73101
(405) 235-8911

**OREGON**
M. Gregg Smith, Administrator
Housing Division
Oregon Department of Commerce
Labor and Industries Building
Salem, Oregon 97310
(503) 378-4343

**PENNSYLVANIA**
Carl Payne, Acting Exec. Director
Pennsylvania Housing Finance Agency
3211 North Front Street
Harrisburg, Pennsylvania 17110
(717) 787-1450

**RHODE ISLAND**
Ralph A. Pari, Exec. Director
The Rhode Island Housing and Mortgage
Finance Corporation
40 Westminister Street
Providence, Rhode Island 02903
(401) 751-5566

**SOUTH CAROLINA**
L. Steve Mayfield, Exec. Dir.
South Carolina State Housing Authority
1122 Lady Street, Suite 1101
Columbia, South Carolina 29201
(803) 758-2844

**SOUTH DAKOTA**
Robert T. Hiatt, Exec. Dir.
South Dakota Housing Development Authority
120 East Capitol Street
Post Office Box 1052
Pierre, South Dakota 57501
(605) 244-3181

**TENNESSEE**
Robert P. Sangster, Exec. Dir.
Tennessee Housing Development Agency
513 United American Bank Bldg.
Nashville, Tennessee 37219
(615) 741-1081

**UTAH**
David C. Stanton, Acting Executive Director
Utah Housing Finance Agency
Room 101, State Capitol
Salt Lake City, Utah 84114
(801) 328-5141

**VERMONT**
Allan S. Hunt, Exec. Director
Vermont Housing Finance Agency
Post Office Box 408
Burlington, Vermont 05401
(802) 864-5743

**VIRGINIA**
Kenneth G. Hance, Jr., Executive Director
Virginia Housing Development Authority
Richmond Plaza
111 South Sixth Street
Richmond, Virginia 23219
(804) 782-1986

**WEST VIRGINIA**
Leonard A. Crosby, III, Executive Director
West Virginia Housing Development Fund
900 Charleston National Plaza
Charleston, West Virginia 25301
(304) 348-3732

**WISCONSIN**
Richard D. George, Executive Director
Wisconsin Housing Finance Authority
14 North Carroll Street
Madison, Wisconsin 53703
(608) 266-7884

**WYOMING**
Daniel B. Sullivan, Executive Director
Wyoming Community Development Authority
139 West Second Street
Casper, Wyoming 82601
(307) 265-0603

# Appendix D

## States with Departments of Community Affairs

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Idaho
Illinois
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
Wisconsin
Wyoming

# Appendix E

## Farmers Home Administration State Offices Directory

| STATE | STATE DIRECTOR, OFFICE LOCATION, MAILING ADDRESS & TELEPHONE (*) |
|---|---|
| **Alabama** | John A. Garrett<br>Room 717 Aronov Building<br>474 South Court Street<br>Montgomery, Alabama 36104<br><br>Post Office Box 1165<br>Montgomery, Alabama 36102<br>Phone: 205-265-5611 plus Ext. 302<br>(***) CST: 8:00 a.m. to 4:45 p.m. |
| **Arizona** | Andrew B. Mayberry<br>Room 6026 Federal Building<br>230 North First Avenue<br>Phoenix, Arizona 85025<br>Phone: 602-261-3191<br>(***) MST: 7:30 a.m. to 4:00 p.m. |
| **Arkansas** | Robert L. Hankins<br>5531 Federal Office Building<br>700 West Capitol<br>Little Rock, Arkansas 72201<br><br>Post Office Box 2778<br>Little Rock, Arkansas 72203<br>Phone: 501-378-5436<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **California**<br>**Nevada**<br>**Hawaii** | Douglas W. Young<br>459 Cleveland Street<br>Woodland, California 95695<br>Phone: 916-666-2650<br>(***) PST: 7:30 a.m. to 4:00 p.m. |
| **Colorado** | G. Leo French<br>Room 231, 1 Diamond Plaza<br>2490 West 26th Avenue<br>Denver, Colorado 80211<br>Phone: 303-837-4347<br>(***) MST: 8:00 a.m. to 4:30 p.m. |
| **Delaware**<br>**New Jersey**<br>**District of Columbia**<br>**Maryland** | C. William Haines, Jr.<br>153 Chestnut Hill Road<br>Newark, Delaware 19711<br><br>Post Office Box 1222<br>Newark, Delaware 19711<br>Phone: 302-731-8310<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Florida** | Claude L. Greene, Jr.<br>Room 212 Federal Building<br>401 S. E. 1st Avenue<br>Gainesville, Florida 32601<br><br>Post Office Box 1008<br>Gainesville, Florida 32601<br>Phone: 904-376-1681<br>(***) EST: 8:00 a.m. to 5:00 p.m. |
| **Georgia** | John N. McDuffie<br>Suite 900<br>Peachtree 25th Building<br>1720 Peachtree Street, N.W.<br>Atlanta, Georgia 30309<br>Phone: 404-526-3924<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Idaho** | Donald L. Winder<br>Room 402, Federal Building<br>304 N. Eighth Street<br>Boise, Idaho 83702<br>Phone: 208-342-2711 plus Ext. 644<br>(***) MST: 8:00 a.m. to 4:30 p.m. |
| **Illinois** | Charles W. Shuman<br>14 Federal Building<br>Champaign, Illinois 61820<br><br>Post Office Box 4006<br>Champaign, Illinois 61820<br>Phone: 217-356-1891<br>(***) CST: 8:00 a.m. to 5:00 p.m. |
| **Indiana** | W. Robert Peterson<br>Suite 1700<br>5610 Crawfordsville Road<br>Indianapolis, Indiana 46224<br>Phone: 317-633-8481<br>(***) EST: 7:45 a.m. to 4:30 p.m. |

| STATE | STATE DIRECTOR, OFFICE LOCATION, MAILING ADDRESS & TELEPHONE (*) |
|---|---|
| **Iowa** | Robert R. Pim<br>Room 873 Federal Building<br>210 Walnut<br>Des Moines, Iowa 50309<br>Phone: 515-284-4121<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **Kansas** | E. Morgan Williams<br>Room 630 New England Bldg.<br>5th & Kansas<br>Topeka, Kansas 66603<br>Phone: 913-234-8661 plus Ext. 375<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **Kentucky** | John H. Burris<br>333 Waller Avenue<br>Lexington, Kentucky 40404<br>Phone: 606-252-2312 plus Ext. 2733<br>(***) EST: 8:00 a.m. to 4:45 p.m. |
| **Louisiana** | Joe W. Rhodes<br>3727 Government Street<br>Alexandria, Louisiana 71301<br>Phone: 318-443-7391<br>(***) CST: 8:00 a.m. to 5:00 p.m. |
| **Maine** | Mahlon M. Delong<br>USDA Office Building<br>Orono, Maine 04473<br>Phone: 207-866-4929<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Michigan** | Calvin C. Lutz<br>Room 209<br>1405 South Harrison Road<br>East Lansing, Michigan 48823<br>Phone 517-372-1910 plus Ext. 272<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Minnesota** | Gordon F. Klenk<br>252 Federal Office Building & U.S. Court House<br>St. Paul, Minnesota 55101<br>Phone: 612-725-7695<br>(***) CST: 8:00 a.m. to 4:45 p.m. |
| **Mississippi** | Jeptha F. Barbour<br>Room 528 Milner Building<br>Jackson, Mississippi 39201<br>Phone: 601-948-7821 plus Ext. 372<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **Missouri** | John O. Foster<br>Parkade Plaza, Terrace Level<br>Columbia, Missouri 65201<br>Phone: 314-442-2271 plus Ext. 3168<br>(***) CST: 8:00 a.m. to 4:30 p.m. |

| STATE | STATE DIRECTOR, OFFICE LOCATION, MAILING ADDRESS & TELEPHONE (*) |
|---|---|
| **Montana** | Richard D. Smiley<br>Federal Building<br>Post Office Box 850<br>Bozeman, Montana 59715<br>Phone: 406-587-4511<br>(***) MST: 8:00 a.m. to 5:00 p.m. |
| **Nebraska** | Kenneth L. Bowen<br>Room 430<br>Federal Building and Courthouse<br>129 North 10th Street<br>Lincoln, Nebraska 68508<br>Phone: 402-475-3342<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **New Mexico** | Carroll D. Hunton<br>Room 3414 Federal Building<br>517 Gold Avenue, S.W.<br>Albuquerque, New Mexico 87101<br>Phone: 505-843-0311 plus Ext. 2462<br>(***) MST: 8:00 a.m. to 4:30 p.m. |
| **New York** | Charles Lyon (Acting)<br>Room 203 Midtown Plaza<br>700 East Water Street<br>Syracuse, New York 13210<br>Phone: 315-473-3458<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **North Carolina** | James T. Johnson<br>Room 514, Federal Building<br>310 New Bern Avenue<br>Raleigh, North Carolina 27611<br>Phone: 919-755-4640<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **North Dakota** | Nels Paul Rasmusson<br>Room 208, Federal Building<br>Third and Rosser<br>Bismarck, North Dakota<br><br>P.O. Box 1737<br>Bismarck, North Dakota 58501<br>Phone: 701-255-4011 plus Ext. 4237 or 4235<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **Ohio** | Lester M. Stone<br>Room 316 Old Post Office Building<br>Columbus, Ohio 43215<br>Phone: 614-469-5606<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Oklahoma** | Ludwig W. Johnson<br>Agricultural Center Office Building<br>Farm Road<br>Stillwater, Oklahoma 74074<br>Phone: 405-372-7111 plus Ext. 239, 240 or 243<br>(***) CST: 8:00 a.m. to 4:30 p.m. |

| STATE | STATE DIRECTOR, OFFICE LOCATION, MAILING ADDRESS & TELEPHONE (*) |
|---|---|
| **Oregon**<br>**Alaska** | Kenneth W. Sawyer<br>1218 S. W. Washington Street<br>Portland, Oregon 97205<br>Phone: 503-221-2731<br>(***) PST: 8:00 a.m. to 4:30 p.m. |
| **Pennsylvania** | Penrose Hallowell, Sr.<br>Federal Building<br>228 Walnut Street<br>Post Office Box 905<br>Harrisburg, Pennsylvania 17108<br>Phone: 717-782-4476<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Puerto Rico**<br>**Virgin Islands** | Manuel Soldevila<br>Fifth Floor, Segarra Building<br>1409 Ponce de Leon Avenue<br>Stop 20<br>Santurce, Puerto Rico 00907<br><br>Post Office Box 4269<br>San Juan, Puerto Rico 00905<br>Phone: 722-3508 |
| **South Carolina** | E. Whitson Brooks Federal Office Building<br>901 Sumter Street<br>Columbia, South Carolina 29201<br>Phone: 803-765-5876<br>(***) EST: 8:10 a.m. to 4:50 p.m. |
| **South Dakota** | Archie Gubbrud<br>Christen and Hohm Building<br>239 Wisconsin Avenue, S.W.<br>Huron, South Dakota<br><br>Post Office Box 821<br>Huron, South Dakota 57350<br>Phone: 605-352-8651 plus Ext. 331<br>(***) CST: 8:00 a.m. to 5:00 p.m. |
| **Tennessee** | Paul M. Koger<br>538 U.S. Court House Building<br>801 Broadway<br>Nashville, Tennessee 37203<br>Phone: 615-749-5501<br>(***) CST: 8:00 a.m. to 4:30 p.m. |
| **Texas** | J. Lynn Futch<br>3910 South General Bruce Drive<br>Temple, Texas 76501<br>Phone: 817-773-1711<br>(***) CST: 8:00 a.m. to 4:45 p.m.<br>(Louis Lee, Bill Hovak) |
| **Utah** | Clarence A. Anderson<br>Room 5311 Federal Building<br>125 S. State Street<br>Salt Lake City, Utah 84111<br>Phone: 801-524-5027<br>(***)MST: 8:00 a.m. to 4:30 p.m. |
| **Vermont**<br>**Connecticut**<br>**Massachusetts**<br>**New Hampshire**<br>**Rhode Island** | Sherman K. Sprague<br>Post Office Box 588<br>3 West Street<br>Montpelier, Vermont 05602<br>Phone: 802-223-9331<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Virginia** | Richard A. Goodling<br>Room 8213 Federal Building<br>400 N. Eighth Street<br>Richmond, Virginia 23240<br><br>Post Office Box 10106<br>Richmond, Virginia 23240<br>Phone: 703-782-2451<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Washington** | Michael C. Horan<br>127 S. Mission Street<br>Wenatchee, Washington 98801<br>Phone: 509-662-5161<br>(***) PST: 8:00 a.m. to 5:00 p.m. |
| **West Virginia** | J. Kenton Lambert<br>13 South High Street<br>Morgantown, West Virginia 26505<br><br>Post Office Box 678<br>Morgantown, West Virginia 26505<br>Phone: 304-599-7256<br>(***) EST: 8:00 a.m. to 4:30 p.m. |
| **Wisconsin** | Willis W. Capps<br>1305 Main Street<br>Post Office Box 639<br>Stevens Point, Wisconsin 54481<br>Phone: 715-341-5900<br>(**) EST: 8:00 a.m. to 4:30 p.m. |
| **Wyoming** | Bill Clark, Room 3207<br>Federal Building and Post Office<br>100 East B. Street<br>Casper, Wyoming 82601<br><br>Post Office Box 820<br>Casper, Wyoming 82601<br>Phone: 307-265-5550 plus Ext. 3272<br>(***) MST: 8:00 a.m. to 5:00 p.m. |

(*) Unless otherwise indicated by P.O. Box number, mailing address of state office is same as street address.

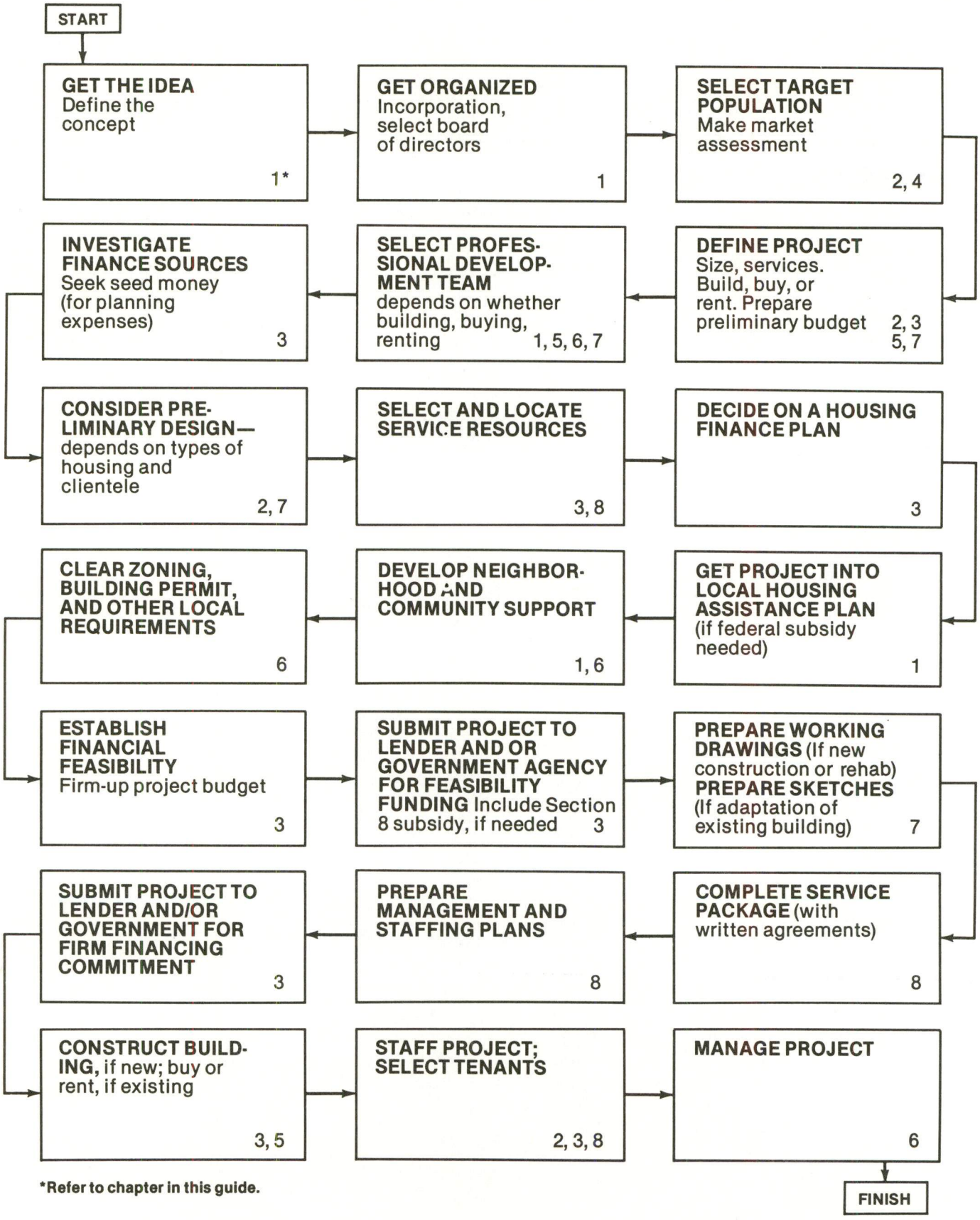
(**) Temporary Residence is State Director's address; is State Office city on weekdays.

(***) Includes time zones and ofc. hrs. for FmHA Ofcs.—Mon.-Fri. Symbols represent:
"AST" Atlantic Standard Time (Puerto Rico only);
"EST" Eastern Standard Time;
"CST" Central Standard Time;
"MST" Mountain Standard Time;
"PST" Pacific Standard Time.

# Illustrations

## Chart 1

Basic Steps in Development of Housing for Handicapped Persons




*Refer to chapter in this guide.

# Chart 2

## Handicaps, Disabilities, Service and Housing Needs

### Physically Handicapped Persons

| Handicap | Disability | Service Needs | Appropriate Housing |
|---|---|---|---|
| Mild Ambulant | Some limitations such as walking with a cane, braces, or other orthopedic devices. Usually relatively independent. | None or very few. Perhaps fitting with devices to make mobility possible and training in their use. Occasional medical checkups, some rehabilitation, financial aid for low income. | Normal range of housing options. Special design features desirable but not essential. Residential group home is an option (small), of project type or free-standing. |
| Mid- or Moderate-Semi-Ambulant | Impairments that cause individuals to walk with difficulty or insecurity and with assistance of mechanical aids, such as prosthetic devices, metal braces, artificial limbs, canes, walkers, crutches (e.g., disabilities caused by amputation, polio, arthritis, spastic conditions, cardiac ills). Relative independence possible with proper training in use of supportive devices. | Training for independent living, provision of appropriate supportive devices. Some personal care needed in some cases. Regular physical checkups and ready availability of emergency medical assistance. Financial help for low income. | Independent living in normal housing with special design features and some personal care available as well as emergency medical assistance. Some occupational training may be necessary. Housing options: normal home or apartment, or small group homes properly designed and serviced. Excessive concentrations of the handicapped undesirable. Integration of small groups with more normal people. |
| Severe Non-Ambulatory | Impairments that, regardless of cause, for all practical purposes confine individuals to wheelchairs (e.g., paraplegia). Relative independence possible with training and a degree of personal care. | Training for independent living and use of wheelchair. More or less regular personal care, counseling. Supply or filling of needed orthopedic and other devices. Regular treatment of disability if needed. Opportunities for recreation and socialization. Vocational rehabilitation and training. Regular medical checkups and emergency medical service. Financial help for low income. | May live in own home, a group home or apartment; new or existing if adapted or specially designed; and, if needed, social, medical, and other services are provided, including vocational rehabilitation and transportation. Barrier-free environment essential. Housing integrated into community desirable, whether existing or new, large or small structure. |
| Visual Disability | Total blindness or impairments affecting sight so that individual is insecure or exposed to danger. | Training for relatively independent living. Secure mobility, training in braille, some personal care, opportunities for recreation and socializing. Vocational rehabilitation. Regular medical service. Financial help for low income. | May live in own home, a group home, or apartment, new or existing, if appropriately designed to help blind find way around and gain security and if appropriate care is provided. Integration with community desirable. Large groupings of blind to be avoided. |
| Aural Disability | Deafness or hearing handicaps that might make an individual insecure because he is unable to communicate or hear warning signals. | Training for independent living and security. Some personal care. Vocational rehabilitation, recreation, and socialization. Training in lip reading. Regular medical checkups and emergency medical service. Financial help for low income. | May live in own home, a group home, or apartment, new or existing or with family, if appropriate care and training are provided. Integration into community desirable. Large groupings of deaf to be avoided. |

Source: Compiled by M. Carter McFarland.

Chart 3

Handicaps, Disabilities, Service and Housing Needs

Mentally Handicapped Persons

| Handicap | Disability | Service Needs | Appropriate Housing |
|---|---|---|---|
| Mild | Has mild impairments due to impaired intellectual functioning, coordination, or adaptive behavior (e.g., cerebral palsy, epilepsy, autism, learning disabilities, or mental retardation). Impairment does not constitute a major impediment to normal, independent living. | Needs some, but not much, care and surveillance. Needs constant training to improve job skills as well as independent adjustment to society. Needs encouragement to live independently. Needs help in getting a job suitable to skills. Also regular medical checkups, availability of emergency medical care. Financial help for low income. | Can live relatively independently at home with family, in small group home, in apartment building, provided necessary services are available. Integration with normal community desirable. Large groupings of mentally retarded to be avoided. Atmosphere should be as normal and homelike as possible. |
| Moderate | Moderate impairments in intellectual functioning, coordination, and adaptive social behavior. May have some trouble in eating without help, bathing and dressing, making change, use of public transportation, and in adapting to general society. | Needs some care. Needs help in learning to take care of personal hygiene. Needs counseling, encouragement, recreation, socialization. Needs skill training, special education, job placement (possibly in sheltered workshop but probably outside). Needs training in social adaption. Needs medical checkups, emergency medical care. | Can live at home with family, with home and outside care and training. Can live in a small group home or in an apartment where he is minority, provided necessary services, counseling, and training and education are provided. Small groups, integrated into community are preferred. |
| Severe | Has substantial difficulty in intellectual functioning, coordination, and adaptive social behavior. Has trouble in eating without help, bathing and dressing, use of public transportation, and in adapting to general society. | Needs constant care and often a live-in, full-time aide. Also needs intensive training in adjustment to society, job skills, etc. Needs periodic physical checkups and emergency medical aid. Poor need financial help. | Many severely mentally retarded are in institutions. But today experts believe even the severely retarded can benefit and progress in a home-community environment with adequate care. Small groups are preferred units in new or existing housing. |

Chart 4

Handicaps, Disabilities, Service and Housing Needs

Physically Impaired or Retired Elderly Persons

| Handicap | Disability | Service Needs | Appropriate Housing |
|---|---|---|---|
| Mild | Needs little help; can usually take care of self; retardation may take form of physical limitation or mental disorientation. | Needs some help and services, also specially designed housing. Needs opportunities for socialization, recreation. Also periodic medical checkups and emergency medical service. | Can live alone in properly designed unit, with friends or relatives, or in housing designed for the elderly with some services, probably including meal service. |
| Moderate | Needs considerable help and care. May have difficulty working or be confined to wheelchair occasionally. Probably afflicted by stiffness of bone and muscle; is halting of step; is hard of hearing; and is somewhat disoriented. | Needs considerable help and services. Needs specially designed housing. Needs opportunities for socialization and recreation (of the type his condition will permit) or simply needs the opportunity to observe others. Also needs medical checkups and treatment of any specific infirmity, plus emergency medical service. | Needs specially designed housing with services. Congregate housing is ideal for this type. With the elderly, housing with 100 or more units is no great disadvantage. |
| Severe | Needs substantial help and service; may be greatly disoriented and very frail or crippled. Perhaps confined to wheelchair. May be senile. | A full array of social and medical services. | A nursing home or, in some cases, a congregate housing facility with more than usual services and supervision. |

Source: Compiled by M. Carter McFarland.

Chart 5

Sources of Capital Financing and/or Subsidy

Summary

1. HUD Programs

Program: HUD Section 8 Rent Allowances for Eligible Applicants

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Direct payments to housing owners to reduce tenant rents to from 15 to 25 percent of income. Assistance contracts may be as long as 20 years for new and rehabilitated housing --except that for housing financed by state housing finance agencies, contracts can run for 40 years | --- | Those with incomes that do not exceed 80 percent of median income in area, 50 percent in case of very low income. (Increased from 80% to 95% of median in the 1976 Act.) | Difference between contractrent and 15 to 25 percent of tenant income |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Public housing agencies, state housing agencies, private nonprofit developers, and private, profit making entities,(apartment owners) | HUD offices, (Appendix B) state housing agencies, (Appendices G or D) housing agencies | Yes, if one exists | Rent subsidies can be applied to new, substantially rehabilitated, or existing rental housing. | Program provides only rent assistance payments Capital financing must be secured elsewhere. Notice of fund availability is published by HUD; funds go to private owner or public bodies. |

Source: Based on material in the Housing and Development Reporter, published by Bureau of National Affairs, Inc., 1231 25th Street, N.W., Washington, D.C. 20037.

1. HUD Programs

Program: HUD Traditional Rental Public Housing

| TYPE OF FINANCING | Financing Terms | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Low-income housing is built, rehabilitated, or leased by local PHA with federal funds to guarantee low rents. Nonprofit agencies may lease or rent units from PHA and have benefit of subsidies, with HUD Area Office approval. | --- | Income limits set by local public agency for low-income tenants and approved by HUD at approximately the same levels as Section 8 | Substantial subsidy to bring rents down to 15 to 25 percent of tenant income |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Formerly local housing authority; public housing agency (PHA) under 1974 act, also state housing agencies | Public housing agency (PHA) | Yes, if there is one. | New housing; rehabilitated housing; leased new or existing housing, either in public housing projects or in scattered privately owned houses or apartments | Additional public housing approved in 1976 Act.* |

*Certain funds are specifically earmarked for new traditional public housing. This could be specially designed for the handicapped.

Chart 5 (continued)

1. HUD Programs

Program: HUD Section 202: Rental Housing for Elderly or Handicapped Persons*

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Direct government loans for new construction or rehabilitation | ½ of 1 percent up to $10000 required of nonprofit sponsors; 40-year loan term. | Elderly must be 62 years of age or over; handicapped must meet definition in law | Interest rate related to cost of all U.S. treasury borrowings, now about 7%. Can combine with Section 8 housing assistance payments to assure economic mix. |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Nonprofit private organizations and certain public agencies (currently restricted by administrative direction to nonprofit sponsors) | Nearest HUD area office<br>HUD Central Office issues invitations for proposals and makes awards. | No | New construction or substantial rehabilitation | Provides direct loans to finance construction or rehabilitation. Section 8 housing assistance payments are added. For low to moderate income elderly or handicapped |

*See seed money for Section 202 projects.

1. HUD Programs

Program: HUD Section 231; Rental Housing for Elderly

| TYPE OF FINANCING | Financing TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| HUD insured private mortgage loan - profit or nonprofit sponsors. | Nonprofit sponsors eligible for 100 percent mortgage insurance. 40-year loan term. | Elderly or Handicapped | None, but Section 8 housing assistance payments can be added. |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Profit or nonprofit organizations and certain public bodies. | Nearest HUD office | No | New construction or substantial rehabilitation | Generally used for higher income occupants |

Chart 5 (continued)

1. HUD Programs

Program: HUD's Federal Housing Administration 221(d)(3) and (4) Market Rate Rental Housing

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| HUD insured private mortgage | 221(d)(3)--100 percent loan to nonprofits; 90 percent to profits. 221(d)(4)--90 percent loan for profit organizations only | Anyone | May be combined with Section 8 housing assistance payments. |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Public agencies, nonprofit or profit developers for 221(d)(3). Profit only for 221(d)(4). | Nearest HUD area office | No | New construction or substantial rehabilitation | 221(d)(3) can be useful as a source of mortgage finance when Section 8 housing assistance payment are used and financing cannot be found elsewhere |

1. HUD Programs

Program: Federal Housing Administration Section 235 single-family sales housing

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| HUD insured private mortgage loan | Downpayment of 3 percent of first $25,000; 10 percent of excess -- typical down-payments, $1500 to $2000* | 80 percent of median income ($9,000, $11,000 typical income range)* | Interest rate down to 5 percent; subsidy is difference between 5 percent and market rate |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Nonprofit or profit developer | Nearest HUD area office | Yes | New construction or substantial rehabilitation (condominiums or cooperative ownership allowed) also mobile homes. | Useful program to secure financing for handicapped individuals seeking to purchase single-family homes. |

*1976 Act extends Sec. 235 until Sept. 30, 1977.

Chart 5 (continued)

2. Farmers Home Administration Programs

Program: Department of Agriculture--Farmers Home Section 515: rental housing program for rural areas and small towns

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Direct government loan; 40-year term | 100 percent for nonprofit; 95 percent for others | Usually for renters with adjusted incomes of less than $12,900. There is no income limitation on elderly in most cases. | Can equal difference between 1 percent and market rate of interest, may be coupled with Sec. 8 to reduce rents further.* |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Any profit, limited dividend, or nonprofit builder, cooperative, or public body | State FmHA or county office (Appendix E for state office addresses) | No | New construction or rehabilitation and purchase of existing building | Program limited to people living in rural areas and small towns with 10,000 population or less. Certain non-SMSA towns between 10,000 and 20,000 can also be served. Combined with Section 8, can reach low income families** |

*See recent HUD-DoA Agreement on Section 8-515 combination, this chapter.

**Section 8 amended by 1976 Housing Authorization Act to continue for 40 years.

2. Farmers Home Administration Programs

Program: Section 502; sales for rural housing program

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Direct government loan; 33-year terms | None, unless family has a substantial amount of cash on hand. | Families with adjusted incomes below FmHA limits set at $12,900 for non-subsidized loans, $10,000 for subsidized loans. | Interest rate may be as low as 1 percent, up to market rate, depending on purchasers' needs. (Homebuyer pays 20 percent of adjusted family income.) |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Individual family, any profit or nonprofit builder (may package for groups of families) | State FmHA or county office (see appendix D) | No | New construction, rehabilitation, or purchase of existing home. | Program limited to people living in rural areas and small towns with 10,000 population or less. Certain non-SMSA towns between 10,000 and 20,000 can be served. |

Chart 5 (continued)

2. Farmers Home Administration Programs

Program: Section 504; rural home repair program

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Direct government loan; 10 to 20 year terms. Grants given to very low-income elderly | Loans made for $1,500 to be repaid in 10 years, for up to $2,500 in 15 years, for up to $5,000 in 20 years. Loans of $2,500 to $5,000 require mortgage on property. | Low-income homeowners or leaseholders who lack income to repay FmHA Sec. 502 loan and who own homes with hazards to health and safety | Interest rate at 1 percent. Grants to very low income elderly. |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Low-income families | State FmHA or county office (See appendix D) | No | Homes with hazards to health and safety. | Program limited to people living in rural areas and small towns with 10,000 population or less. Certain non-SMSA towns between 10,000 and 20,000 can be served. |

3. Veterans Administration Programs

Program: Home loan guarantee

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| VA guaranteed long-term loan. | None | Eligible veterans | None; interest at market rate |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Private or nonprivate developers, also individual veterans | Nearest VA office | No | One- to four-family--new, rehabilitation, or existing | Program limited to veterans |

Chart 5 (continued)

3. Veterans Administration Programs

Program: Home loans for disabled veterans (Specially adapted)

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Grant or cash reimbursement for purchase by veterans | None | VA medical determination of housing suitability | 100 percent |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| A veteran who buys or builds or a builder who constructs for the veteran | Nearest VA office | No | Any suitable housing, plus fixtures and necessary equipment | A very good benefit for individual disabled veterans |

3. Veterans Administration Programs

Program: Direct home loans

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Government loan | None | Eligible veterans (direct loans are made only where guaranteed loans are not obtainable) | None; interest at market rate |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Any profit or nonprofit builder or individual veteran | Nearest VA office | No | Single-family homes, newly constructed, rehabilitated or, purchased | |

4. Banks -- Conventional Financing

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Bank loan | usually 15 to 20 percent or more | Any eligible borrower | None; interest at market rate |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Any profit or nonprofit sponsor or individual | Local bank, savings and loan or mortgage bank | No | Any type-- new or existing | |

Chart 5 (continued)

5. State Housing Finance Agencies

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Mortgage loans for builders of rental or sales family housing or for elderly and handicapped. Long-term, low downpayment, interest rates somewhat below market rate. | Varies | Low- and moderate-income families (varies) | Difference between approximated 5-9 percent mortgage and market rate. Also can use Federal Section 8 housing assistance payments |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Private profit or nonprofit, public sponsors | state finance agencies. | Not unless a federal subsidy program is used, such as Section 8 | New homes or apartments, rehabilitated or existing housing | In most states, may be built for families, elderly, or handicapped |

6. Seed Money Sources

Program: a -- HUD's Section 106 program. Loans to cover planning expense of housing projects in advance of availability of permanent financing. Also technical assistance.

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Short-term, two year loans | Maximum loan $50,000 to cover 80 percent of eligible development cost. Sponsor provides 20 percent. | Nonprofit housing sponsors | No interest rate on loans. Recoverable out of loan proceeds. |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| Nonprofit housing sponsors limited to Sec. 202 Sponsors. | Nearest HUD area office | no | To help sponsors plan to bui build or rehabilitate housing. | "Seed money" is often needed by nonprofit sponsors |

Chart 5 (continued)

6. Seed Money Sources

Program: b -- Housing Assistance Council.

| TYPE OF FINANCING | FINANCING TERMS | USER ELIGIBILITY | SUBSIDY |
|---|---|---|---|
| Housing Assistance Council revolving seed money loan fund. | No interest loan, but 2percent service fee on direct loans, one percent on compensating deposits.* | Rural, low-income families; priority for low-income minorities. | - - - - |

| ELIGIBLE SPONSORS | WHERE TO APPLY | SUBJECT TO LOCAL HOUSING ASSISTANCE PLAN | ELIGIBLE HOUSING | COMMENTS |
|---|---|---|---|---|
| public, non-profit, private | Housing Assistance Council, 1601 Connecticut Ave. N.W., Washington, D.C. 20009 | Depends on type of construction and permanent financing. | Newly constructed or rehabilitated rural housing. | In addition seed money, technical assistance is given. |

*HAC seed money loans for predevelopment cost and also as guarantees, collateralizations, and compensating deposits to obtain private low interest construction loans. Such deposits help establish a rural developer's line of credit and stimulates rural banks in local housing developments.

# Chart 6

## Comparison of Federal Programs Providing for Services to Handicapped Persons

| | Developmental Disabilities Act 1975 | Rehabilitation Act 1973 | Social Services, Title XX, Social Security Act | Disability Insurance, Social Security Act | Vocational Rehabilitation Services, Social Security Act | Aid to Families with Dependent Children | Supplemental Security Income, Social Security Act | Medicare | Medicaid | Urban Mass Transportation Act | Services for Older People | Model Projects for Older People | Nutrition Program for Older People |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Diagnosis | ● | ● | | | ● | | | ● | | | | | |
| Evaluation | ● | ● | | | ● | | | ● | | | ● | | |
| Treatment | ● | ● | | | | | | ● | | | | | |
| Personal Care | ● | | | | | | | ● | | | | | |
| Day Care | ● | | | | | | | | | | | | |
| Domiciliary Care | ● | | | | | | | | | | | | |
| Special Living Arrangements | ● | ● | | | | | | | | | | | |
| Training | ● | ● | ● | | | | | ● | | | | | |
| Education | ● | ● | | | ● | | | | | | ● | | |
| Sheltered Employment | ● | ● | | | | | | | | | | | |
| Recreation | ● | ● | ● | | ● | | | | | | | ● | |
| Counseling | ● | ● | ● | | ● | | | | | | | ● | |
| Protective Services | ● | | ● | | | | | | | | | | |
| Information & Referral | ● | ● | ● | | ● | | | | | | ● | ● | |
| Transportation | ● | ● | ● | | ● | | | ● | ● | | ● | ● | |
| Vocational Training | | ● | | | | | | | | | | | |
| Vocational Rehab Devices | | ● | | | ● | | | | | | | | |
| Hospitalization | | ● | | | ● | | ● | ● | | | | | |
| Corrective Surgery | | ● | | | ● | | ● | ● | | | | | |
| Therapeutic Treatment | | ● | | | ● | | | ● | | | | | |
| Treat/Mental Disorders | | ● | | | ● | | | ● | | | | | |
| Maintenance during Treatmt. | | ● | | | ● | | | | | | | | |
| Interpreter Services | | ● | | | ● | | | | | | | | |
| Employment Opportunities | | ● | ● | | ● | | | | | | ● | | |
| Mobility Training (Blind) | | ● | | | ● | | | | | | | | |
| Social Services | ● | | ● | | | | | | | | ● | | |
| Homemaker Services | ● | | ● | | | | | | | | ● | ● | |
| Health Services | | | | | | | ● | ● | | | ● | | |
| Home Health Aid | | | | | | | ● | ● | | | ● | | |
| Chore Services | ● | | ● | | | | | | | | ● | | |
| Friendly Visiting | ● | | ● | | | | | | | | ● | | |
| Telephone Reassurance | ● | | ● | | | | | | | | ● | | |
| Aid in Obtaining Housing | ● | | ● | | | | | | | | ● | | |
| Nutrition-Meal Delivery | ● | | ● | | | | | | | | ● | | |
| Home Delivered Meals | ● | | ● | | | | | | | | | ● | |
| Foster Care | ● | | ● | | | | | | | | | ● | |
| Home Management, maintenance | ● | | ● | | | | | | | | | | |
| Adult Day Care | ● | | ● | | | | | | | | | | |
| Health Support | | | ● | | | | | ● | | | | | |
| Family Planning | | | ● | | | | | ● | | | | | |
| Home and Money Management | ● | ● | ● | | | | | | | | | | |
| Food, Shelter, Clothing | | | ● | | | ● | | | | | | | |
| $250 Home Repair | | | | | | | | | | | | | |
| Income | | ● | | ● | ● | ● | ● | ● | | | | | |
| Lab and X-Rays | | ● | | | | | ● | ● | | | | | |
| Skilled Nursing Home | | | | | | | ● | ● | | | | | |
| Extended Care | | | | | | | | ● | | | | | |
| Outpatient Services | | | | | | | ● | ● | | | | | |
| Physician | | | | | | | ● | ● | | | | | |
| Escort Services | ● | | ● | | | | | | | ● | ● | | |

**Source:** United Cerebral Palsy Associations Analysis Paper, "Programming Adult Services for Individuals with Cerebral Palsy: Federal Funding Sources," Vol. 4, No. 3, April 1975.

Chart 7

Federal Programs Providing for Services to Handicapped Persons

Summary

| Program | Services Provided | Financing | Eligibility | Local Contact | Federal Administration |
|---|---|---|---|---|---|
| Developmental Disabilities Act, 1975 | A wide variety of remedial services; also facilities construction | 75 percent federal (90 percent in poverty area) | Developmentally disabled; | State Developmental Disabilities Council | Developmental Disabilities Office, Office of Human Development, HEW |
| Rehabilitation Act, 1973 | A variety of guidance, training, other services to help handicapped become employable; also facilities construction | 80 percent federal | Moderate and severely handicapped, | State Vocational Rehabilitation Agency | Rehabilitation Services Administration, HEW |
| Social Services Program, Title XX, Social Security Act | A wide variety of social | 75 percent federal | People with incomes 115 percent of median; also recipients of Aid to Families with Dependent Children, Supplemental Security Income, Medicaid | State department of public welfare or local human resources office | Public Services Administration, Social and Rehabilitation Services, HEW |
| Disability Insurance--Social Security | Monthly cash Benefits | Direct monthly cash benefits: size depends on earnings record | Disabled workers eligible for Social Security, or adults, disabled in childhood, who are covered on record of a retired, disabled, or deceased parent | local Social Security Office | Social Security Administration, HEW |
| Vocational Rehabilitation Services for Social Security Disability Beneficiaries | Rehabilitation services to help disabled achieve or return to gainful employment | | Disabled workers eligible for Supplemental Security Incomewho have rehabilitation potential | State Rehabilitation Agency | Rehabilitation Services Administration, HEW |
| Supplemental Security Income | Income maintenance for needy elderly and blind or disabled of any age | Direct monthly payments | Age or Severe Disability; Limited income and resources | Nearest Social Security Office | Bureau of Supplemental Security Income, Social Security Administration, HEW |
| Medicare | Hospitalization and physician insurance | Insurance; some co-payments and deductibles | Social Security eligibility | local Social Security Office | Social Security Administration, Bureau of Health Insurance |
| Medicaid | medical care for financially needy persons | Federal share--from 50 percent to 83 percent | Certain financially needy persons | State department of public welfare or human resources local office | Medical Services Administration, Social and Rehabilitative Services, HEW |
| Services for Older People, Title III, Older Americans Act | A wide range of social and related services | 75 percent to 90 percent federal grant to states | All Older persons | State Office on Aging; Area Offices on Aging, HEW | Administration on Aging, Office of Human Development, HEW |
| Model Projects on Aging, Section 308, Older Americans Act | Model projects to expand or improve social services or otherwise promote the well-being of older persons | Federal share all or part of cost of project | Public or nonprofit agency | State Office on Aging | Administration on Aging, Office of Human Development, HEW (applications must be submitted to Washington) |

Chart 7 (continued)

| Program | Services Provided | Financing | Eligibility | Local Contact | Federal Administration |
|---|---|---|---|---|---|
| Nutrition Programs for Elderly, Title VII, Older Americans Act | To provide elderly, especially low income, with nutritionally sound meals | 90 percent federal | The elderly, including elderly handicapped | State Office on Aging, Area Offices on Aging | Administration on Aging, Office of Human Development, HEW |
| Urban Mass Transportation Act Section 16 (b)(2). | To provide special transportation services meeting special needs of handicapped | 80 percent federal grants for equipment | Handicapped and disabled | Governor's office | Urban Mass Transportation Administration, Department of Transportation |

Source: Compiled from material presented in Operation Revenue: orientaton-resource notebook for governmental activities, edited by Harold A. Benson, and E. Clark Ross. Governmental Activities Office, United Cerebral Palsy Associations, 425 I Street, N.W., Suite 141, Washington, D.C. 20001/

## Exhibit 1

### Federal Legislative Definitions of Handicapped Persons*

Housing and Community Development Act of 1974

Section 201(a) defines the handicapped thus:
A person shall be considered handicapped if such person is determined pursuant to regulations issued by the Secretary of HUD to have an impairment which (a) is expected to be long-continued and of indefinite duration, (b) substantially impedes his ability to live independently, and (c) is of such nature that ability could be improved by more suitable housing conditions.

This section adds to those who fit this definition:
A person who is under a disability as defined in Section 223 of the Social Security Act or in Section 102(5) of the Developmental Disabilities Services and Facilities Construction Amendments of 1970.

Developmental Disabilities Act of 1976

The term "developmental disability" means a disability of a person which is attributable to mental retardation, cerebral palsy, epilepsy, or autism; is attributable to any other condition of a person found to be closely related because such condition results in similar impairments of general intellectual functioning or adaptive behavior to that of mentally retarded persons or requires treatment and services similar

* Compiled by M. Carter McFarland, consultant to the International Center for Social Gerontology, Washington, D.C.

Exhibit 1 (continued)

to those required for such persons; or is attributable to dyslexia resulting from a disability described above; originates before such person attains age 18; has continued or can be expected to continue indefinitely; or constitutes a substantial handicap to such person's ability to function normally in society.

Rehabilitation Act of 1973

Handicapped individual means any individual who has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment and can reasonably be expected to benefit in terms of employability from vocational rehabilitation services provided under Titles I and III of the Act.

Severe handicap means a disability which requires multiple services over an extended period of time and results from amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, and other spinal cord conditions, renal failure, respiratory or pulmonary dysfunction, and other disability specified by the Secretary of HEW in regulations.

Social Security Act (Section 223 relating to benefits under the Supplemental Security Income program)

Disability is defined as inability to engage in any substantial,

Exhibit 1 (continued)

gainful activity by reason of any medically determined physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. The term, blindness, refers to a central visual acuity of 20/200 or less in the better eye with the use of correcting lens, also tunnel vision.

# Exhibit 2

Sample Budgets, Group Home for Mentally Retarded Adults (Section 236 Subsidy, Full Taxes, No Grant), January 31, 1974

1--Rent Schedule

(PROPOSED RENTS INCLUDING ALL UTILITIES EXCEPT TENANT ELECTRICITY)

| UNIT TYPE | BLDG TYPE | NO. BRS | NO. BTH | FAM SIZ | RENT LMTS | RENTS MKT | RENTS BAS | PRS 3FT | RENT SPRD | UNITS NO. | UNITS % | SIZE SQ FT | RENT/ SQ FT | EXP/ SQ FT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 0 | 1 | 1.0 | 1 | 125R | 148 | 84 | 6 | 35 | 16 | 00 | 350 | .240 | .238 |
| AVE. TOTAL | | 1.0 | 1.0 | | 125 | 147* | 83 | 6 | 35 | 16.100 | | 350 | .240 | .238 |

RENT REVENUE.....$ 16128

SUBSIDY REQUIRED.....$ 11703

SUBSIDY/UNIT.....$ 731

STRUCT COST/SQ FT (INC GENL REQ.).....$ 19.00

DEV COST/UNIT (LESS DEV COST ESCROW & ASSOC. COSTS).....$ 13142

MORTGAGE INT RATE..... 8.25%

MORTGAGE TERM..... 40 YRS

AMENITIES:

CENTRAL AIR CONDITIONING
DRAPERY RODS
FROST-FREE REFRIGERATOR
CARPETING
DISHWASHERS

INCOME LIMITS BY FAMILY SIZE FOR DETROIT
COUNTY: WAYNE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| REGULAR | 6005 | 6985 | 8000 | 8405 | 8845 | 9145 | 9585 | 9790 | 10090 | 10295 |
| EXCEPTION | 7200 | 8750 | 10250 | 10250 | 11800 | 11800 | 13300 | 13300 | 13300 | 13300 |

Source: Michigan State Housing Development Authority. 1974 Program Review: Housing for the Adult Mentally Retarded, Exhibit D. The Authority, 300 South Capitol Avenue, Lansing 48926. (Mimeographed)

Exhibit 2 (continued)

2--Total Development Costs

| | | 236 PROGRAM | COST/ UNIT | COST/ SQ FT |
|---|---|---|---|---|
| 1 | OFF-SITE IMPRVMNTS | 0 | 0 | 0.00 |
| 2 | ON-SITE IMPRVMNTS | 30720 | 1920 | 5.49 |
| 3 | LANDSCAPING | 1920 | 120 | 0.34 |
| 4 | MISC. CONSTRUCTION | 0 | 0 | 0.00 |
| 5 | STRUCTURES | 102144 | 6384 | 18.24 |
| 6 | COMM FACILITY | 0 | 0 | 0.00 |
| 7 | GENL REQUIREMENT | 5616 | 350 | 1.00 |
| 8 | BUILDERS OVERHEAD | 3928 | 245 | 0.70 |
| 9 | BUILDERS PROFIT | 10103 | 631 | 1.80 |
| 10 | TAP FEES & LAND CHRGES | 1000 | 62 | 0.18 |
| 11 | TOT CONST. CNTRCT | 155431 | 9714 | 27.76 |
| 12 | ARCH FEES | 6994 | 437 | 1.25 |
| 13 | MISCELLANEOUS | 0 | 0 | 0.00 |
| *14 | CONST INT 5.00%@ 9MO | 3943 | 246 | 0.70 |
| 15 | CONST. TAXES | 1052 | 65 | 0.19 |
| 16 | CONST INSURANCE | 1051 | 65 | 0.19 |
| 17 | COMMITMENT FEE | 7886 | 492 | 1.41 |
| 18 | TITLE WORK | 911 | 56 | 0.16 |
| *19 | AMPO FEE | 10514 | 657 | 1.88 |
| 20 | MARKETING FEE | 0 | 0 | 0.00 |
| 21 | LEGAL | 1500 | 312 | 0.89 |
| 22 | SPON COSTS/SEED LOAN | 1500 | 93 | 0.27 |
| 23 | CONSULTANTS | 3500 | 0 | 0.00 |
| 24 | TOTAL DEV EXPENSES | 38851 | 2428 | 6.94 |
| 25 | DEV COST ESCROW | 0 | 0 | 0.00 |
| 26 | L.O. SPONSORS FEE | 0 | 0 | 0.00 |
| 27 | LAND | 16000 | 1000 | 2.86 |
| 28 | TOT DVLPMNT COST | 210282 | 13142 | 37.55 |
| 29 | TOT DVLPMNT MORT | 210282 | 13142 | 37.55 |
| 30 | EQUITY CASH | 0 | 0 | 0.00 |
| 31 | 2% WORKING CAPITAL | 0 | 0 | 0.00 |
| 32 | TOTAL CASH REQ. | 0 | 0 | 0.00 |

*STORED DATA REVISED AS FOLLOWS:
LINE 14 FROM 6.00%@12MO TO 5.00%@ 9MO
LINE 19 FROM 2.00% TO 5.00%

Exhibit 2 (continued)

3--Total Development Expenditures Per Year

| | | 236 PROGRAM | COST/ UNIT |
|---|---|---|---|
| 1 | REAL ESTATE TAXES | 4206 | 262 |
| * 2 | MAINTENANCE | 2080 | 130 |
| * 3 | FUEL | 1120 | 70 |
| * 4 | MANAGEMENT | 0 | 0 |
| 5 | WATER & SEWAGE | 320 | 20 |
| * 6 | INSURANCE | 448 | 28 |
| * 7 | ADMINISTRATION | 128 | 8 |
| 8 | COMM. ELECTRICITY | 528 | 33 |
| * 9 | LEGAL | 160 | 10 |
| *10 | AUDIT | 160 | 10 |
| *11 | MISCELLANEOUS | 0 | 0 |
| 12 | OPERATING RESERVE | 481 | 30 |
| 13 | REPLACMNT RESERVE | 613 | 38 |
| *14 | DEBT SERVICE | 6404 | 400 |
| 15 | LIMITED DIV.PMT. | 0 | 0 |
| *16 | VACANCY | 160 | 10 |
| | TOTAL EXPENDITURES | 16808 | 1050 |

*STORED DATA REVISED AS FOLLOWS:

LINE 2 FROM $203.00/UNIT TO $130.00/UNIT
LINE 3 FROM $115.00/UNIT TO $ 70.00/UNIT
LINE 4 FROM 6.00% TO 0.00%
LINE 6 FROM $ 30.00/UNIT TO $ 28.00/UNIT
LINE 7 FROM $ 20.00/UNIT TO $ 8.00/UNIT

Line 8 from $15 to $33 / Unit

LINE 9 FROM $1500.00 TO $ 160.00
LINE 10 FROM $1600.00 TO $ 160.00
LINE 11 FROM $ 17.00/UNIT TO $ 0.00/UNIT
LINE 14 MORTGAGE INT RATE FROM 8.25%@40YRS TO 8.25%@40YRS
LINE 16 FROM 5.00% TO 1.00%

Exhibit 3

Changes in the Method of Computing Income on Forms HUD-51227 and HUD-51245 -- Department of Housing and Urban Development, Office of Housing Management*

4/20/76

NOTICE HM 76-17 (PHA)

TO: Public Housing Agencies

SUBJECT: Changes in the Method of Computing Income on Forms HUD-51227 and HUD-51245

In order to facilitate the implementation of various amendments to the U. S. Housing Act of 1937 contained in the Housing and Community Development Act of 1974, a change is necessary in the method of computing income on Forms HUD-51227, Report on Families Moving into Low-Income Housing, and HUD-51245, Report on Regular Reexamination of Families in Low-Income Housing.

Beginning with the reporting period ending September 30, 1976, and for all subsequent reporting periods, Column "K," Total Income Received by the Family, shall be the amount computed for each family under the definition of "Total Family Income" contained in Section 860.403(o) of Part 860, Subpart D of the Regulations which were distributed as Appendix 1 to Notice HM 75-39 (LHA). These Regulations state as follows:

> "(o) Total family income. Total family income means income from all sources of (1) the head of the household and spouse, and (2) each additional member of the family residing in the household who is at least eighteen years of age, anticipated to be received during the twelve months following admission or reexamination of family income, exclusive of the income of full-time students (other than the head or spouse) and income which is temporary, non-recurring or sporadic as defined in this section. Total family income shall include that portion of the income of the head of the household or spouse temporarily absent which, in the determination of the PHA, is (or should be) available to meet the family's needs. Total family income includes, but is not limited to, the following:

*Since reorganization of the Department, this office is now the Office of Housing.

Exhibit 3 (continued)

NOTICE HM 76-17(PHA)

---

"(i) The full amount, before any payroll deduction, of wages and salaries, including compensation for overtime and other compensation for personal services (such as commissions, fees, tips, and bonuses).

"(ii) Net income from operation of a business or profession (expenditures for business expansion or amortization of capital indebtedness shall not be deducted to determine net income from a business).

"(iii) Interest, dividends, and net income of any kind from real or personal property.

"(iv) The full amount received from annuities, periodic payments from insurance policies, retirement income, pensions, periodic benefits for disability or death, and other similar types of periodic receipts.

"(v) Payments in lieu of earnings, such as unemployment and disability compensation, social security benefits, workmen's compensation, and dismissal wages.

"(vi) Welfare assistance payments.

"(vii) Periodic and determinable allowances, such as alimony and regular contributions or gifts, including amounts received from any persons not residing in the dwelling.

"(viii) All regular pay, special payments and allowances (such as longevity, overseas duty, rental allowances, allowances for dependents, etc.), received by a member of the Armed Forces.

"(ix) Payments to the head of the household for support of a minor, or payments nominally to a minor for his support but controlled for his benefit by the head of the household or a resident family member other than the head, who is responsible for his support."

In addition, Column "M," Income Used to Determine Rent, shall be the amount computed for each family under the definiton of "Family Income"

Exhibit 3 (continued)

NOTICE HM 76-17 (PHA)

contained in Section 860.403(f) of Part 860, Subpart D of the Regulations (see above citation). These Regulations state as follows:

"(f) Family income. Family income means total family income less the following:

"(1) A deduction of five percent of total family income, except that the deduction shall be ten percent in the case of an elderly family.

"(2) A deduction for extraordinary medical expenses, defined for this purpose to mean medical expenses in excess of three percent of total family income, where not compensated for or covered by insurance.

"(3) A deduction of amounts for unusual occupational expenses not compensated for by the employer, such as special tools and equipment, but only to the extent to which such expenses exceed normal and usual expenses incidental to the type of employment engaged in by the employee.

"(4) A deduction of amounts paid by the family for the care of children or sick or incapacitated family members when determined to be necessary to employment of the head or spouse, except that the amount deducted shall not exceed the amount of income received by the family member thus released.

"(5) An exemption of the first $300 of the income of a secondary wage-earner who is the spouse of the head of the household.

"(6) An exemption of $300 for each member of the family residing in the household (other than the head or spouse) who is under eighteen years of age or who is eighteen years of age or older and disabled, handicapped or a full-time student.

"(7) An amount equal to the sums received by the head of the household or his spouse from, or under the direction of, any public or private nonprofit child-placing agency for the care and maintenance of one or more persons who are under eighteen years of age and were placed in the household by such agency.

"No person in the family shall be entitled to more than one exemption."

The instructions to Forms HUD-51227 and HUD-51245 will be revised to reflect these changes.

# Exhibit 4
## Housing Survey Questionnaire, Atlantis Committee for Physically Handicapped Adults, Denver, Colorado*

Respondent's name: _____ Address: _____

Phone: _____ Age: _____ Sex: Male ____ Female ____

Medical diagnosis and/or injury _____

Marital Status: Single____ Married, no children____ Married, have children____

Divorced____

How many of your children under 18 currently live with you? _____

Are you currently a student? Yes____ No____

Are you currently employed? Yes____ No____

Method of transportation to school or work: Private auto____ Public transportation____

Amb-o-cab or van____ Other____

Please state approximate annual income from: Wages or salaries$____

Social Security $____ Aid to dependent children $_____

Aid to needy disabled (AND)$_____ Old-age pension (OAP) $_____

Other $_____ TOTAL $_____

Do you currently live: In own house or apartment____ In a nursing home____

With parents____ Other____

Would you prefer to live: With parents____ In nursing home____

Independently with no one____ Independently with attendant care____

Do you need attendant care for any of the following activities?

Bathing____ Dressing____ Using toilet____ Transfer from chair to bed____

Eating____ Other _____

Do you receive: Physical therapy____ Occupational therapy____

Speech therapy____ No therapy____ Other _____

Would you like to live in a facility such as Atlantis?

Immediately____ In one to five years____ Much later____ Probably never____

If you are interested in Atlantis, which of the following would you prefer?

(check one) Efficiency apt. for self only____ One bedroom apt. for self only____ One bedroom apt for self and spouse____ Larger apt. for self, spouse and children____ Share larger apt. with roommates____

Other (please specify)_____

Would you prefer: A furnished apt.____ an unfurnished apt.____

Would you prefer: Kitchen facilities in apt.____ Central dining facilities____

Both of the above____

*Reproduced with permission of Atlantis Community, Inc. 2965 West 11th Avenue, Denver 80204.

Exhibit 5

Housing Need and Demand Survey Form for Handicapped Persons

Madison Housing Authority

Madison, Wisconsin*

Telephone Introduction:

I am a student nurse at the University of Wisconsin and am helping conduct a survey of the housing needs of the severely handicapped young people in Dane County.

This information will be used by the Madison Housing Authority and its advisors to plan for a development in this community to meet your needs.

We have a questionnaire that takes about 30 minutes to complete. Would you be willing to help us by answering our questionnaire?

Appointment date:

Appointment time:

Directions to Place of Appointment:

*Reproduced with the permission of the Authority, P.O. Box 1785, Madison, Wisconsin 53701.

Exhibit 5 (continued)

I--Demographic Data

Name:_____

Address:_____Type of Facility_____

Phone: (home)_____(business)_____

Age:_____ Sex:_____

Marital Status:_____Dependents_____

Nature and Extent of Disability_____

_____

Source(s) of financial assistance:_____

_____

Education/Vocational training:_____

_____

Occupation:_____

Present occupational status_____

Are you currently under the care of or being serviced by any of the following? (Check appropriately)

_____Physician

_____Clinic or Hospital

_____Vocational Rehabilitation

_____Physical therapist

_____Occupational therapist

_____VNA (Visiting Nurse Association)

_____Dane County RN

_____Social worker

_____Other (please specify)_____

Exhibit 5 (continued)

II--Equipment (check equipment that is owned and used)

_____Manual wheelchair

_____Electric wheelchair

_____Removable armrests

_____Removable legrests

_____Battery charger

_____Reclining wheelchair

_____Wheelchair cushions

_____Wheelchair headrest

_____Forearm extensions

_____Electric hand splint

_____Tenodesis or opposition hand splint

_____Night splint (resting pan or cockup splints)

_____Utensil holding splint (plastic, velcro, metal)

_____Special eating utensils

_____Velcro cuff

_____Book holder

_____Page turner

_____Commode/Shower chair

_____Tilt table

_____Stand-alone

_____Elastic stockings/teds

_____Corset/Abdominal binder

_____Trunk support

_____Leg braces (long or short)

_____Crutches

_____Sliding board

_____Reacher/grabber

Exhibit 5 (continued)

_____Hospital bed

_____Rocking bed

_____Hoyer lift

_____Communication board

_____Arm or leg prosthesis (es)

_____Wheelchair side pads

_____Wheelchair board

_____Overbed equipment (Triangle, pulleys, weights, straps)

_____Other (please specify)

Number of Bedrooms Desired_____

Desire to share apartment. With whom:

_____Family

_____Attendant

_____Roommate

_____Other

_____No one

Exhibit 5 (continued)

III--Maintenance

A--Laundry

1--How is your laundry presently done?

_____Self

_____Friends or relatives /__/

_____Cleaners

_____Employees at living facility

_____Other

2--If accessible laundry equipment were available, could you do your laundry yourself?

_____Yes

_____Yes, with training

_____Yes, with minimal assistance and training

_____No

_____Already do it myself

_____Other

B--Cleaning

1--In a facility of this kind, which of the household tasks would you do, considering the time it might take you?

| Dusting | yes | yes with help | no | ?? |
|---|---|---|---|---|
| Sweeping | | | | |
| Mopping | | | | |
| Vacuuming | | | | |

Exhibit 5 (continued)

| Keeping rooms straight | yes | yes with help | no | ?? |
|---|---|---|---|---|
| Scouring sinks, toilets | | | | |
| Wiping off counters, refrig., etc | | | | |
| Washing out tub, shower | | | | |
| Changing linens on bed | | | | |
| Other_____ _____ | | | | |

C--Mealtime

1--In your present living situation, who prepares your meals?

_____Self

_____Self with help

_____Family or friends

_____General kitchen in institution

_____Combination of above (specify)

_____Other

2--In your present living situation, to which degree do you perform the following mealtime activities?

| Transfer dishes from cupboard to table | Without aid | With some aid | With quite a lot of aid | Done for me |
|---|---|---|---|---|
| Set table | | | | |

Exhibit 5 (continued)

| | Without aid | With some aid | With quite a lot of aid | done for me |
|---|---|---|---|---|
| Transfer food from refrigerator to table | | | | |
| Pour beverages | | | | |
| Prepare small cold meal | | | | |
| Cook hot meal | | | | |
| Wash dishes | | | | |
| Dry dishes | | | | |

3--Assuming that the stove, refrigerator, cupboards, and sink are accessible to a person in a wheelchair, to what degree would you perform the same activities. Read the same choices.

| | Without aid | With some aid | With quite a lot of aid | Done for me |
|---|---|---|---|---|
| Transfer dishes from cupboard to table | | | | |
| Set table | | | | |
| Transfer food from refrigerator to table | | | | |
| Prepare small cold meal | | | | |
| Pour beverages | | | | |
| Cook hot meal | | | | |

Exhibit 5 (continued)

| | Without aid | With some aid | With quite a lot of aid | done for me |
|---|---|---|---|---|
| Wash dishes | | | | |
| Dry dishes | | | | |

4--How many meals do you usually eat per day?_____

5--How many meals per day could you prepare unaided?_____

D--Grocery shopping:

1--How would you obtain groceries if you lived in an apartment with an attendant?

_____Self

_____Self, if accessible grocery with a _____ (fill in) block radius

_____Family or friends

_____Would need other aid

_____Other (specify)

IV--Mobility

1--How would you describe your mobility status at this time?

_____Self-propelled wheelchair--long distance (several blocks)

_____Self-propelled wheelchair around apartment but need assistance outside or long distance

_____Need assistance at all times

2--Assuming your bed could be adjusted to the desired height, how would you get into bed?

_____Self

_____Sliding board without assistance

_____Sliding board with one person assist

_____One person assist

_____Two person assist

Exhibit 5 (continued)

_____Hoyer lift

_____Other (specify)

V--Bathing

1--In an apartment facility, what type of bathing situation would you prefer?

_____Bathtub

_____Shower

_____Combination of both

2--Which of the following bathing situations would be most preferable and realistic for you?

_____Shower in and out without aid

_____Bathtub in and out without aid

_____Shower with one person assist in and out of chair

_____Bathtub with one person assist in and out of chair

_____Shower with two person assist

_____Bathtub with two person assist

_____Shower with hoyer in and out of chair

_____Bathtub with hoyer in and out of chair

_____Bed baths with assistance

_____Bed baths without assistance

_____Other (specify)

VI--Activities of Daily Living

1--Bathing, are you now

_____Independent

_____Need some help

_____Dependent

2--Washing hands, face, are you now

_____Independent

Exhibit 5 (continued)

_____Need some help

_____Dependent

3--Washing hair, are you now

_____Independent

_____Need some help

_____Dependent

4--Grooming: hair, teeth, nails, are you now

_____Independent

_____Need some help

_____Dependent

5--Dressing, are you now

_____Independent

_____Need some help

_____Dependent

6--Eating, are you now

_____Independent

_____Need some help

_____Dependent

VII--Physical needs and care

1--With your bladder care program, are you

_____Independent

_____Partially independent

_____Dependent

2--What type of bladder care program do you have

_____Catheter (go directly to question 3)

_____Condom appliance (go directly to question 4)

_____Bladder training program (go directly to question 5)

Exhibit 5 (continued)

_____No program or other (specify)

3--The following items refer ONLY to catheter program

a--Catheter changes done by

_____Self

_____Self with assistance; how often_____

_____Another person; how often_____

b--Catheter irrigations done by

_____Self

_____Self with assistance; how often_____

_____Another person; how often_____

c--Urine pH taken by

_____Self

_____Another person; how often_____

_____Not applicable

d--Routine urine speciman collected by

_____Self

_____Another person; how often_____

_____Not applicable

e--Attaching catheter to legbag or bedbag, done by

_____Self

_____Another person

f--Legbag/bedbag washed by

_____Self

_____Another person

4--The following items refer to condom appliance only:

a--Appliance changed by

_____Self

Exhibit 5 (continued)

_____Self with assistance, how often_____

_____Another person, how often_____

b--Urine pH taken by

_____Self

_____Another person

_____Not applicable

c--Routine urine speciman taken by

_____Self

_____Another person; how often_____

_____Not applicable

d--External bladder stimulation done by

_____Self

_____Another person; how often_____

_____Not applicable

e--Crédè manuver done by

_____Self

_____Another person, how often_____

_____Not applicable

f--Tubing attached to legbag or bedbag by

_____Self

_____Another person

g--Bedbag or legbag washed by

_____Self

_____Another person

h--Legbag or bedbag emptied by

_____Self

_____Another person

Exhibit 5 (continued)

5--The following items refer to bladder training program ONLY:

a--Intake (drinking) schedule--are you

_____Independent

_____Dependent

b--Voiding schedule--are you

_____Independent

_____Dependent

c--External bladder stimulation done by

_____Self

_____Another person; how often_____

d--Crédè manuver done by

_____Self

_____Another person; how often_____

e--Catheterization for residual done by

_____Self

_____Another person; how often_____

6--In your bowel care program, are you:

_____Independent

_____Partially independent

_____Dependent

Answer questions 7 - 10 only if respondent is NOT independent

7--What type of bowel care program do you follow:

_____Suppository

_____Enema

_____Manual removal

8--Bowel program schedule

Time of day:_____

Exhibit 5 (continued)

How often:_____

Approximate length of time:_____

9--Do you use:

Bed_____

Toilet_____

Commode_____

Wheelchair_____

10--Do you need:

_____Minimal assistance

_____One person assist

_____Two person assist

11--Do you use positive pressure or blow bottles or other breathing equipment?

_____No

_____Yes; if yes, by self_____; with assistance_____

how often_____

12--Do you need periodic cough assistance:

_____No

_____One person assist

_____Two person assist

VIII--Transportation

1--What type of transportation are you presently accustomed to using (i.e., car, van, etc.)_____

2--If car, how do you transfer:

_____Alone

_____Alone with sliding board

_____Pivot

_____Other (specify)

Exhibit 5 (continued)

3--If van, how do you enter van:

_____Automatic lift

_____With attendant

_____Other (specify)_____

4--What type of lock-down device do you use?_____

5--Do you need or use safety belts for stability?_____

6--Do you own your own vehicle?_____

7--Would you need your own parking space in a living facility?_____

IX--Storage

1--In an independent living facility, what kind of storage space needs would you anticipate in an apartment?

_____Clothes closet

_____Clothes chest

_____Equipment storage closet

_____Book shelves; approximately how many books_____

_____Space for stereo, tape, TV equipment

_____Space for work surface, i.e. table, desk

_____Space for recreational, hobby supplies/equipment; specify kind, amount of space_____

_____

_____Linen, medicine closet

_____Utility closet

_____Other; please list equipment or items needing to be stored in apartment:_____

_____

_____

Exhibit 5 (continued)

2--What kind of storage space needs would you anticipate within the building but outside of the apartment (i.e. in basement or other storage area)?

_____Space for bulky items, i.e. suitcases, trunks, etc.

_____Space for hobby or recreational supplies/ equipment

_____Other; please specify

3--Other comments about storage space needs

4--If you were moving into an unfurnished apartment of this type, what pieces of furniture would you need to purchase?

| | | |
|---|---|---|
| _____Couch | _____Coffee Table | _____Bed |
| _____Chair(s) | _____Kitchen Table | _____Dresser |
| _____Lamps | _____Kitchen chairs | _____Other (specify) |

X--Activities

1--If space were available within the building, what kind of activity space would you like to utilize?

Number the following in order of preference.

_____Hobby/recreation room

_____Lounge/party room

_____Workshop; specify activity_____

_____Reading or study room

_____Other; please specify activity and space needed

2--If space were available outside of the building, what kind of activity space would you like to utilize?

Number the following in order of preference.

Exhibit 5 (continued)

_____Porch/patio

_____Garden space

_____Cookout/eating space adjacent to apartment

_____Game space; specify

_____Other; please specify activity and space needed:

_____

3--What kinds of hobbies/recreations would you be engaging in within your own apartment?

4--What kinds of hobbies/recreations would you be engaging in outside of an independent living facility?

5--Daily activity list...please indicate how you spend a "typical" day:

6-7 am

7-8 am

8-9 am

9-10 am

10-11 am

11-12 am

12-1 pm

1-2 pm

Exhibit 5 (continued)

2-3 pm

3-4 pm

4-5 pm

5-6 pm

6-7 pm

7-8 pm

8-9 pm

9-10 pm

10-11 pm

11-12 pm

If this development becomes operational, would you be interested in renting an apartment?_____. THIS IS NOT A COMMITMENT TO BECOMING A RESIDENT.

I hereby authorize the use of the above information.

_____signature

_____date

_____witness

_____witness

Exhibit 6

HUD-5087
Page 1 of 7
October 1972

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Form Approved
OMB NO. 63-R 1380

# OUTLINE SPECIFICATION

Local Authority or Developer: Madison Housing Authority* Project No.: WI 39-0010-004

Project Name: Karabis Apartments Architect: Strang Partners Inc.

Location: Madison, Wisconsin Date: January 9, 1976

*INSTRUCTIONS: Describe all materials and equipment to be used. Include no alternates or equivalents. Show extent of work and typical details on drawings. Attach additional sheets if necessary to completely describe the work. The Cost Estimate will recognize quality products and materials in excess of acceptable minimums, when specified. Certain parts of the work cannot be put in their proper classification until more information about their materials and construction is known; therefore describe, under suitable categories below, the following: main service and other stairs, treads, risers, handrails, balusters, etc.; sound insulation of partitions and floors separating apartments and between apartments and public spaces; utility conduits and tunnels, water proofing and drainage, utilities, and related insulation; retaining walls; garages and accessory buildings; and off-site improvements required to serve the project such as roads, curbs, walks, utilities, storm sewers, planting, etc.*

1. GENERAL REQUIREMENTS: Construction will be bid in four prime contracts: general construction, electrical, plumbing, and heating and ventilating.

2. SITE WORK:

Type of Soil: Fine to medium sand ; Bearing Capacity: 3,000 to 4,000 lbs./sq. ft.

Material and thickness of fill and base course: Crushed gravel, 4" thickness

Demolition: Construction of structures to be demolished and materials to be reused.

Other land improvements.

Storm Drainage: Culverts, pipes, manholes, catch basins, downspout connection (dry well, splash blocks, storm sewer).

Site Preparation: Tree protection, surgery, wells, walls, topsoil stripping, clearing, grubbing, and rough grading.
Remove existing vegetation from site, strip existing topsoil and stockpile (which also consists of fill material) and rough grade to 6" below finish grade.
Provide concrete splash blocks under downspouts.

Curbs and Gutters: Type and material.
Cast in place conc. where required.

Pavement: Material and thickness of base and wearing surface for drives, parking areas, streets, alleys, courts, walks, drying yards and play areas. Steps, handrails, checkwalls.
Drives and parking: 2" thick bituminous paving over 6" crushed limestone.
Courts and walks: 4" concrete on 4" crushed gravel.

Equipment for Special Areas and Enclosures: Play equipment, benches, fences.
Patio fences: alternate bid, cedar boards and framing.

Finish Grading: Approximate existing depth and method of improving topsoil. Extent of finish grading.
Remove existing fill and replace with 6" topsoil.

Lawns and planting: Type, size, quantity and location of lawn, ground cover and hedge material, trees, shrubs, etc.
Sod: Immediate area around building.
Seed: Remainder of grassed areas.
Trees, Hedges, etc.: To be installed in the future as per landscaping plan.

NOTE: This Outline is based on the "Uniform System" for Construction Specifications, Data Filing, and Cost Accounting developed by AIA, CSI, and AGC.

* Reproduced with permission of the Authority, P.O. Box 1785, Madison 5370

HUD-5087
Page 2 of 7
October 1972

Exhibit 6 (continued)

3. CONCRETE: Concrete strength for exterior walls below and above grade, interior walls and partitions, piers, footings, columns and girders. Size, thickness and location on drawings. Note portions having reinforcing steel on drawings. Location, size and material of footing drains and outlet.

Footings, foundation walls and slabs on ground - 3,000 p.s.i.
Slabs on ground : to be 4" thick reinforced with 6 x 6 10/10 W.W.M.
provide vapor barrier and 4" gravel fill under slabs.
Foundation walls: to be 10" thick x 4' - 0" deep.
Wall footings: to be 12" deep x 24" wide.

Structural system of concrete floors at basement, other floors and roof. Thickness of slabs and strength of concrete. Attached exterior concrete steps and porches. If more than one type of construction is used, list separately and state locations.

Patio slabs: to be 4" thick on 4" gravel fill. Provide 6 x 6 10/10 W.W.M. reinforcing.

Slab Perimeter Insulation: 1½" thick styrofoam 2'-0" wide continuous under perimeter of slab.

4. MASONRY: Material and thickness of exterior walls above and below grade, interior walls and partitions, fire walls, stair, hall and elevator enclosures, chimneys, incinerators, veneer, sills, copings, etc.

Utility size face brick veneer (4" x 4" x 12") on exterior walls only. Provide brick ties to wall studding at 16" o.c. each way.

5. METALS:

Miscellaneous Iron: Material and size of items such as:

Access Doors steel
Area Gratings steel
Lintels steel angle: 3½ x 4½ x 5/16"-trick veneer
Fire Escapes
Foundation Vents None required

Structural Steel: Framing or structural system used.

Not applicable.

6. CARPENTRY: Size, spacing, and grade of lumber to be used for floor, roof, exterior walls above grade and interior partition framing, subfloor, sheathing, underlayment and exterior finish materials (wood siding, shingles, asbestos siding, etc.).

Roof: wood trusses @ 2'-0" o.c., No. 2 Grade (WCLB) with ½" plywood sheathing.
Walls and partitions: Stud grade @ 16" o.c. Continued on attachment.

Grade and species for interior and exterior finish work. Premium Grade Red Oak (interior)
Red Cedar: plywood and wood trim. (exterior)

Exhibit 6 (continued)

HUD-5087
Page 3 of 7
October 1972

7. MOISTURE PROTECTION: Materials and method of waterproofing walls and slabs below grade, location, thickness or number of plies. Type of permanent protection of waterproofing (parging) if used. Method of dampproofing above grade. Flashing materials if other than sheet metal. Spandrel waterproofing.
20 mil. vinyl thru-wall flashing

Thermal Insulation: Thickness and type of material. Method of installation.
Exterior walls Batt, 3-5/8" thick
Ceiling below Roof Batt, 6" thick
Roof
Other Partywalls and corridor walls, 2" thick batt

Roofing: Roof covering materials and method of application, weight of shingles, number of felt plies, bitumen, etc.
235 lb./square asphalt shingles

Sheet Metal: Material and weight or gauge for flashings, copings, gutters and downspouts, roof ventilators, scuppers, etc.
Gutters and downspouts, 26 ga. galvanized iron

Caulking: Acrylic sealant, exterior. Polyurethane sealant, interior.

8. DOORS, WINDOWS AND GLASS:
Windows and Frames: Type and Material. Special construction features or protective treatment.
Horizontal sliding, aluminum with a thermal break equipped with surface mounted pulls and locks. (Annodized or baked in enamel; no mill finish permitted)

Glazing: Thickness, strength and grade of glass and method of glazing.
7/16"DSA Welded insulating glass, factory glazed with vinyl glazing head.

Metal Curtain Walls:
Cement asbestos board with back-up where required.

Doors and Frames:
Exterior: Thickness, material and type at all locations.
1-3/4" solid core, wood. Patio doors to have safety glazed vision panel. Main entrance door to be aluminum, power assisted sliding entrance. (Finish to match windows)

Interior: Thickness, material and type for public halls and stairs, apartments (entrance and interior), boiler rooms, fire doors and other locations.
1-3/4" flush solid core, wood (typical) hollow metal "B" label at boiler room. Folding wood slat closet doors.

Finish Hardware: Material and finish of exterior and interior locksets, sliding and folding door hardware, window and cabinet hardware, door closers, door knockers, numbers, etc.
H.D. cylindrical locksets with lever type operation to match M.H.A. master system 1-1/2 pr. H.D. Ball bearing butts on doors with closers i.e., common and apartment entrance doors and labeled doors. 1-1/2 pr. standard weight butts on all other interior swinging doors. Main exterior entrance (Continued on attached)

Exhibit 6 (continued)

HUD-5087
Page 4 of 7
October 1972

Weatherstripping: Material and Type.
Weatherstripping: _____
Windows Silicoated welded pile. Factory installed.
Exterior Doors Neoprene in aluminum housing
Thresholds Flush aluminum

Screens: Type and material of mesh and frames.
Aluminum mesh

9. FINISHES:
Grade, material, and thickness of all finishes.
Texture painted gysum drywall on ceilings and walls. 5/8" and 1/2" thickness. Texture shall be orange peel; no sand texture shall be used.

Painting: Type and number of coats.

| Exterior | | Interior | |
|---|---|---|---|
| Wood | Stain - 2 coat | Wood | Stain & Sealer & Satin Varnish |
| Metal | Undercoat plus 1 coat enamel | Metal | Undercoat plus 1 coat enamel |
| Masonry | | Walls & Ceilings | Sealer plus 1 coat HiBuild Latex |
| | | Kitchen & Bath | Undercoat plus semi-gloss enamel |

Tile and Ceramic Bathroom Accessories:
Floor and Wall Covering Materials: Thickness, grade, finish and wainscot height.

| LOCATION | MATERIAL | |
|---|---|---|
| | FLOORS | WALLS |
| a. Community space | carpet (base bid) | paint |
| b. Corridors | carpet (base bid) | paint |
| c. Living rooms | sheet vinyl, carpet (alt.) | paint |
| d. Bedrooms & Kitchens | sheet vinyl | paint |
| e. Bathrooms | ceramic tile | paint |

Bathroom Accessories: Material and Quantity.

Attached (See attachment)
Recessed Soap dish in shower area
Resilient Flooring: Location, type and gauge, for all materials.
Sheet vinyl - .085" thick
Carpet (base bid & alt. bid)-28 oz. nylon, knitted, with static control and vinyl reducer strips at areas adjacent to vinyl flooring.
Ceramic tile - 1" x 1' x 1/4' nonslip floor tile, 4 x 4 x 1/4" glazed wall and base.

10. SPECIALTIES: List Significant Items. _____
Coal Chutes None required. Interior partitions other than concrete, masonry or wood. None required

Exhibit 6 (continued)

HUD-5087
Page 5 of 7
October 1972

Medicine Cabinets: Material, size and type.
Medicine cabinet to be recessed adjacent to vanity 16" w. x 24" h. x 3-1/2" deep.

Mail Boxes, Package Receivers. Recessed metal mail boxes with key-operated hinged front panel
Packaged Incinerators. None required

11. EQUIPMENT:

Refrigerators: Capacity for each size of living unit.
Minimum 16 cu. ft. side-by-side refrigerator-freezer

Kitchen Ranges: Size and type for each size of living unit.
Cook-top range (Corningware type, but not limited to that brand); 4 burner size.
Built-in oven with side-hinged door

Kitchen Cabinets: Detail on drawings.

Wall Units: Material Wood; Finish stain and varnished
Base Units: Material Wood; Finish stain and varnished
Counter Top and Backsplash Material Plastic laminate over particle board with 4" splash back
Other cabinets and built-in storage units: All cabinetwork is to be adapted to meet the capabilities of the tenants. Counter surfaces are to be adjustable vertically.
Reception window in office space and cabinetry in community room kitchenette.

Equipment: Garbage disposal units, dishwashers, clothes washers and dryers.
Range hoods and garbage disposals each apartment and community room kitchenette.
Dishwasher electrical and plumbing service to be provided in each apartment.
Washer and dryer service in laundry room.

12. FURNISHINGS:

Shades: Type of shades, venetian blinds or other devices for privacy and control of natural light.
Drapes and drapery rods.

13. SPECIAL CONSTRUCTION: Incinerators – Job constructed. None

14. CONVEYING SYSTEMS:

Elevators: Attach letter from manufacturer whose elevator installation is proposed, containing a brief comprehensive specification for the complete elevator installation, and the manufacturer's statement that the number of elevators proposed and the installation described will provide adequate service, and that manufacturer maintains an effective service organization in the project locality. None

15. MECHANICAL: See Attachment

Plumbing and Hot Water Supply:
Fixtures: Material, size, fittings, trim and color.

Sink
Lavatory
Water Closet
Bathtub
Shower over tub
Stall Shower
Laundry Trays
Other

HUD-5087
Page 6 of 7
October 1972

Exhibit 6 (continued)

Piping: Material and type:

Soil Lines C.I. or P.V.C.
Waste Lines C.I. or P.V.C.
Vents C.I. galv. iron, or P.V.C.
Water Galv. iron or copper
Gas Lines Black iron
Standpipes Galv. iron
Interior Downspouts None required.

Valve Shutoff for Servicing Ball valve or bronze gate valve. Stops at all fixtures.

Domestic Water Heating:

Direct fired: Type, capacity and recovery rate.
Central, gas fired, circulating hot water system. Maximum temp. at delivery point to be 120°F.

Indirect fired: Separate boiler or combined with space heating boiler. Storage and recovery capacity.

Insulation: Type and thickness of insulation on water lines and water heating equipment.
All hot water piping to be insulated. All exposed supply and drain piping shall be insulated. Insulation to be 1" thick and/or meet national standards.

Heating:

Kind of System: Hot water, steam, forced warm air, gravity warm air, etc.
Hot water reverse return system

Fuel Used: Gas, if available at time of construction

Calculated Load: Not available at this time

Heating _____, Domestic Hot Water _____, Total _____

Equipment:

Make and Model _____

Input (per hr.): Coal (lbs.) _____, oil (gals.) _____, gas (BTUH) _____

Output (BTUH) _____

Distribution System: Hot water, reverse return.

Insulation: Type and thickness of insulation on heating equipment and distribution system.
Piping 1" thick fiberglass insulation to meet national standards.

Room Heating Units: Baseboard units, radiators, convectors, registers, etc.
Hot water baseboard and convectors

Space Heaters: Type, make, model, location and output of heating systems such as wall heaters, floor furnaces and unit heaters. None required.

Temperature Controls: Individual unit, zone, central, etc.
Individual controls to apartments. Low voltage thermostat, one each apartment or area.

Ventilation: Location, capacity and purpose of ventilating fans.
Kitchens and bathrooms to be exhausted. Corridors to be pressurized. Laundry should also be exhausted.

Air Conditioning:

Unitary Equipment: Self Contained or packaged units.

Calculated load: _____

Exhibit 6 (continued)

HUD-5087
Page 7 of 7
October 1972

Equipment: Make, model, operating voltage and capacity in BTUH for each size serving individual rooms, apartment units, or zone.
Provide wall sleeve only with insulated removable panels.

Central System:
Calculated load: Not applicable.
Equipment: Make, model capacity, etc., of compressor, condenser, cooling tower, water chillers, air handling equipment and other components which make up the complete system.

Utilities On-Site: Material for distribution system for all piped utilities.
Water Supply: Fire hydrants, yard hydrants, lawn sprinkler systems, exterior drinking fountains.
Fire hydrants by City

Gas: Provided by utility
Sanitary Sewerage: Treatment plants, pumping stations, manholes.
Cast iron

16. ELECTRICAL:
Electric Wiring: Type of wiring and load centers, number of circuits per unit, individual unit metering or project metering, spare conduit for future load requirements, radio or TV antenna systems. Show receptacles, light outlets, switches, power outlets, telephone outlets, door bells, fire alarm systems, etc., on drawings.
(See Attachment)

Electric Fixtures: Type for various locations.

Electric light standards for lighting grounds, streets, courts, etc. Underground or overhead service.

All items of construction, equipment and finish, together with all incidentals, which are essential to the completion of the project will be provided whether or not specifically included in the exhibits and will be of a type, quality and capacity acceptable to HUD and appropriate to the character of the project.

Housing Authority of the City of Madison

(Signed) Sol Levin, Exec. Dir.
*Local Authority or Developer*

Strang-Partners, Inc.

By _____
*Architect*

GPO 939-011

Exhibit 6 (continued)

ATTACHMENT TO OUTLINE SPECIFICATION

6. Carpentry

1/2" asphalt impregnated fiberboard sheathing on exterior walls. Gypsum drywall on interior walls and partitions. Provide 1/2" sound damping board on partywalls and corridor walls, with Tremco Acoustical Sealant at the floor and ceiling joints.

8. Doors, Windows, and Glass

Vestibule doors to be equipped with power assist automatic opening with delayed action closing
Common and apartment entrance doors to be equipped with closers with delay action closing device.
Provide 16" high laminated plastic kickplates on all swing type doors.
All cabinet doors and drawers to be equipped with touch latches.
Provide vinyl corner guards on exterior corners in all interior spaces, on walls, and cabinets.
Folding closet doors and window hardware shall be supplied by door and window manufacturer and shall be consistent with operational capabilities of the intended users.
Apartment entrance doors shall be equipped with identifying numbers.

9. Finishes

Provide the following accessories in each of the apartment bathrooms: 24" x 36" mirror, rollpaper holder, waterbag hook, grab bars at both the toilet and shower area, towel bar, tilt-up shower seat, shower curtain and rod. Grab bars to withstand 300 lb. pull.

15. Mechanical

| | |
|---|---|
| Sink: | Stainless steel, double compartment with 33" w. x 5" d. Provide spray attachment and flexible connections. |
| Lavatory: | Vitreous china, with the drain at the rear of the bowl and a close elbow drain set near and parallel with wall. All connections to be flexible. Provide single lever controls with aerator spout. |
| Water closet: | Vitreous china, wall mounted, 16" high with an elevated interchangeable seat. |
| Bathtub: | None Required. |
| Shower over tub: | None Required. |
| Staff Shower: | Shower to be integral with bathroom, i.e., no enclosure other than curtain as specified in bathroom accessories. Provide a demountable showerhead on a 24" slide bar with a pressure balanced thermostatic control valve. Grab bars, tilt-up shower seat and removable curb are specified in bathroom accessories. Entire bathroom floor to slope to drain near shower. |
| Laundry Trays: | Provide a fiberglass laundry sink and tray in the community laundry area. |
| Urinal: | Provide a vitreous china, wall mounted urinal in the community area toilet room. Mounting height shall be 10" to basin lip. Fixture shall have automatic flush valve and timer connected to door. |

Exhibit 6 (continued)

Drinking Fountain: Provide a wall mounted electric water cooler near the community area. Unit shall be semi-recessed and mounted with spout at 34" above floor and be designed and/or acceptable to wheelchair occupants.

16. Electrical

In discussing the electrical systems to be provided in this facility, consideration must be given to lighting (normal and emergency), service receptacles, a fire alarm system, intercom system, telephones, television and metering.

All light fixtures should be controlled by wall switches. Tap type or rocker switches should be used and mounted at 2'-10" to 3'-0" above the floor. Consideration should be given to lower fixture mounting heights for ease in replacing bulbs by disabled residents.

In each living unit, wall mounted incandescent units should be provided for general lighting, a ceiling fixture at the dining table area and a switch receptacle at the desk area for the general lighting. Bedroom switch receptacles for lamps at the room entrance and headwall of beds. General lighting in both kitchen and bathroom should be fluorescent, with supplemental fluorescent at kitchen sink and bathroom mirror. The shower should use a vapor proof incandescent fixture.

In public areas, potential hazards should be illuminated and sufficient light above apartment doors is needed to facilitate lock operation. General fluorescent lighting should illuminate all public spaces (community room, community kitchen, laundry) with supplemental incandescent task lighting as required.

Exterior lighting should include lighting at patio doors, general security lighting, lighting at entrance doors, lighting at parking area, and lighting at the community patio. No exterior lighting should be lower than 7'-0" above the ground and selected exterior lighting should be automatically controlled.

Emergency lighting should be battery powered.

Wall receptacles should be placed 18 to 24 inches above the floor. Only those receptacles placed above kitchen counters, in dining areas, and above vanity in bathroom should be mounted higher. Where receptacles are placed above 30 inches such as at counters, there should be supplemental receptacles which are within the 18 to 24 inches range in the near vicinity. Switches should not be placed above counters or other fixed objects which may be hazardous or restrict the accessibility of the switch.

A non-coded fire alarm system with automatic battery-operated smoke detectors should be provided in each apartment, trash area, and mechanical equipment space. In apartments, smoke detectors should be located near the bedrooms.

Exhibit 6 (continued)

Annunicator panels should be located in the project office and the adjacent 3-6 Project manager's office. Smoke detectors should activate audible and visual flashing signals in the apartment and common spaces and a flashing red signal at the apartment door would also indicate fire source. A city Fire Department connection should be provided.

At the main vestibule, provide an electric door release and 2-way common talk system. At apartments, provide signal 2-way common talk system and door release button.

An Emergency call system is to be provided, with 2-way common talk system, reset button, jack connection for pressure signal, and off switch at each bed station. An emergency button in bathrooms at water closet near shower is also needed. At central panels, provide audible and visual alarm indicating source of call and 2-way talk from bed station. Emergency button from bathrooms shall also activate visual and audible alarm at central panels. Central panels shall be in the office of this project and the 3-6 manager's office.

Provide a telephone raceway system throughout the facility with outlets at the headwall in bedrooms, at the desk area in the living room, as well as at the office and community room.

Provide a television conduit system for cable attachment at resident's option to be made at CATV Franchise's expense. A central antenna should be provided throughout the facility and outlets available in living room and bedrooms of individual units as well as at the community room.

Two service meters should be provided, one for all living units and another for all common areas.

A separate electrical circuit should be provided for the air conditioning in each apartment.

Exhibit 6 (continued)

## STATEMENT OF UTILITIES AND SERVICES

The utilities and services to be included in the Contract Rent are as follows:

Gas for Heat and Hot Water
Electricity for Cooking, Lights, etc., in Unit

The utilities and services not to be included in the rent are as follows, including an estimate of the average monthly cost (for the first year of occupancy) to the occupants:

| | Average Monthly Cost By Unit Size | | |
|---|---|---|---|
| | 1BR | 2BR | 3BR |
| Electricity for Air Conditioning | $4 | $4 | $5 |
| Electricity for Humidification | $1 | $1 | $1 |

# Exhibit 7

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Form Approved
OMB No. 63-R1329

## AFFIRMATIVE FAIR HOUSING MARKETING PLAN

| APPLICANT'S NAME, ADDRESS AND ZIP CODE | PROJECT OR APPLICATION NUMBER | |
|---|---|---|
| Madison Housing Authority *<br>P.O. Box 1785<br>Madison, Wisconsin 53701 | WI39-0010-004<br>SECTION OF ACT<br>Section 8 | |
| NAME AND LOCATION OF PROPOSED HOUSING | CENSUS TRACT | NUMBER OF UNITS |
| Karabis Apartments<br>Madison, Wisconsin | 12 | 20 |

1. **DIRECTION OF MARKETING ACTIVITY**

The affirmative Fair Housing Marketing Regulations require that each applicant carry out an affirmative program to attract prospective buyers or tenants of all minority and majority groups to the housing. State which group(s), in your judgment, are normally not likely to apply for the housing without special outreach because of factors such as existing neighborhood racial or ethnic patterns, price, and other factors.

The people who will be served by this project are young adults who are severely physically disabled and who, in terms of their percentage (Continued on attachment)

2. **MARKETING PROGRAM**

Newspapers *(Approximate frequency and description of use)* No paid advertising will be conducted for this project. Instead, a more effective approach will be to advertise through press releases and feature articles, which will be initiated by the Madison Housing Authority (MHA). Press releases will be sent to The Capital Times and the Wisconsin State Journal, the local daily newspapers. (Continued on attachment)

Radio and TV *(Approximate frequency and description of use)* Shortly after the groundbreaking for the project, all local radio stations will be asked to include Public Service Announcements about the project in their regular programming. These announcements will briefly describe the purpose of the project and will invite interested persons to contact the MHA for additional information. The (Continued on attachment)

Brochures and Signs *(Enclose description or, where possible, copies, drafts or pictures.)* Shortly after construction begins, brochures will be distributed to all of the agencies and organizations listed below under "Community Contacts". The brochures will identify and describe the project and will include the Equal Housing Opportunity insignia. Before distribution, the brochures will be (Continued on attachment)

Community Contacts *(List organizations to be contacted and describe method of contact.)* Close and continuing contacts with community agencies and organizations will be a very important method of advertising the project. The attached chart, entitled "Community Contacts", indicates the agencies to be contacted, their racial/ethnic identification, and the nature and frequency of anticipated contacts.

State what results applicant reasonably expects in terms of occupancy from special outreach efforts: Special outreach efforts are expected to attract a greater number of applicants than can be housed at any given time. Although there are no definite statistics indicating the number of disabled people living in the Madison area, nor the percentage of disabled people who are also members of minority (Continued on attachment)

Describe the marketing program you intend to use in filling vacancies *(in multifamily projects)* as they occur after the project has been fully occupied. (See attachment)

*Reproduced with permission of the Authority, P.O. Box 1785, Madison 53701.

Exhibit 7 (continued)

3. **STAFFING**

What company will be responsible for the marketing program? The marketing program will be the responsibility of the Madison Housing Authority and will be implemented by the MHA staff.

What is its experience in marketing successfully to a racially and ethnically varied population? (See attachment.)

What company will be responsible for sales or initial and continuing rental? The Madison Housing Authority will be responsible for the initial and continuing rental of the project.

Describe nondiscrimination hiring policy applicable to staff engaged in sale or rental of properties and indicate present racial composition of sales/rental staff. It is the official policy of the Department of Housing and Community Development (HCD), City of Madison, which serves as staff to the MHA, to provide equal employment opportunities in the areas of recruitment, selection and placement, testing, training, promotions, and transfers of all qualified and qualifiable persons regardless of race. (Continued on attachment)

Indicate number of additional positions to be filled in sales/rental staff, and describe steps which have been or will be taken to recruit from both majority and minority groups.
No additional positions are anticipated for the rental staff. For any vacancies that occur in the staff, affirmative action will be taken to attract applicants from a variety of racial, ethnic, and other minority groups.

Enclose a copy of instructions given to all employees regarding compliance with local, State and Federal fair housing laws. (See attachment.)

Describe training given to all employees regarding implementation of fair housing laws and this affirmative fair housing marketing plan: All present Management Staff has been trained regarding the implementation of local, state, and federal fair housing laws. This training has consisted of individual training and discussion sessions held by the Assistant Director for Community Services with each member of the Management Staff. Additional training and discussion sessions will be held with the (Continued on attachment)

4. Solicitation of those referred by HUD. Solicitation will be [X] DIRECT MAIL [X] TELEPHONE CONTACT [ ] OTHER *(Specify)* Solicitation of those referred by HUD will be made by direct mail with a follow-up telephone contact.

5. Please describe other efforts planned as part of your outreach program not adequately covered by this form:

6. The applicant agrees to make any changes in a plan covering a multifamily project which may reasonably be required after initial rent-up to assure continued compliance with Section 200.620 of HUD's Affirmative Fair Housing Marketing Regulations

January 6, 1976
*Date*

*Signature*

Sol Levin
*Name (Type or Print)*

Executive Director, Madison Housing Authority
*Title*

Exhibit / (continued)

ATTACHMENT TO
AFFIRMATIVE FAIR HOUSING MARKETING PLAN

1. Direction of Marketing Activity

of the total population, comprise a minority group in and of itself. Because of the unique nature of this project and its proposed location, special outreach efforts will be made to attract applicants from a broad range of the disabled population, including especially racial and ethnic minorities, and low- and moderate-income families.

2. Marketing Program

Newspapers: which have the largest majority and minority circulation, and also to all minority and consumer organizations, listed below under "Community Contacts," for publication in their newsletters. Due to the uniqueness of this project, it is anticipated that the local newspapers mentioned above will be interested in doing feature articles about the project during the construction, rent-up, and post-occupancy stages. Contacts have already been made with the newspapers and will be maintained throughout the rent-up period, and thereafter as necessary.

Radio and TV: following radio stations will be asked to participate: WIBA, WISM, WMAD, WMFM, WTSO, and WERN (public radio station). These stations reach a large audience including both majority and minority members. In addition to the Public Service Announcements, efforts will be made to interest station managers in conducting discussion programs in order to describe the project in greater detail for the listening audience.

Television coverage will include a presentation on Cable TV during the construction stage and after occupancy, if there are vacancies. Contracts will be made with at least one private local TV Station and with WHA-TV, the local Public Broadcasting Station, to request an opportunity to make a presentation about the project. News conferences will be conducted by the Mayor, representatives of MHA and consumers at appropriate times to publicize the project. Such occasions will include final approval for Section 8 Housing Assistance Payments by HUD, groundbreaking, completion of construction, dedication of building, and initial occupancy.

Brochures and Signs: reviewed by representatives of the consumer group (disabled) and the City of Madison Equal Opportunities Commission (EOC) staff.

Signs advertising the project will be placed at the City's EOC office, Dane County Department of Social Services office, Division of Vocational Rehabilitation offices (statewide), and at small businesses serving the physically disabled. The signs will be distributed shortly after construction begins and will include an Equal Housing Opportunities insignia.

State what results applicant reasonably expects in terms of occupancy from special outreach efforts: groups, it is anticipated

Exhibit 7 (continued)

that the percentage of minorities in the applicant pool will be representative of the percentage of minorities in the total population of the Madison area of SMSA.

Describe the marketing program you intend to use in filling vacancies as they occur after the project has been fully occupied:

a. Vacancies will be filled by applicants from the appropriate waiting lists. For each size of housing unit, there will be six waiting lists, one for each of the following six priority groups:

First Priority: Severely physically disabled young adults who require wheelchairs as their sole source of mobility, are employed, employable, or are continuing their education or training, and are eligible for Section 8 rental subsidy;

Second Priority: Severely physically disabled young adults who require wheelchairs for mobility and whose combination of circumstances justifies their residency, although they may not be as severely physically disabled or may not have as great an economic need as applicants in first priority group;

Third Priority: Severely physically disabled young adults who require wheelchairs for mobility and who choose to live in this facility upon being discharged from hospital, while undergoing the latter stages of rehabilitation and concurrent with the pursuit of their employment, education or training;

Fourth Priority: Individuals who have physical disabilities other than those identified above.

Fifth Priority: Able-bodied families who are eligible for Section 8 rental subsidy.

Sixth Priority: Able-bodied families and individuals with lesser economic need.

Each eligible applicant will be assigned to a priority group and his or her application will be placed on the appropriate waiting list for that priority group in sequence, based upon the date and time his or her application is received by the MHA Management Office. When a vacancy occurs in the project, the Management Staff will select the first applicant on the waiting list for the first priority group. If this applicant is unable to accept the apartment for any reason, then the second applicant on the waiting list for the first priority group will be selected. If the waiting list for the first priority group has been exhausted at the time of a vacancy, the first applicant on the waiting list for the second priority group will be selected, and so on.

b. Periodic contacts will be made with all of the agencies and organizations listed above under "Community Contacts" to

Exhibit 7 (continued)

remind them of the availability of housing units for the physically disabled. These contacts will typically be written communications sent by mail but may also include personal contacts if deemed appropriate by the MHA.

3. Staffing

b. What is its experience in marketing successfully to a racially and ethnically varied population?

The present racial balance of tenants in Madison Public Housing is shown in the following chart:

RACIAL BALANCE
MADISON PUBLIC HOUSING
DECEMBER 1975

| | Families | Elderly | Leased Housing |
|---|---|---|---|
| White | 145 | 257 | 69 |
| Black | 38 | 9 | 1 |
| Native American | 2 | 0 | 0 |
| Spanish Surname | 26 | 0 | 4 |
| Oriental | 0 | 0[2] | 0 |
| Other | 2[1] | 1 | 0 |
| Vacant | 7 | 1 | 0 |
| TOTAL | 220 | 268 | 74 |
| Percent Non-White | 45.5% | 3.5% | 7.2% |

[1] Two units leased as Community Center
[2] Manager's apartment

d. Describe nondiscrimination hiring policy applicable to staff engaged in rental or properties and indicate present composition of rental staff.

religion, color, age, class, handicap, sex, national origin, or ancestry(sic). The mere passive prohibition of discriminatory practices being insufficient to effectuate this principle, affirmative and direction action is and will continue to be taken to improve the balance and representation of affected and/or other under-represented groups in all levels of HCD employment.

The MHA rental staff includes one male supervisor, two female housing specialists, one female and one male tenant services workers, and one female clerk typist. One of the housing specialists is black; the remainder of the rental staff is white.

f. Instructions given to all MHA employees regarding compliance with local, State, and Federal Fair Housing Laws:

All MHA employees will be instructed in writing and orally of the following:

Exhibit 7 (continued)

--Affirmative Fair Housing Marketing Plan
--Executive Order 11063
--Title VI of the Civil Rights Act of 1964
--Title VIII of the Civil Rights Act of 1968
--State and local fair housing laws

8. Describe training given to all employees re: implementation of fair housing laws and this plan.

entire Management Staff regarding the implementation of this affirmative fair housing plan(sic).New employees will also receive training from personnel of the City's Equal Opportunities Commission.

Exhibit 7 (continued)

COMMUNITY CONTACTS

| NAME OF AGENCY or ORGANIZATION | RACIAL/ETHNIC IDENTIFICATION | NATURE OF ANTICIPATED CONTACT | FREQUENCY OF CONTACT |
|---|---|---|---|
| isconsin Division of Vocational Rehabilitation entral & District ffice | None | Personal visit; mailings; telephone contacts | Monthly contact during construction and early occupancy stages; periodic contacts thereafter. |
| ane County Department of ocial Services | None | Personal visit; mailings; telephone contacts | Personal visit during early construction; periodic contact thereafter. |
| adison General ospital hysical Medicine & Rehabilitation | None | Personal visit; mailings; telephone contacts | Personal visit during early construction; periodic contacts thereafter. |
| niv. of Wis. eurological Rehabilitation Center | None | Personal visit; mailings; telephone contacts | Personal visit during early construction; periodic contacts thereafter. |
| adison Welfare epartment | None | Personal visit; mailings | Initial visit during early construction; periodic mailings thereafter |
| ocal Nursing omes<br>Americana<br>Colonial Manor<br>Manor House<br>Karmenta<br>City View<br>Madison Convalescent Center | <br>None<br>None<br>None<br>None<br>None<br>None | Personal visit; mailings; telephone contacts | Personal visit during early construction; periodic contacts thereafter |
| isiting Nurse ervice (private, nonprofit agency) | None | Personal visit; mailings; telephone contacts | Initial visit during early construction; periodic mailings thereafter |
| ational Paraplegic oundation-all isconsin Chapter | None | Mailings; telephone contacts | Periodic contacts during and after construction |
| ultiple Sclerosis Society adison hapter | None | Mailings | Periodic contacts during and after construction |

Exhibit 7 (continued)

| NAME OF AGENCY or ORGANIZATION | RACIAL/ETHNIC IDENTIFICATION | NATURE OF ANTICIPATED CONTACT | FREQUENCY OF CONTACT |
|---|---|---|---|
| Cerebral Palsy of Greater Dane County | None | Mailings | Periodic contacts during and after construction |
| Muscular Dystrophy Assn. Madison Chapter | None | Mailings | Periodic contacts during and after construction |
| Easter Seal Society--Madison Chapter | None | Mailings | Periodic contacts during and after construction |
| Madison Opportunity Center | None | Mailings | Periodic contacts during and after construction |
| MOBIL-Madison Organization Behind Independent Living | | Personal visit; mailings | Initial visit during early construction; periodic contacts thereafter |
| Happy Hours Club | None | Mailings | Periodic contacts during and after construction |
| Vets House | None-mainly for Vietnam veterans | Mailings | Periodic contacts during and after construction |
| Madison Equal Opportunities Commission | None | Mailings; telephone contacts | Periodic contacts during and after construction |
| NAACP -- Madison Chapter | Blacks | Mailings; telephone contacts | Periodic contacts during and after construction |
| Madison Urban League | All minority groups | Mailings; telephone contacts | Periodic contacts during and after construction |
| Wunk-Sheek | Native Americans | Mailings; telephone contacts | Periodic contacts during and after construction |
| American Indian Child Placement Delinquent Program | Native Americans | Mailings; telephone contacts | Periodic contacts during and after construction |
| Programs for Minority Groups | All minority groups | Mailings; telephone contacts | Periodic contacts during and after construction |
| Chinese Student Association | Chinese | Mailings; telephone contacts | Periodic contacts during and after construction |
| Filipino Association | Filipino | Mailings; telephone contacts | Periodic contacts during and after construction |
| Japanese Student Assn. | Japanese | Mailings; telephone contacts | Periodic contacts during and after construction |
| Spanish American Organization | Spanish surname | Mailings; telephone contacts | Periodic contacts during and after construction |

Exhibit 7 (continued)

| AME OF AGENCY r ORGANIZATION | RACIAL/ETHNIC IDENTIFICATION | NATURE OF ANTICIPATED CONTACT | FREQUENCY OF CONTACT |
|---|---|---|---|
| nited Migrant pportunity ervices | Spanish surname | Mailings; telephone contacts | Periodic contacts during and after construction |
| cco Panamerica | Spanish surname | Mailings; telephone contacts | Periodic contacts during and after construction |
| adison Affirmative Action ffice | None | Mailings; telephone contacts | Periodic contacts during and after construction |
| adger Medical upply Company | None | Mailings | Periodic contacts during and after construction |
| yan Brothers edical Supplies | None | Mailings | Periodic contacts during and after construction |
| rescription harmacies | None | Mailings | Periodic contacts during and after construction |
| ljan Limb and race Company | None | Mailings | Periodic contacts during and after construction |
| andy-cabs, Ltd. | None | Mailings | Periodic contacts during and after construction |
| oodwill Industries of Madison | None | Mailings | Periodic contacts during and after construction |
| niversity of isconsin ousing Office | None | Mailings; telephone contact | Periodic contacts during and after construction |
| adison Area echnical ollege-Counseling Office | None | Mailings; telephone contact | Periodic contacts during and after construction |
| ast Side Physical Therapy ervices | None | Mailings | Periodic contacts during and after construction |
| adison Physical herapy Center | None | Mailings | Periodic contacts during and after construction |
| amily Service-ocial Workers | None | Mailings | Periodic contacts during and after construction |

Exhibit 8

Explanation of Need for Special Design Features, Karabis Apartments, Madison Housing Authority, Madison, Wisconsin*

Below is an explanation of the purpose and need for each of the special design features included in the proposed project.

1. Entrance canopy--to cover the main entrance-way so that residents are protected from inclement weather when they are entering or leaving the building from vehicles in the parking lot.

2. Automatic Door at Entrance--to allow quick and easy entry into the building, since it is difficult or impossible for the physically disabled to open a heavy door.

3. Kitchen Cabinets--the cabinets will be adjustable in height to meet the special needs of each resident; since wheelchairs are of different heights, the counters need to be adjustable so that each resident can make use of them.

4. Call System--to enable residents to call an attendant in the office for personal care assistance or in case of an emergency.

5. Corner Guards--to prevent damage to the woodwork due to scraping by wheelchairs.

6. Shower Seats--required by residents for safety while bathing.

7. Hardware--includes special hardware such as grab bars, delayed action door closers, pull handles, push bars, kickplates, touch latches on cabinet doors and drawers, etc; these features provide safety to the residents, allow for greater use by the disabled, and provide protection to the building from damage by wheelchairs.

8. Built-in Desks--to provide a working space for the disabled, since typical desks do not accommodate wheelchairs.

9. Shelves--to provide storage area for books, etc., as requested by most respondents to User Needs Survey.

10. Patios--to provide a space for private, outdoor recreation, which is difficult for wheelchair users on a totally grassy area.

11. Patio doors--to allow access to the patio by providing the type of door that can be manipulated by the severely disabled.

*Reproduced with permission of the authority, PO Box 1785, Madison 53701.

Exhibit 8 (continued)

12. Carpet--to provide a warm, residential atmosphere and reduce noise; carpet will be of a type that is easily navigated by wheelchairs.

13. Appliances--includes frostless side-by-side refrigerator-freezer, surface burners flush with countertop and wall-mounted oven, to allow for use by the severely disabled.

14. Plumbing--to include flexible connections so that vanity can be adjusted in height to be usable by resident.

15. Added Building Area--to allow room for wheelchairs to turn completely around where necessary, to allow two wheelchairs to pass in the corridors, to provide an office for an attendent to monitor the communications panel, and to provide a community space for use by the resident association and community meetings.

Exhibit 9

Sample Employment Agreement*
Daily Living Coordinator
Relief Daily Living Coordinator
Home Aide

AGREEMENT made this _____ day of _____, 19 ____, between NEW CONCEPTS FOR THE HANDICAPPED FOUNDATION, INCORPORATED (hereinafter called "New Concepts") and _____ (hereinafter called "Employee").

WHEREAS the employee desires to be employed (or continued to be employed) by New Concepts and New Concepts desires to employ (or continue to employ) the Employee in the capacity of Daily Living Coordinator, Relief Daily Living Coordinator, or Home Aide.

NOW, THEREFORE, in consideration of such employment (or continued employment) as the case may be, and other good and valuable consideration, it is agreed by the parties hereto as follows:

1. Definitions - as used in this Agreement
   (a) "Employer's Premises" means the residential facility operated by New Concepts at:

   _____

   _____

   including the surrounding grounds and the Daily Living Coordinator's living quarters.

   (b) "Daily Living Coordinator's Living Quarters" means the on-the-premises furnished housing provided the Daily Living Coordinator by New Concepts.

   (c) "Duty Hours" shall mean those hours of the day during which the Employee is scheduled and required to perform duties and for which the Employee is to be paid.

   (d) "Off Duty Hours" shall mean those hours of the day during which the Employee is relieved from performing required duties and may engage in normal private pursuits.

   (e) "Evening Hours" shall mean those hours of the day commencing at 11:00 PM and ending at 7:00 AM and during which time the Employee shall remain on the Employer's premises, is relieved from performing required duties and during which eight hour period the Employee takes his regular sleeping hours.

   (f) "Relief Hours" shall mean those hours of the day when a Relief Daily Living Coordinator, Volunteer Daily Living Coordinator, or Home Aide is on duty on the Employer's premises.

Reproduced with permission from National Association of Private Residential Facilities for the Mentally Retarded, 6969 Leesburg Pike, Suite B-5, Falls Church, Va. 22044.

Exhibit 9 (continued)

(g) "Aide" shall mean a person approved and employed by New Concepts to assist the Daily Living Coordinator and other home staff in the day to day operation of the group living facility and the care of the residents.

(h) "Relief Daily Living Coordinator" shall mean a person approved and employed by New Concepts to perform the duties of the Daily Living Coordinator on a regular basis for the express purpose of relieving the Daily Living Coordinator from performing said duties.

(i) "Volunteer Daily Living Coordinator" shall mean a person approved and employed by New Concepts to perform the duties of a Daily Living Coordinator from time to time on a voluntary basis and in relief of the Daily Living Coordinator.

(j) "Day" shall mean a period of twenty-four (24) hours and shall be computed from twelve (12:00) midnight to twelve (12:00) midnight twenty-four hours later.

(k) "Week" shall mean that period of time extending from Sunday to the following Sunday.

(l) "Reasonable Agreement Hours" shall mean those hours required to perform such duties as called for during emergencies, maintenance, cleaning, shopping, resident and home related conferences and consultations, attending resident due to injury or illness,inservice training.

2. Duties:
The Employee shall be employed by New Concepts and shall faithfully and to the best of his/her ability perform and render those services and duties as set forth on Exhibit "1" (Exhibit 1 entitled JOB DESCRIPTION is attached hereto and incorporated herein to have the same effect as if set forth in full), as well as such other services and duties as New Concepts may from time to time direct.

3. Hours of Work:
The Employee shall perform required duties during those hours as New Concepts from time to time determines in writing to be Duty Hours. A written work schedule setting forth the Duty, Off Duty, Evening and Relief Hours of the Daily Living Coordinator shall be posted in a readily accessible place on the Employer's premises.

The Employee and New Concepts recognize and agree that, from time to time, interruptions in the Employee's Off Duty Hours and Evening Hours may occur and that the Employee may be required to work hours during a day in which he/she is not regularly scheduled to work. Pursuant to the"Reasonable Agreement Clause" as set forth in the Interpretative Bulletin of the Code of Federal Regulations (Title 29, Section 785.23), the Employee and New Concepts agree that such interruptions may cause the Employee to work _____ hours in a month in addition to scheduled Duty Hours.

Exhibit 9 (continued)

4. Residing on Employer's Premises:
Any Employees who shall reside in the Daily Living Coordinator's Living Quarters shall have the opportunity to take their three main meals of the day on the employer's premises. It is understood by the parties hereto that the Employer's premises is to be used primarily as a residence for handicapped persons and that it is therefore imperative that the Employer's premises be attended at all times a handicapped resident is upon such premises (or is scheduled to be upon such premises) by a person qualified and approved by New Concepts. Therefore, it is specifically agreed by the parties hereto as follows:

(a) The Employee shall remain on the premises at all times during which a handicapped resident is upon such premises (or is scheduled to be upon such premises) unless a person qualified and approved by New Concepts is present on said premises.

(b) The Employee may during Off Duty Hours, engage in normal private pursuits, provided that there are no handicapped residents on the premises or scheduled to be on the premises. In the event the Employee leaves the premises during Off Duty Hours (or during Duty Hours in the pursuit of his/her duties) and the premises are left unattended, he/she shall make necessary arrangements so as to preclude the possibility of a handicapped resident returning to the premises while unattended.

5. Payment for Services Rendered:
For each hour of work performed up to 40 hours in any one week the amount of $_____ per hour shall be paid. For each hour worked in excess of 40 hours in any one week, the amount of $_____ shall be paid. In addition, pursuant to the Reasonable Agreement of the parties hereto, for non-scheduled work performed by the Employee in a given month the employee will receive _____ hours of pay at $_____ per hour, and _____ hours of pay at $ _____ per hour.

The Employee will receive his/her room and board on the Employer's premises (housing in the Daily Living Coordinators Living Quarters, 3 main meals each day and the use and enjoyment of the Employer's premises). The fair value of such room and board is $_____ per month, the amount of which will be deducted from the Employer's earnings.

The Employee will be paid in twelve equal installments. Each such installment shall cover one full month of employment, except that the first and/or final installments may cover less than a monthly pay period.

6. Termination of Employment:
If the Employee elects to terminate his/her employment with New Concepts at the end of the term hereof, or if the Employee wishes to be released from this agreement during the term hereof, he/she will give written notice to New Concepts of his/her intentions at least thirty (30) days in advance.

Exhibit 9 (continued)

New Concepts reserves the right to dismiss immediately any Employee whose actions, in the opinion of New Concepts, flagrantly violates the policies of New Concepts and/or jeopardizes the health, welfare and safety of a handicapped resident(s).

7. Policies:
The Employee agrees to abide by the written policies now or hereafter established by New Concepts and to pursue his/her Duties during the term of this agreement in such manner as will assure the health, welfare and safety of the handicapped resident(s) in his/her charge.

8. Term:
The parties hereto agree that this agreement constitutes a binding legal contract for the term commencing on _____ and ending on _____

9. Applicable Law:
This Agreement shall be governed for all purposes by the laws of the State of Wisconsin and the United States. If any provisions of this Agreement are declared void, such provision shall be deemed severed from this Agreement, which shall otherwise remain in full force and effect.

IN WITNESS WHEREOF the parties hereto have executed this Agreement this

_____ day of _____, 19_____.

EMPLOYEE:

_____

_____
(Attest)

NEW CONCEPTS FOR THE HANDICAPPED FOUNDATION, INCORPORATED

By:_____

_____
(Attest)

# Exhibit 10
## Application for Occupancy, Madison Housing Authority, Wisconsin*

APPLICATION FOR OCCUPANCY

Date of Application_____

Name_____

Address_____

Phone_____

For Housing Authority Use Only:

Appl. No._____

Eligibility:

| | | |
|---|---|---|
| Age | Yes_____ | No_____ |
| Disability | Yes_____ | No_____ |
| Empl./Educ/ Training Status | Yes_____ | No_____ |
| Hsehold Comp. | Yes_____ | No_____ |
| Income | Yes_____ | No_____ |
| Ind. Liv. | Yes_____ | No_____ |

Unit Size Required _____ Br.

I. HOUSEHOLD COMPOSITION (Include names of those persons who would be expected to move into the apartment):

| Household Member No. | Names of Household Members | Relation to Applicant | Date of Birth | Age | Sex | Occupation |
|---|---|---|---|---|---|---|
| 1 | | Applicant | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

II. INCOME

A. Total Income
List below the estimated income of all household members from all sources including employment, SSI, Workman's Comp, Voc. Rehab., Medical Assistance, etc.

| Household Member No. | Source(s) | Income Per Month | Estimated Income During Next 12 Months |
|---|---|---|---|
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |

Total Annual Household Income: $_____

B. Deductions and Exemptions

1. If you (or other household members listed above) have any continuing medical expenses that are not covered by any of the medical assistance programs you have listed above, how much are these expenses per year (estimate)? $_____

What medical services do they include?_____

2. Are you (or other household members) presently enrolled in a training program, college, or university? Yes_____ No_____ If so, complete the following.

| Household Member | Name of School | Cost of Tuition & Books per year |
|---|---|---|
| | | $ |
| | | $ |

# Exhibit 10 (continued)

C. Debts

Do you (or other household members) have any debts over $150.00? Yes_____No_____
If so, please list debts below.

| Debt | Amount Owed | How debt is being paid |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |

III. ASSETS

For all household members, list assets (i.e. savings and checking accounts, stocks, bonds, property, etc.) and their total estimated value.

| Household member | Types of Assets | Total Estimated Value |
|---|---|---|
| | | $ |
| | | $ |

IV. HOUSING CONDITIONS

A. Present Housing Conditions and Need

1. What are your present living arrangements (i.e. living with parents, private apartment, nursing home, hospital, etc.)?_____

2. Do you anticipate a change in these living arrangements in the near future? Yes_____No_____ If so, what change do you anticipate?_____

_____

3. How would you describe your present living facility in terms of physical accessibility?_____

B. Present Housing Costs

1. How much do you now pay for rent and utilities per month? $_____

2. If under institutional care, does this amount include other services (i.e. meals, special care, etc.)? Yes_____No_____ If so, what additional services are included?_____

_____

V. LOCAL RESIDENCE

In which locality (city, town, village) do you reside?_____

How long have you lived in that locality?_____

VI. DISABILITY

What is the nature and extent of your disability?_____

_____

Do you require the use of a wheelchair for mobility? Yes_____No_____

VII. VETERAN AND SERVICE DATA

Have you, or other household members listed above, been in military service? Yes_____No___

If so, which household member?_____

Branch of Service_____

Period of Service: From_____To_____

Exhibit 10 (continued)

C. Debts

Do you (or other household members) have any debts over $150.00? Yes_____No_____
If so, please list debts below.

| Debt | Amount Owed | How debt is being paid |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |

III. ASSETS

For all household members, list assets (i.e. savings and checking accounts, stocks, bonds, property, etc.) and their total estimated value.

| Household member | Types of Assets | Total Estimated Value |
|---|---|---|
| | | $ |
| | | $ |

IV. HOUSING CONDITIONS

A. Present Housing Conditions and Need

1. What are your present living arrangements (i.e. living with parents, private apartment, nursing home, hospital, etc.)?_____

2. Do you anticipate a change in these living arrangements in the near future? Yes_____No_____ If so, what change do you anticipate?_____

_____

3. How would you describe your present living facility in terms of physical accessibility?_____

B. Present Housing Costs

1. How much do you now pay for rent and utilities per month? $_____

2. If under institutional care, does this amount include other services (i.e. meals, special care, etc.)? Yes_____No_____ If so, what additional services are included?_____

_____

V. LOCAL RESIDENCE

In which locality (city, town, village) do you reside?_____

How long have you lived in that locality?_____

VI. DISABILITY

What is the nature and extent of your disability?_____

_____

Do you require the use of a wheelchair for mobility? Yes_____No_____

VII. VETERAN AND SERVICE DATA

Have you, or other household members listed above, been in military service? Yes_____No___

If so, which household member?_____

Branch of Service_____

Period of Service: From_____To_____

Exhibit 10 (continued)

VIII. Names of Physician, Relatives, etc.

List below the names of your physician and your relatives and/or friends who can be contacted for recommendations or in the case of an emergency.

| Name | Address | Phone Number |
|---|---|---|
| (Physician) | | |
| | | |
| | | |
| | | |
| | | |

Additional Comments from Applicant:

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of certifying the above statements.

(Name of Applicant)

(Date)

For Housing Authority Use Only:

Interviewed by:_____

*Reproduced with permission of the Authority, PO Box 1785, Madison 53701.

Exhibit 11
Sample Meal Service Costs - 1975
Eagles Manor
Great Falls, Montana

## Morning Meal

| | | |
|---|---|---|
| Coffee | 8 ounce Cup | .02 |
| Tea | 8 ounce Cup | .03 |
| Milk | 8 ounce Glass | .07 |
| Juice | 4 ounce Glass | .05 |
| Cereal | Dry or Cooked | .05 |
| French Toast, Butter and Syrup | | .05 |
| Hot Cakes, Butter and Syrup | | .05 |
| Toast and Butter | | .03 |
| Eggs (each) | | .08 |
| Ham, Bacon, or Sausage | | .19 |
| Total average breakfast (with meat) two days | | .39 |
| Total average breakfast (without meat) five days | | .24 |
| Average Breakfast per Week | | .29 per day |

## Noon Meal

| | | |
|---|---|---|
| Coffee | 8 ounce Cup | .02 |
| Tea | 8 ounce Cup | .03 |
| Milk | 8 ounce Glass | .07 |
| Salad | Lettuce and Tomato or Cottage Cheese and Pear | .07 |
| Rolls and Butter | | .05 |
| Vegetables | | .04 |
| Potatoes and Gravy | | .05 |
| Meat Item (average for seven days) | | .25 |
| Dessert | | .10 |
| | | $ .59 |

## Evening Meal

| | |
|---|---|
| Beverage | .04 |
| Soup | .05 |
| Sandwich | .15 |
| Dessert | .08 |
| Seven-day average cost | .32 |
| Cost per Day per Person (Average) | $1.20 |

* Reproduced with permission of Gene Todd, Manager of Eagles Manor, 9th Street and 15th Avenue, South, Great Falls, Montana 59405.

Exhibit 12
Sample Operating Budgets

1--Budget Analysis for 16-Person Group Home for Adult Mentally Retarded; New Construction financed by Michigan State Housing Development Authority with HUD subsidy; full taxes, no grant. 1974.

| Shelter Costs | Total Annual | Monthly per Unit | Daily per Unit |
|---|---|---|---|
| Miscellaneous Administration | $ 1,000 | $ 5.10 | $ .17 |
| Insurance | 450 | 2.40 | .08 |
| Fuel | 1,120 | 5.70 | .19 |
| Electricity | 528 | 2.70 | .09 |
| Water and Sewer | 320 | 1.80 | .06 |
| Maintenance and Repair | 2,080 | 10.80 | .36 |
| Rent Estate Taxes | 3,000 | 15.60 | .52 |
| Debt Service | 6,404 | 33.30 | 1.11 |
| Reserves | 1,200 | 6.30 | .21 |
| | $16,102 | $84.00 | $2.79 |
| **Non-Shelter Costs** | | | |
| House Parent/Director and Substitute | $10,000 | $52.20 | $1.74 |
| Operating/Training Personnel | 4,000 | 20.70 | .69 |
| Secretary/Bookkeeper (half time) | 4,000 | 20.70 | .69 |
| Payroll Taxes (15 percent) | 2,700 | 14.10 | .47 |
| Food and Supplies ($1.90/day) | 10,944 | 52.00 | 1.90 |
| Miscellaneous Administration Expense | 2,000 | 10.50 | .35 |
| Transportation | 3,000 | 15.60 | .52 |
| | $36,644 | $ 191.00 | $6.36 |
| TOTAL EXPENSES | $52,746 | $ 275.00 | $9.15 |

TOTAL ANNUAL REVENUE $10.00 x 360 days x 16 persons = $57,600

Source: Michigan State Housing Development Authority. 1974 Program Review: Housing for the Adult Mentally Retarded, Exhibit B-5. Lansing: the Authority. (Mimeographed)

Exhibit 12 (continued)

2--Comparative Budget Analysis (Actual) -- Six Group Homes (6-16 Residents, New Construction, Daily Rate Per Person, Financed by Michigan Authority and private nonprofit sponsor)

| | 12-Person Home (Farmington) | 12-Person Home (Grand Rapids) | 6-Person Home (Lansing) | Hamilton House (Ypsilanti) |
|---|---|---|---|---|
| 1--SHELTER COSTS | | | | |
| Management Fee | 0 | 0 | 0 | 0 |
| Miscellaneous Administration (audit/bookkeeping); telephone, office supplies | $ .11 | $ .27 | $ .10 | $ 1.78 |
| Insurance, Utilities, maintenance | $ .52 | $ .68 | $ .68 | $ .32 |
| Real estate tax, debt service, replacement reserves | $ 1.51 | $ 1.19 | $ 2.47 | $ 2.74 |
| TOTAL Shelter Costs | $ 2.14 | $ 2.14 | $ 3.25 | $ 4.84 |
| 2--NON-SHELTER COSTS | | | | |
| House parent/Resident Director | $ 1.78 | $ 3.08 | $ 3.67 | $ 1.98 |
| Operating Personnel (food, housekeeping) | .95 | 0 | 0 | .30 |
| Professional staff social worker | $ 5.36 | 0 | 0 | 0 |
| Payroll t x (7 percent) | .27 | .18 | 0 | .28 |
| Food, supplies | $ 1.51 | $ 1.64 | $ 1.94 | $ 1.57 |
| Miscellaneous Administration | 0 | $ .30 | 0 | $ .22 |
| Transportation | $ .60 | $ .30 | $ .13 | $ .78 |
| Sub-total | $ 5.47 | $ 5.50 | $ 5.74 | $ 5.13 |
| TOTAL | $ 7.61 | $ 7.64 | $ 8.99 | $ 9.97 |

Source: Michigan State Housing Development Authority. 1974 Program Review, Exhibit A-1.

| | Merriman House (Garden City) | McKercher Proposal (Kalamazoo) | Average |
|---|---|---|---|
| 1--SHELTER COSTS | | | |
| Management Fee | 0 | $ 1.00 | $ .17 |
| Miscellaneous Administration (audit/bookkeeping); telephone, office supplies | $ .50 | $ .20 | $ .49 |
| Insurance, Utilities, maintenance | $ 1.26 | $ 1.24 | $ .78 |
| Real estate tax, debt service, replacement reserves | $ 2.85 | $ 2.45 | $ 2.20 |
| TOTAL Shelter Costs | $ 4.61 | $ 4.89 | $ 3.64 |
| 2--NON-SHELTER COSTS | | | |
| House parent/Resident Director | $ 2.73 | $ 1.79 | $ 2.51 |
| Operating Personnel (food, housekeeping) | .83 | .82 | .43 |
| Professional staff social worker | ($ 7.07*) | $ .60 | $ .06 |
| Payroll tax 9 7 percent) | ($ 1.54*) | 0 | $ .12 |
| Food, supplies | $ 1.88 | $ 2.08 | $ 1.77 |
| Miscellaneous Administration | ($ 1.30*) | $ .14 | $ .11 |
| Transportation | $ .50 | $ .60 | $ .49 |
| Sub-total | $ 5.94 ($ 9.91*) | $ 5.73 | $ 5.59 |
| TOTAL | $ 10.55 ($ 20.46*) | $ 10.62 | $ 9.23 |

* Licensing requirements for this home necessitate heavy staffing unlike the planned program

**NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS**
2600 Virginia Avenue, N.W., Washington, D.C. 20037