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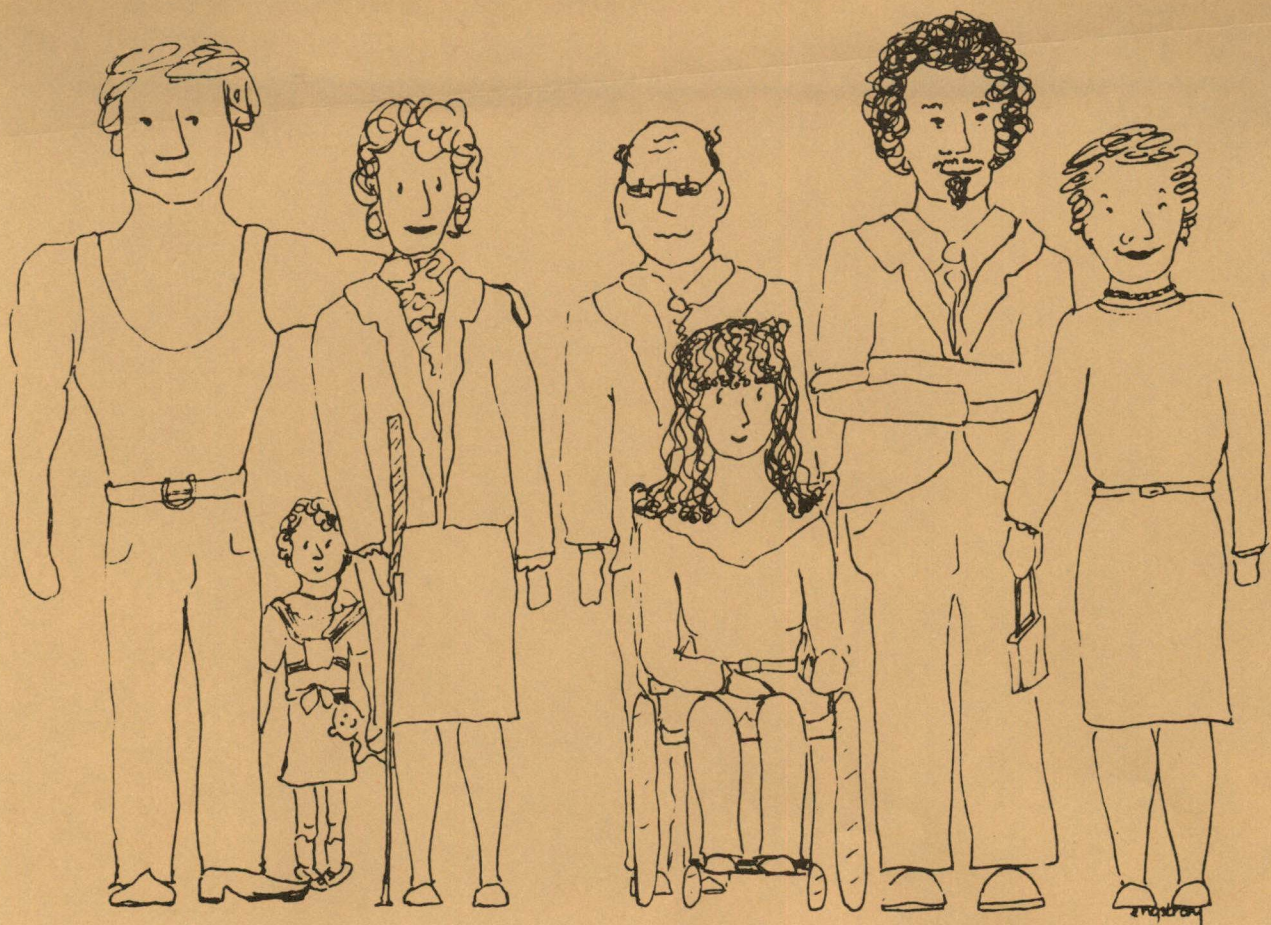
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Responding to Disability: A Question of Attitude

Responding to Disability: A Question of Attitude

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June 1982

I would like to take this opportunity to extend my gratitude to the Center for Education for Non-Traditional Students for their support during much of the time I was writing this questionnaire. Their encouragement and thoughtful feedback were valuable in the development of these questions and answers. In particular, I would like to thank Sandra Gish for her assistance with the development of question number ten. I would especially like to thank Jerry Bergdahl, Gary TeGrootenhuis, Jeanne-Marie Moore, Kay Stoll and Alice Nelson for teaching me most of what I know about disabilities and for giving me plenty of opportunities to improve my awareness of and attitudes toward disabilities.

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Introduction

With the recent changes in laws, opportunities, and attitudes, more disabled people are moving into the mainstream, pursuing education, employment, and leisure activities. Yet few of us have had extensive exposure to disabled people. Despite our desires to respond appropriately when we interact with a person who has a disability, sometimes there is confusion, hesitancy or miscommunication.

This questionnaire is designed to stimulate thinking and dialogue. It is not intended to test your knowledge of disability or your attitudes toward disabled people. Increasingly we find ourselves in situations involving people who are disabled and we need to make quick decisions on how to respond. We're not always sure what response is best. This questionnaire will give you an opportunity to think about situations involving disabilities, to respond, and then to consider the various responses more carefully.

For each question pick the answer that you feel is best. When you have answered all 14 questions, turn to the answer section that follows. In the answer section you will find discussion regarding each of the various responses. When you are done, discuss this questionnaire with others. Ultimately in any human interaction there are not "right" or "wrong" answers.

another. Sometimes a person who uses a wheelchair may prefer to use the phrase "take a wheel around the park." However, it would be inappropriate to carefully monitor your speech to eliminate use of any words or phrases such as this. That would tend to produce an unnatural stiffness and awkwardness in your speech. Relaxing and talking naturally when you are with people who are disabled is essential to acceptance of disabilities and people who have disabilities. Being overly conscious of a disability can cause discomfort and awkwardness on everyone's part.

Although it is not necessary to stiffly screen out use of any idioms with physical reference when talking to persons with disabilities, it is useful to examine the labels we use when referring to persons with disabilities to identify potentially inaccurate assumptions underlying such labels.

use of language. However, it is not necessary to bend over backwards, becoming self conscious and stiffly avoiding use of common idioms. Speak naturally and ask what phrase is most appropriate if you are unsure.

- c) You should continue talking as you always do, not worrying about whether or not you use words like "see," "walk," or "hear" around people with disabilities.

All languages have idioms, phrases and expressions with meanings different from the literal translation. Phrases like "do you see what I mean" or "I hear what you are saying" do not literally refer to seeing or hearing. Because of this, people with disabilities tend to use these phrases as much as others. A person who is blind can certainly "see what you mean" because the phrase really means "do you understand or comprehend my point; am I being clear?"

A person who uses a wheelchair can "take a walk around the park" because that phrase refers to moving around on a stroll more than it refers to the actual process of placing one foot in front of

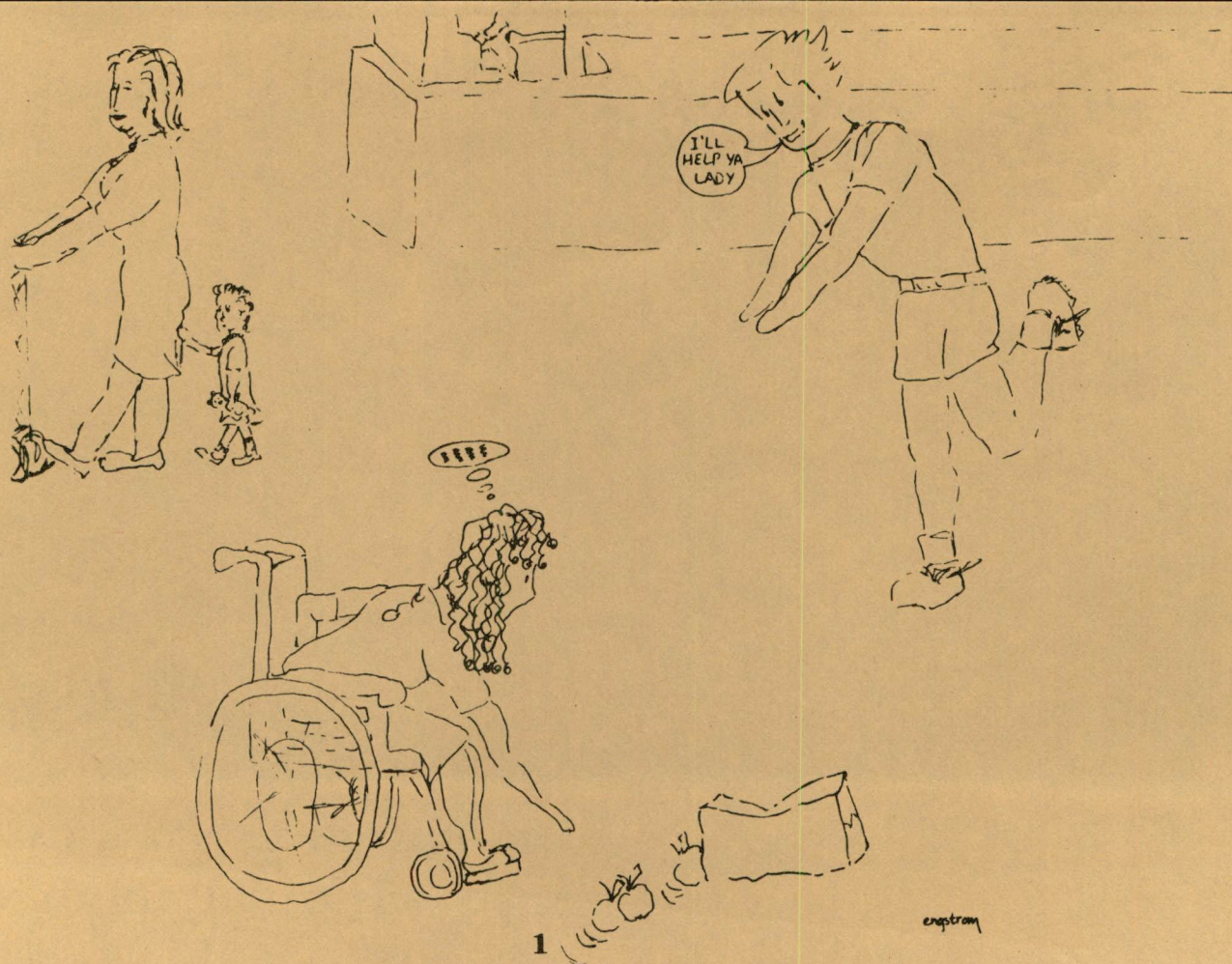
Persons who are deaf have been referred to as "deaf-mute" or as "deaf and dumb"; persons who use wheelchairs have been referred to as "invalids"; persons who are retarded have been referred to as "poor things" and "vegetables." These phrases are inaccurate and reflect the stereotypical thinking of a time when little was known about disabilities and the capabilities of persons with disabilities. Besides eliminating use of inaccurate labels, it is also appropriate to eliminate use of phrases that undercut a person's dignity. Referring to a person with a disability as a "wheelchair person" or a "cripple" is neither accurate nor respectful.

In short, some changes do need to occur in our

Responding to Disability: A Question of Attitude

Question Section





Having a learning disability does not automatically preclude a person from driving a car. People with learning disabilities have normal or above normal intelligence, normal eyesight and normal hearing, but they have trouble learning in the way others do because of difficulties in understanding or using spoken or written language or performing mathematical operations. Some people with learning disabilities learn to drive successfully; others don't. The extent to which a learning disability interferes with the ability to drive varies from person to person since there are many types of learning disabilities. Some learning disabled people may need to take longer to learn how to drive and to relax while driving. Each person needs to find the compensation techniques and learning style that work best for him or her.

with epilepsy can get a regular driver's license. Sometimes states also require the license to be renewed more frequently than the standard time period so as to check to be sure the person's seizures are still under control.

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d) blindness

As far as I know, blind people cannot get driver's licenses. However, many blind people have taken cross country bicycle trips. I have even heard a report that in Sweden people who are blind drive trucks in restricted settings by using earphones. I haven't been able to verify this report.

People who are deaf can and do drive cars. Although hearing people usually rely on their hearing for driving cues, hearing is certainly not necessary. A hearing person driving in summer with the windows up and air conditioning and radio on is no different from a deaf person.

People who are quadriplegics, people with no arms and even people who are very spastic are able to drive with the use of adaptive technology. Technology has developed to the point that virtually anyone with the desire and with access to sufficient funds to purchase the hand or foot controls best for them can drive their own vehicle.

Epilepsy is a condition that can very often be controlled through medication. Laws vary from state to state but generally after one year without a seizure and with a doctor's signature, a person

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1. You are in a grocery store with your children when a person in an electric wheelchair enters. Your children ask in loud voices: "Why is that man sitting down?" Then they go over to him and ask: "What's wrong with you?" Your response should be:

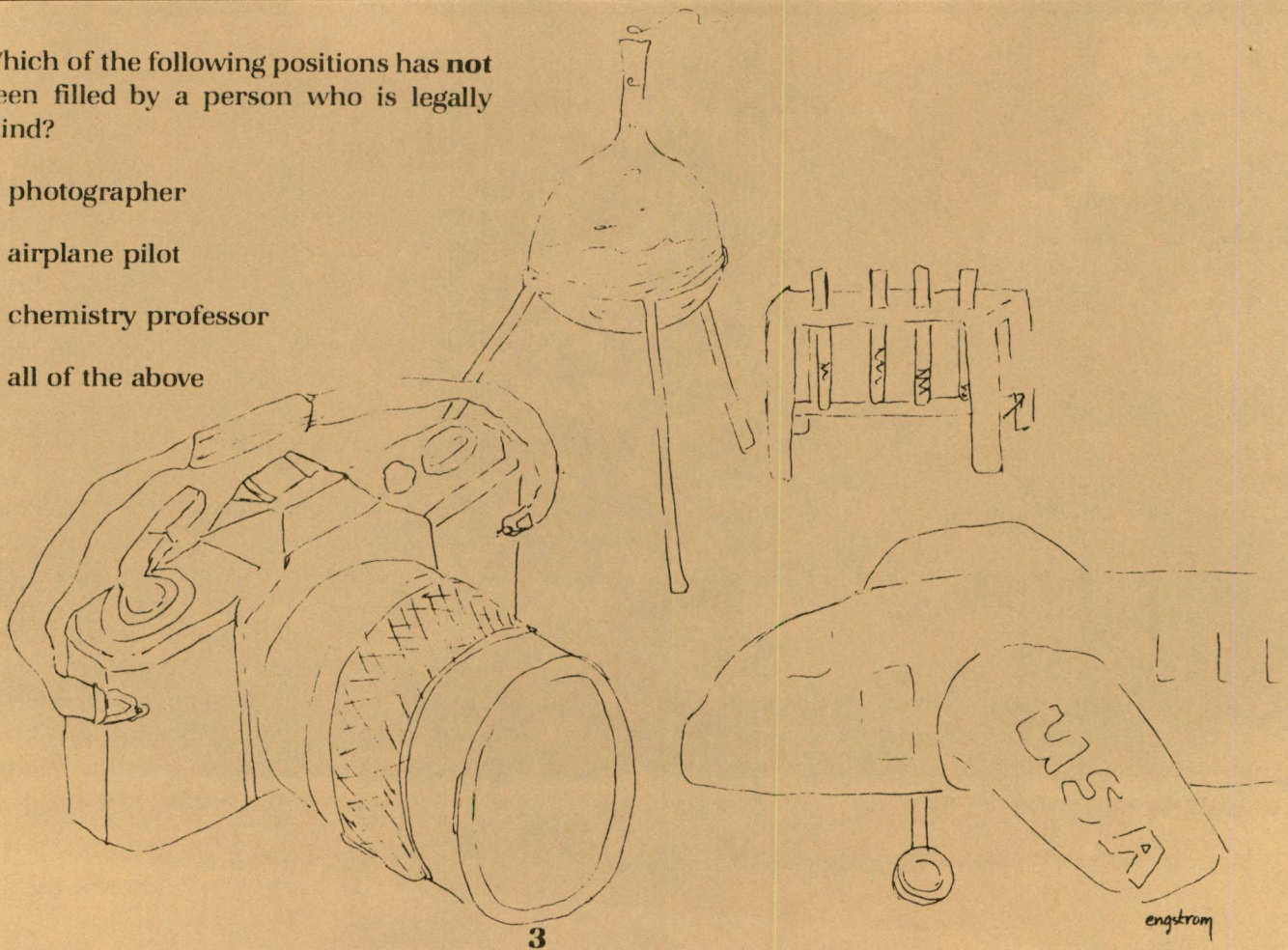
- a) to try as discreetly as possible to get your children away from the person and to tell them it's not polite to talk like that.
- b) to explain to your children that the person has a disability and, if they want to know more, ask him if he would mind briefly telling your children what that means.
- c) to go to the person and apologize for your children's behavior while encouraging the children to come with you and to leave the man alone.

2. You see a disabled person struggling to get a package off of the floor and into her lap. You approach her and ask if she would like some assistance. She snaps angrily at you, saying that she can get it herself without your help. You conclude that:

- a) you should not have offered to help her.
- b) people who are disabled do not want assistance unless they ask for it.
- c) you have just met a disabled person in a bad mood.
- d) all of the above.

3. Which of the following positions has **not** been filled by a person who is legally blind?

- a) photographer
- b) airplane pilot
- c) chemistry professor
- d) all of the above



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c) In comparison to nondisabled employees, disabled employees ranked slightly higher on safety, the same on job duties and slightly lower on attendance.

DuPont collected new data in 1981; this data confirmed the results found in earlier studies. Supervisors at DuPont were asked to rate their disabled employees and a matching sample of nondisabled employees in safety, performance of job duties and attendance. 96 percent of the disabled employees were rated average or above average by their supervisors in the area of safety whereas only 92 percent of the nondisabled employees were rated average or above average in safety. Supervisors rated 92 percent of disabled employees average or above on performance of job duties in comparison with 91 percent of nondisabled employees. In the area of attendance, 85 percent of the disabled employees were rated average or above while 91 percent of nondisabled employees were rated average or above. You can receive a copy of DuPont's report on this study,

Equal To the Task by contacting: E.I. du Pont de Nemours and Company, Public Affairs Department, 8084 DuPont Building, Wilmington, DE 19898.

This confirms what employers across the country have already learned: disabled persons placed in appropriate jobs are just as reliable, productive and safe as other employees. As with any population, some workers will be better than others. The central point is that a person's disability is not related to whether or not that particular person will make a good employee.

- f) You're not sure why the movie ended that way; as far as you are concerned they could have gotten married and had a fine life; and some movies are old and reflect inaccurate information and assumptions (i.e., that a disabled man couldn't support a wife; that a wife needs to be supported; and that disabled people don't have sexual needs).

Two common myths are that disabled people don't have sexual desires or abilities and that disabled people can't be parents. First, whether or not a disabled person can biologically parent a child varies from disability to disability and person to person. Many disabled people can have their own biological children. Even for the others, an inability to have biological children certainly does not preclude one from becoming a successful parent. More and more frequently disabled people are having children, adopting children and winning custody of children.

Despite the tendency of society to view disabled people as asexual, the sexual needs and desires of disabled people are not different from those of nondisabled people. The ability to "perform" sexually varies from disability to disability and from person to person. In general, the ability to

perform sexually is less impaired than is often assumed.

Of greater significance is the realm of relationships and sexuality which goes far beyond the ability to perform specific sex acts. Using definitions of sexuality and sexual needs accepted within the field of sex therapy, one would find very little that would be seriously affected by the presence of a disability. Many disabled people lead sexually satisfying lives and are equally able to satisfy the sexual needs of their partners. And, of course, disabled people certainly do not need to look only toward other disabled people in their search for a sexual partner. A popular movie which portrayed these issues accurately and sensitively is **Coming Home** starring Jane Fonda and Jon Voight.

4. You are talking to a person with a severe speech impediment. You often have asked the person to repeat herself in order to understand what she is saying. However, the person has now repeated one phrase 4 or 5 times and you still don't understand it. You should:

- a) give up and go on, assuming you will get the meaning from the context of the rest of the conversation.
- b) ask again and again to have the sentence repeated, until you do understand it.
- c) ask the person to spell out the word, or use an alternate word or phrase.
- d) get someone else who understands the person better to come over and serve as an interpreter.
- e) make a joke about the situation and laugh at your inability to understand the person.

5. Because of your background with organizing church events, you are asked to serve on a committee that will be organizing a local telethon fund raiser similar to the Jerry Lewis telethon for the Muscular Dystrophy Association. The proceeds of your local telethon will be donated to the local Association for Retarded Citizens. After agreeing to serve on the committee, you remember that you have a neighbor who has been treated for mental illness and who occasionally gives talks about mental illness. You should:

- a) ask your neighbor if he would be interested in helping with the telethon so that you have consumers involved in raising the money for an organization that benefits them.
- b) ask your neighbor if he would be willing to share some of his experiences with mental illness with you so that you will be more knowledgeable and sensitive when dealing with the people affiliated with the local Association for Retarded Citizens.
- c) neither of the above.
- d) both a and b above.

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d) Some deaf people like to use their voices; other deaf people can speak, but may prefer to communicate silently.

Deaf people have voices; they are not mute. The loss of vocal production can occur in anyone, but it is a separate disability and is not automatically associated with deafness. Terms such as deaf-mute or deaf and dumb reflect the inaccurate thinking of an era when few deaf people were given opportunities to learn how to use their voices. Deaf people have impaired hearing, but their impaired hearing has nothing to do with the quality of their intelligence, their vocal cords, or their eyesight.

Learning to use one's voice to speak effectively requires time, effort, and concentration, especially for people who lost their hearing in infancy. Some deaf people choose to use their voices regularly. Others decide that this is not the

best option for them. Not all deaf people who choose to use their voices will sound like hearing people when they talk. Hearing people monitor the volume, tone and expression of their speech by listening to their own voice when speaking. Deaf persons cannot do this and thus sometimes have voices that sound strange or unusual to others. Occasionally a deaf person's speech may sound similar to the speech of a person who is retarded or the speech of a person from a foreign country. However, it is not accurate to assume anything about a deaf person's intelligence or abilities by the sound of that person's voice or by that person's decision not to use his or her voice. In this case, the person who is pointing to items on the menu is effectively "speaking" for himself, even though he is not using a voice to do so.

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c) a person with no arms who is a barber

Although I have never heard of a barber who has no arms, after seeing the film "A Day in the Life of Bonnie Consolo" I do believe that if a person with no arms wanted to become a barber it would be possible. The attitudes of potential clients would present far more difficulties than the mechanics of using one's feet to do the job. In the film Bonnie Consolo trims her son's hair, bakes homemade bread, slices tomatoes, writes checks and drives her car all with her feet.

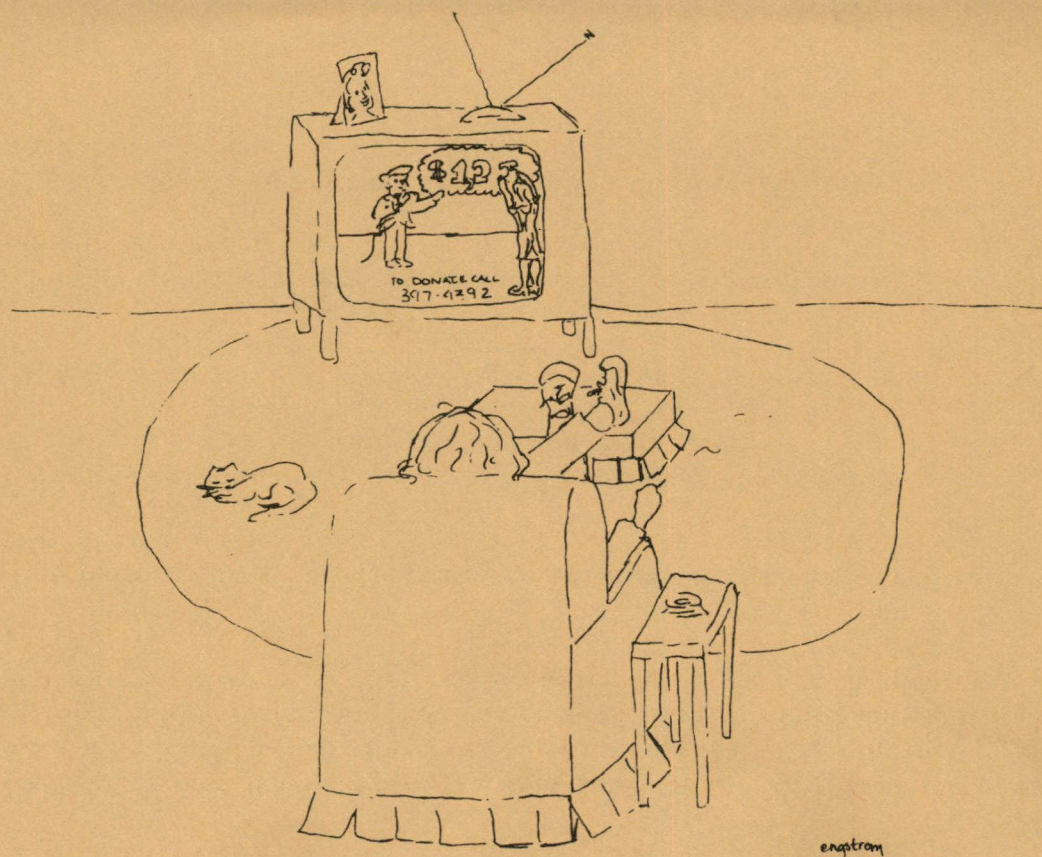
You can find the names and addresses of clinical psychologists who are deaf, medical doctors who are quadriplegics and many other scientists who are disabled by consulting the **Resource Directory of Handicapped Scientists** compiled and edited by Janette Alsford Owens, Martha Ross Redden, and Janet Welsh Brown (AAAS Publication No. 78-13, 1978, Office of Opportunities in Science, American Association for the Advancement of

Science, 1776 Massachusetts Avenue N.W., Washington, DC 20036).

A little research can uncover endless examples of people with disabilities who have accomplished extraordinary achievements. While opening ourselves to recognizing the potential of disabled persons, it is also important to avoid creating new "super-crip" expectations or assumptions that all disabled people are courageous, determined or talented. Disabled people are as varied as able-bodied people: some are exceptional, many are ordinary. Not all talented disabled people will choose to pursue professional careers or succeed when they do.

*Available from Barr Films, P.O. Box 5667, Pasadena, CA 91107, (16 minute, 16mm. color film).

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6. You are talking to a deaf person through a sign language interpreter. At the end of the conversation, you decide to talk to the interpreter. As you begin talking, the interpreter continues to sign. You stop him, saying, "You don't have to sign this." However, the interpreter ignores your request and continues to sign everything you say to the deaf person. At this point you should:
- a) tell the deaf person you are having a private conversation with the interpreter and that you have asked him not to sign.
 - b) ask the deaf person for permission to ask a question of the interpreter; then ask the interpreter if he will have free time to talk to you later.
 - c) continue talking, but position yourself so that you block the deaf person's view of the interpreter.
 - d) politely draw the interpreter away from the deaf person and explain that you meant your conversation to be private.
 - e) lightly touch or hold the interpreter's hand so that he will realize that you don't want the conversation interpreted.

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interpreted in sign language, books that have not yet been put on cassette tape or made into braille, testing procedures that have not been modified). Giving a better grade than deserved, or encouraging the student to try an easier course, would remove her from this learning situation before the situation had been explored. In some cases you might never discover that her poor performance may lie not in her disability or in her aptitude, but in artificial but overlooked educational barriers that could be modified. By making modifications that eliminate competitive disadvantages, student performance often can improve without sacrificing standards or granting special or unfair privileges.

been sheltered from failure and have thus missed valuable learning opportunities. Disabled people should not be set up for failure, but they should not be treated as exceptionally fragile either. We all have a "right to fail."

On the other hand, this student may be doing poorly because she was not adequately prepared for college level work. Rather than passing the student on, you should give her honest feedback

- a) You should give her a "D" and ask her if she would like to make an appointment to discuss ways of improving.

It is both dishonest and patronizing to give a disabled person a better grade than he or she has earned. In their demand for reasonable accommodation, disabled people and their advocates are not requesting special favors or relaxed standards. If a disabled person is not competing adequately in a given situation, the situation needs to be explored honestly.

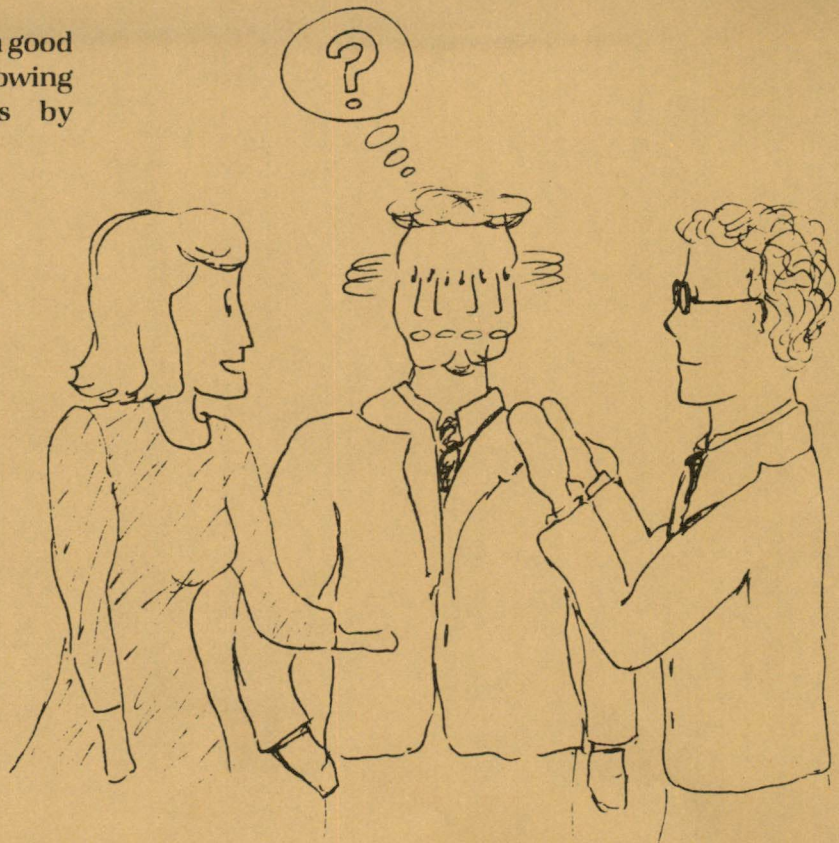
The person may be doing poorly because of the presence of artificial barriers that can be modified or eliminated. For example, this student may be doing poorly because of a lack of access to critical classroom material (i.e., an inaccessible reserve reading room, a lecture course that is not

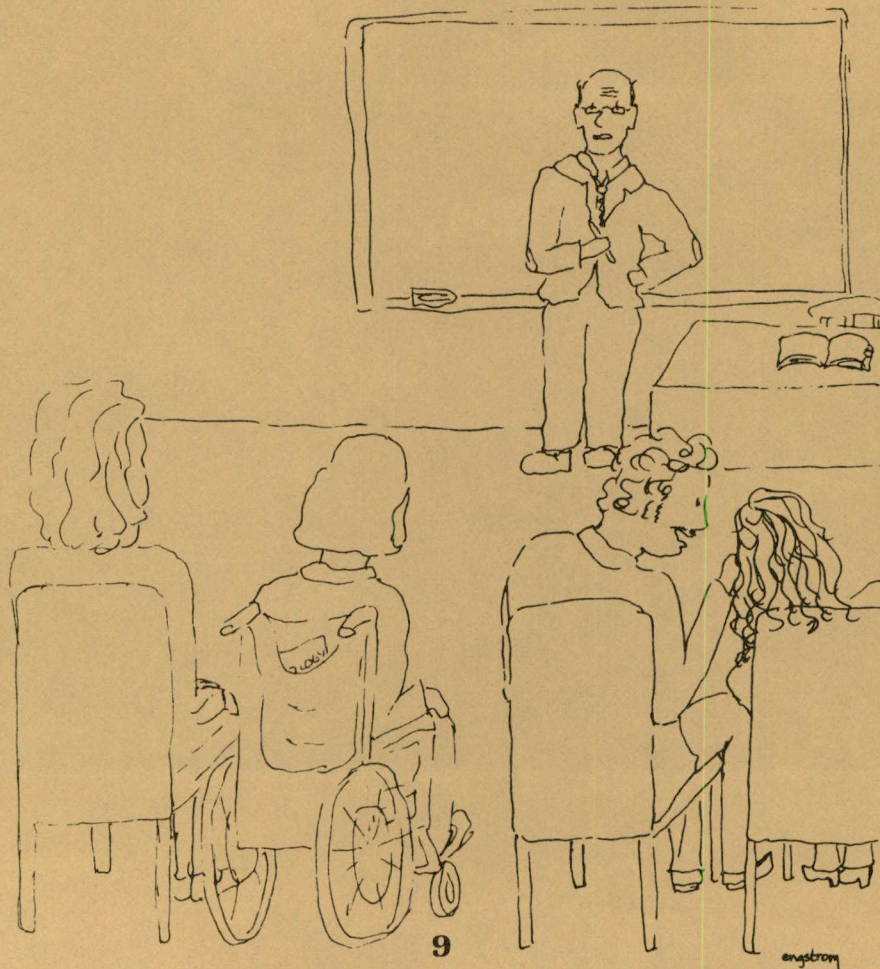
and help prepare her for the reality that sooner or later she may need to do some remedial work. If other professors are passing this student on, giving her better grades than she deserves, she may choose not to believe you. However, at some point she will need to come to grips with the reality of her performance level. The sooner this occurs, the easier it will be to remedy.

Finally, this student may be doing poorly because she is not college material. If she really wants to continue with college, despite feedback that she may not succeed, she should be allowed to try. All of us learn at least as much from our failures as from our successes. Disabled people have often

7. A hearing impaired person who is a good lip reader will be able to see the following percentage of spoken sounds by watching the lips of a speaker:

- a) 80% - 90%
- b) 40% - 50%
- c) 35% or less





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language of many deaf people is American Sign Language (ASL), a language with a linguistic structure of its own and separate from that of English. Many deaf persons have mastered the English language as well as ASL. Others have not. Those that haven't may have limited skills in reading or writing English that are not reflective of their actual level of intelligence or achievement. The range of English language competency varies from deaf person to deaf person just as it varies among hearing people.

contact your State Registry of Interpreters for the Deaf or the National Registry of Interpreters for the Deaf at 814 Thayer Avenue, Silver Spring, MN 20910.

Despite these difficulties, you should not hesitate to attempt to communicate with someone with a hearing impairment. You should speak normally. Don't exaggerate your lip movements; people are trained to read normal mouth movements. If you have difficulty with the lip reading, you may use

Estimates as to the percentage of speech that is visible on the lips is 35% at the very highest. Some sounds are not visible on the lips; others are indistinguishable from other sounds (i.e., compare kiss, sis, and hiss, mother and brother, man, ban and pan. Therefore, even those people with the best skills in lip reading will be unable to distinguish many words. In these instances meaning is often gathered from context, but much of the content of a communication may be missed or misinterpreted. Poor enunciation, moustaches, cigarettes or a tendency to turn one's back to an audience will complicate comprehension further.

For many persons who became deaf prior to age 6 or so, English is their second language. The first

gestures, facial expressions, pantomime, pen and paper, interpreters, or all of the above. You may feel strange at first, but your efforts will be appreciated. A sincere attempt to communicate is generally met with success.

Whenever you know that you will be meeting with a hearing impaired person, or whenever you are arranging a public meeting or event, you should do as much as possible to arrange for a certified sign language interpreter to be present (unless the hearing impaired person makes a different request.) Some cities have agencies that facilitate contact and scheduling with interpreters. To assist you in locating the agency closest to you,

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8. You are teaching a freshman college class in which there is one disabled student. This student is working very hard and doing the best she can. However, even her best work is only "D" quality. She is very eager to do well. You are afraid that if you give her a "D" she will get discouraged and give up. It is time for mid-term grades; you should:

- a) give her a "D" and ask her if she would like to make an appointment to discuss ways of improving.
- b) give her a "C" because she is doing well if you take into account the educational barriers she is facing.
- c) talk to her and encourage her to drop the class and enroll in an easier program of study.

9. Which of the following has **not** been heard of?

- a) a clinical psychologist who is totally deaf.
- b) a medical doctor who is a quadriplegic.
- c) a person with no arms who is a barber.
- d) a bio-medical engineer who can barely read or write due to severe dyslexia.
- e) all of the above.
- f) none of the above.

10. You are in a restaurant and you notice two deaf people sitting nearby communicating silently in sign language. When a waitress goes to their table, one person gives his order out loud, but his voice is strange, hard to understand, and too loud for the quiet restaurant. The second person does not speak, but points to items on the menu. You conclude that:

- a) the first person is only deaf while the second person is deaf-mute.
- b) the first person is mentally retarded as well as deaf.
- c) the first person has better speech than the second and speaks for both of them.
- d) some deaf people like to use their voices; other deaf people can speak, but may prefer to communicate silently.



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- b) You should ask the deaf person for permission to ask a question of the interpreter; then ask the interpreter if he will have free time to talk to you later.

When on duty, a sign language interpreter's professional responsibility is to translate communication, without editing or interjecting personal comments. The interpreter in this situation is therefore bound to interpret your comments and cannot engage in personal conversations particularly ones that exclude the deaf person. Even more important, however, is the point that to talk in front of a deaf person without translating the conversation is the same as whispering in front of a hearing person: it is rude, whether or not the conversation pertains to them. We all like to know what is going on around us, even if we are not being addressed directly.

On the other hand, occasions do arise when you desire to talk personally with the interpreter. In this case, you should first request permission from the deaf person to address the interpreter directly. It is courteous to do this since the

interpreter is on duty. You should then proceed just as you would if you wanted to ask one member of a group of hearing people for a convenient opportunity to speak privately. However, don't be surprised if the interpreter still signs your question and his response.

Essentially, when communicating in situations involving a sign language interpreter, you will do best if you simply talk with the deaf person as you would anyone else. You should not address the interpreter, but rather the person who is deaf. If you say to the interpreter, "Would you please tell Sue that..." chances are that the interpreter will turn to Sue and sign, "Would you please tell Sue that..." Instead, you should look directly at the deaf person and say, "Sue, I want to tell you that..." The interpreter will sign for you while the deaf person watches both you and the interpreter, thus gaining a full understanding of the conversation.

The idea of having consumers involved in organizing the telethon is a good one, as is the idea of talking to a consumer so that you will be more informed. However, your neighbor in this scenario is mentally ill and the fund raiser is designed to benefit persons who are mentally retarded. Mental illness is frequently and inappropriately confused with mental retardation.

Persons with mental illness have emotional problems and may experience inability to cope with the problems and stresses of life. This is not caused by their intelligence or their capacity to learn. Persons with a variety of intellectual capacities can experience mental illness. On the other hand, persons who are mentally retarded develop at a below average rate and experience unusual difficulty in learning social adjustment and economic productivity; they learn more slowly than others. Although a person who is retarded is not necessarily mentally ill, he or she may, like anyone else, become emotionally disturbed.

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As often as possible it is advisable to involve disabled consumers in the development of services, programs and fund raisers that affect them. Too often programs are developed in a patronizing manner for disabled persons and end up perpetuating dependency and stereotypes. Disabled persons have many capabilities that should be drawn on and enhanced. Although the public may be responsive to donating money for "those poor, helpless people," society as a whole will benefit more if the theme of fund raisers is one of investing in the capabilities of disabled persons rather than one of taking care of the helpless.

You should therefore encourage the participation of disabled persons in organizing services and benefits that affect them. Don't assume, however, that all disabled persons are interested in or affected by any one service or benefit and don't assume that a person with one disability will automatically be interested in helping with a program designed for persons with a different disability.

11. Your child watches an old movie on TV. At the end of the movie a couple who are in love and have been engaged to be married tearfully break their engagement because the man has had an accident and is now a quadriplegic. Your child doesn't fully understand why the couple had to break the engagement. You explain that:

- a) because of the accident the man would not be able to be a father and would not really be able to be a husband to the woman.
- b) because of the accident the man won't be able to lead a normal life and will need to live in an institution where he can be taken care of.
- c) you're not sure why the movie ended that way; as far as you are concerned they could have gotten married and had a fine life.
- d) some movies are old and reflect inaccurate information and assumptions, i.e., that a disabled man couldn't support a wife; that a wife needs to be supported; and that disabled people don't have sexual needs.
- e) both a and b above.
- f) both c and d above.



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c) You should ask the person to spell out the word, or use an alternate word or phrase.

The only option that really is not good is to go on with the conversation without having understood what was being said. Most (not all) people with speech impediments are used to having to repeat themselves and would rather struggle to help you understand than have you pretend you understood when you didn't. It may help you relax if you remember that you are probably more frustrated and embarrassed by the process than the person with the speech impediment. You will look more foolish if you give an inappropriate answer because you pretended to understand than if you ask the person to repeat over and over, to use an alternate phrase, to spell, or to do whatever is necessary so that the two of you can continue genuinely sharing in dialogue.

If neither of the above options work, you may want to resort to option d - asking someone else to interpret - or option e - making a joke. Asking

someone else to interpret can be useful if there is someone available who can understand the person better than you can. However, it is not good to rely consistently on an interpreter rather than learning to relax and understand the person yourself. You should also not use an interpreter simply because you are in too much of a rush to take the time to understand the person yourself.

Making a joke is useful if you are talking with someone with whom you have good rapport. A joke might help relax both of you, therefore easing the communication. However, a joke may also offend. It depends both on your ability to make appropriate jokes and the other person's ability to laugh at jokes. The key here is that the joke is as much on your inability to understand as it is on the other person's inability to convey the message clearly. You have a mutual problem.

I have never found a reference to an airplane pilot who is blind. This does not mean that a person who is blind absolutely couldn't fly a plane, nor that it has never happened. But to the best of my knowledge it hasn't happened yet.

George Covington, a professional photographer who is blind, has written a photography manual for individuals with impaired vision, **Let Your Camera Do the Seeing** (published by the Council of Citizens with Low Vision, 1211 Connecticut Avenue N.W., Suite 506, Washington, DC 20036). Persons with severely impaired vision can use photography as a vision tool by studying greatly

enlarged copies of their pictures.

Blind persons have pursued chemistry, biology, engineering and a vast array of other sciences. You will find references to such scientists, including blind chemistry professors, in the **Resource Directory of Handicapped Scientists**, compiled by Janette Alford Owens, Martha Ross Redden and Janet Welsh Brown (AAAS Publication No. 78-13, 1978, Office of Opportunities in Science, American Association for the Advancement of Science, 1776 Massachusetts Avenue N.W., Washington, DC 20036).

12. The DuPont company has conducted studies of its disabled employees over a period of 25 years. Which of the following statements do you think most accurately reflects the results of these studies?
 - a) disabled employees ranked higher than non-disabled employees in the areas of safety, job duties and attendance.
 - b) disabled employees ranked the same as non-disabled employees in areas of safety, job duties and attendance.
 - c) in comparison to non-disabled employees, disabled employees ranked slightly higher on safety, the same on job duties, and slightly lower on attendance.
 - d) in comparison to non-disabled employees, disabled employees ranked slightly lower on safety and job duties but higher on attendance.
 - e) disabled employees ranked almost as high as non-disabled employees in the areas of safety, job duties and attendance.

13. Which of the following disabilities preclude a person from getting a driver's license?
 - a) deafness
 - b) learning disability
 - c) quadriplegia
 - d) blindness
 - e) epilepsy
 - f) a and d above
 - g) all of the above

14. After explaining a complex point, you turn to your co-workers and say, "Do you see what I mean?" As soon as the words are out of your mouth, you wonder if it was inappropriate to use that phrase since one of the people you are talking to is blind. At this point you should:
- a) apologize for choosing an inappropriate phrase and continue with the conversation, avoiding all future use of such phrases.
 - b) continue with the conversation without commenting on having used the word "see" so as not to embarrass your blind co-worker, but make a note to yourself to avoid using the word "see" around a blind person again.
 - c) continue talking as you always do, not worrying about whether or not you use words like "see," "walk" or "hear" around people with disabilities.
 - d) ask your co-worker who is blind if you should avoid using the word "see" when you are in conversations with him in the future.

2

c) You have just met a disabled person in a bad mood.

Disabled people are as varied in personality, mood and temperament as able-bodied people. You cannot learn a set of rules "for dealing with disabled people," follow them faithfully, and expect never to offend a disabled person. In this case, you just met someone who either does not like to be offered assistance by able-bodied people or someone who happens to be in a bad mood for receiving assistance at that particular moment. However, that does not mean that you were in error by offering assistance. Do not assume from this one experience that all disabled people would prefer that you not offer the assistance. Many would be grateful for the offer. Some would think that you are rude or insensitive if you don't offer to help. You won't know until you ask.

Although there are no rules to follow to ensure that you won't offend, there are some guidelines that will decrease the chances of offending. First,

when you see a person who looks like they could use assistance, ask them if they would like assistance. Don't assume they want it. If they do indicate that they would like assistance, ask them what you can do for them and how they would like it done. Again, don't assume you know what they want done, or the best way of doing it. This is particularly true of any personal assistance you may offer (e.g., help with putting on or taking off a coat.)

When you think a disabled person needs assistance, offer it as you would offer assistance to any other person needing assistance. There is no need to be overly helpful, cautious, patronizing, or sympathetic simply because the person is disabled. Sometimes your offer will be received with gratitude, sometimes it will be turned down politely, and sometimes it will be perceived as an insult.

1

- b) You should explain to your children that the person has a disability and, if they want to know more, ask him if he would mind briefly telling your children what that means.

The curiosity of children about disability is natural and should not be discouraged or apologized for. Much of our discomfort with disabilities as adults is a result of having been trained as children to avoid disabled people, not to look at them and not to talk to them. The only way for children to learn to interact naturally and comfortably with people who are disabled is for them to ask honest questions and receive honest answers.

However, you should also be sensitive to the desires of the person who is disabled. Many disabled people would be quite willing to talk with your children briefly. In fact, many would be especially pleased to see a parent who allows his

or her children to interact with them naturally. However, not all disabled people would be willing to talk with your children and even those who are willing will not always have the time or inclination. Therefore, you should not be surprised if you are rebuffed upon occasion when choosing this response.

You may consider contacting local organizations of disabled people to ask if there are awareness programs that you and/or your children could attend in order to increase your exposure to and knowledge of disabled people. This would decrease the likelihood that your children would be so surprised and curious when they encounter a disabled person in public.

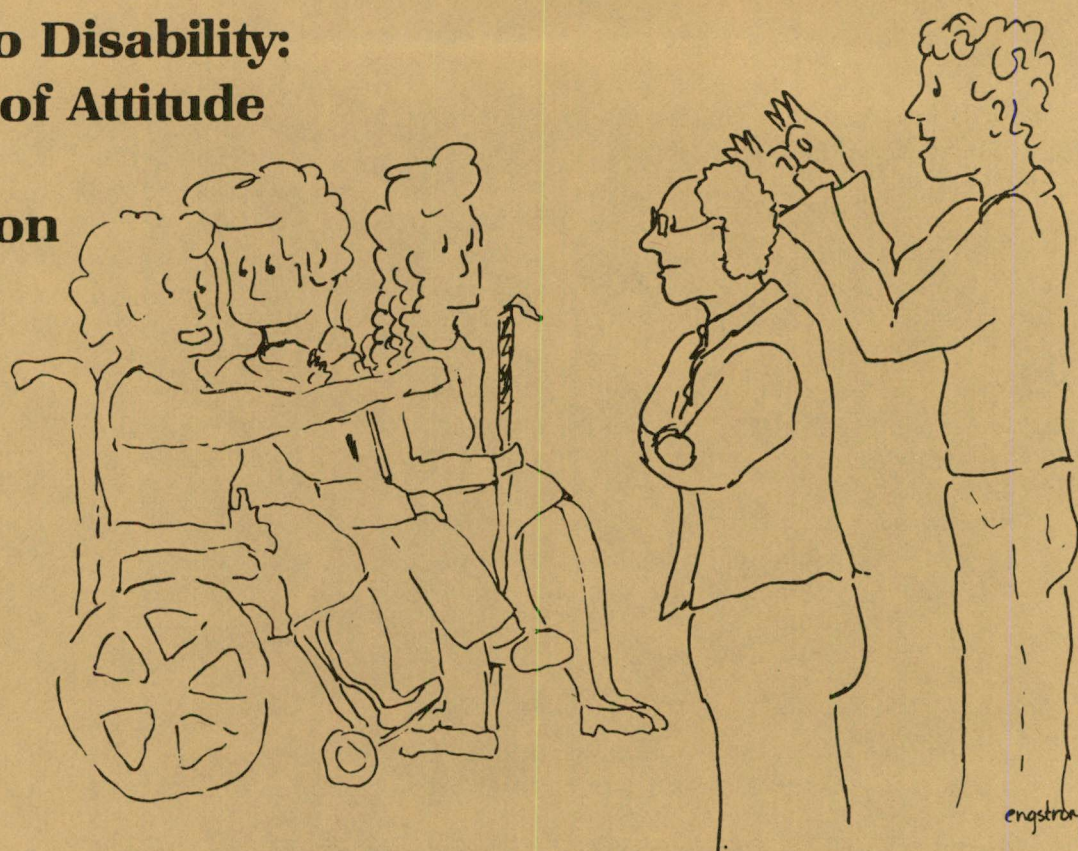
19



16

Responding to Disability: A Question of Attitude

Answer Section



THE PRINCIPLES OF UNIVERSAL DESIGN

Version 2.0 (4/1/97)

UNIVERSAL DESIGN: The design of products and environments to be usable by all people, to the greatest extent possible, without adaptation or specialized design.

The authors, a working group of architects, product designers, engineers and environmental design researchers, collaborated to establish the following Principles of Universal Design to guide a wide range of design disciplines including environments, products and communications. These seven principles may be applied to evaluate existing designs, guide the design process, and educate both designers and consumers about the characteristics of more usable products and environments.

1

EQUITABLE USE

The design is useful and marketable to people with diverse abilities.

2

FLEXIBILITY IN USE

The design accommodates a wide range of individual preferences and abilities.

3

SIMPLE AND INTUITIVE USE

Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.

4

PERCEPTIBLE INFORMATION

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

5

TOLERANCE FOR ERROR

The design minimizes hazards and the adverse consequences of accidental or unintended actions.

6

LOW PHYSICAL EFFORT

The design can be used efficiently and comfortably and with a minimum of fatigue.

7

SIZE AND SPACE FOR APPROACH AND USE

Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

1

EQUITABLE USE

The design is useful and marketable to people with diverse abilities.



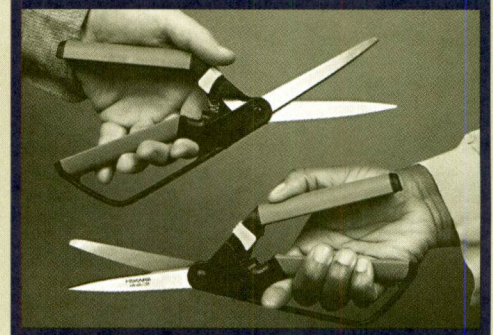
- GUIDELINES**
- 1a. Provide the same means of use for all users: identical whenever possible; equivalent when not.
 - 1b. Avoid segregating or stigmatizing any users.
 - 1c. Make provisions for privacy, security, and safety equally available to all users.
 - 1d. Make the design appealing to all users.

- EXAMPLES**
- Power doors with sensors at entrances that are convenient for all users
 - Integrated, dispersed, and adaptable seating in assembly areas such as sports arenas and theaters

2

FLEXIBILITY IN USE

The design accommodates a wide range of individual preferences and abilities.



- GUIDELINES**
- 2a. Provide choice in methods of use.
 - 2b. Accommodate right- or left-handed access and use.
 - 2c. Facilitate the user's accuracy and precision.
 - 2d. Provide adaptability to the user's pace.

- EXAMPLES**
- Scissors designed for right- or left-handed users
 - An automated teller machine (ATM) that has visual, tactile, and audible feedback, a tapered card opening, and a palm rest

5

TOLERANCE FOR ERROR

The design minimizes hazards and the adverse consequences of accidental or unintended actions.



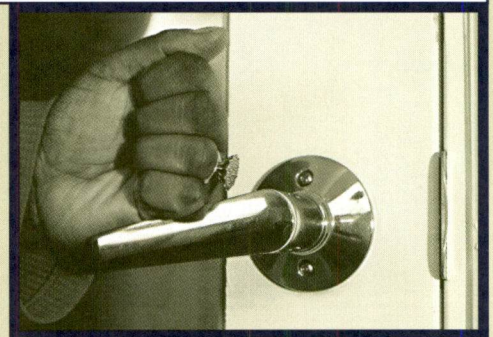
- GUIDELINES**
- 5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.
 - 5b. Provide warnings of hazards and errors.
 - 5c. Provide fail safe features.
 - 5d. Discourage unconscious action in tasks that require vigilance.

- EXAMPLES**
- A double-cut car key easily inserted into a recessed keyhole in either of two ways
 - An "undo" feature in computer software that allows the user to correct mistakes without penalty

6

LOW PHYSICAL EFFORT

The design can be used efficiently and comfortably and with a minimum of fatigue.



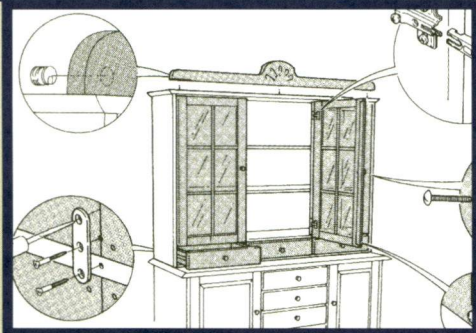
- GUIDELINES**
- 6a. Allow user to maintain a neutral body position.
 - 6b. Use reasonable operating forces.
 - 6c. Minimize repetitive actions.
 - 6d. Minimize sustained physical effort.

- EXAMPLES**
- Lever or loop handles on doors and faucets
 - Touch lamps operated without a switch

3

SIMPLE AND INTUITIVE USE

Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.



- GUIDELINES**
- 3a.** Eliminate unnecessary complexity.
 - 3b.** Be consistent with user expectations and intuition.
 - 3c.** Accommodate a wide range of literacy and language skills.
 - 3d.** Arrange information consistent with its importance.
 - 3e.** Provide effective prompting and feedback during and after task completion.

- EXAMPLES**
- A moving sidewalk or escalator in a public space
 - An instruction manual with drawings and no text

7

SIZE AND SPACE FOR APPROACH AND USE

Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.



- GUIDELINES**
- 7a.** Provide a clear line of sight to important elements for any seated or standing user.
 - 7b.** Make reach to all components comfortable for any seated or standing user.
 - 7c.** Accommodate variations in hand and grip size.
 - 7d.** Provide adequate space for the use of assistive devices or personal assistance.

- EXAMPLES**
- Controls on the front and clear floor space around appliances, mailboxes, dumpsters, and other elements
 - Wide gates at subway stations that accommodate all users

4

PERCEPTIBLE INFORMATION

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.



- GUIDELINES**
- 4a.** Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.
 - 4b.** Maximize "legibility" of essential information.
 - 4c.** Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions).
 - 4d.** Provide compatibility with a variety of techniques or devices used by people with sensory limitations.

- EXAMPLES**
- Tactile, visual, and audible cues and instructions on a thermostat
 - Redundant cueing (e.g., voice communications and signage) in airports, train stations, and subway cars

THE PRINCIPLES WERE COMPILED BY ADVOCATES OF UNIVERSAL DESIGN, IN ALPHABETICAL ORDER:

Bettye Rose Connell, Mike Jones,
Ron Mace, Jim Mueller,
Abir Mullick, Elaine Ostroff,
Jon Sanford,
Ed Steinfeld, Molly Story,
and Gregg Vanderheiden.

NOTE:

The Principles of Universal Design are not intended to constitute all criteria for good design, only universally usable design. Certainly, other factors are important, such as aesthetics, cost, safety, gender and cultural appropriateness, and these aspects must also be taken into consideration when designing.

THE CENTER FOR UNIVERSAL DESIGN

Box 8613 • Raleigh, NC • 27695.8613

1.800.647.6777 Info Request Line

919.515.3082 Voice and TTY

919.515.3023 FAX

<http://www.design.ncsu.edu/cud>

cud@ncsu.edu



Major funding provided by the National Institute on
Disability and Rehabilitation Research, United States
Department of Education

Words with Dignity

Avoid

These words have strong negative connotations.

Do not use:

handicapped/handicap
cripple/crippled by
victim
spastic
patient (except in a hospital)
invalid
condition
paralytic
stricken with

Do not use:

birth defect
inflicted
afflicted/afflicted by
deformed/deformed by
incapacitated
poor, unfortunate

Do not use:

dummy
deaf and dumb
deaf mute

Preferred

These words are more affirmative and reflect a more positive attitude.

We suggest instead:

learning difficulty/learning disabled
disabled/physically disabled
disability/physical disability
blind/visually impaired
person who has multiple sclerosis (m.s.)
person who has muscular dystrophy (m.d.)
person who had polio
person who has cerebral palsy (c.p.)
paraplegic (person with limited or no
use of lower limbs)
quadriplegic (person with limited or
no use of all four limbs)

We suggest instead:

caused by " _____ "
disabled since birth
born with " _____ "

We suggest instead:

pre-lingually (deaf at birth) deaf
post-lingually (deaf after birth) deaf
deaf/profoundly deaf (no hearing
capability)
hearing-impaired (some hearing
capability)

Do not use:

confined to a wheelchair
restricted to a wheelchair
(The chair enables mobility, without
the chair, the person is confined to bed!)
wheelchair bound

We suggest instead:

person in a wheelchair
person who uses a wheelchair
person who walks with crutches

Do not use:

normal (acceptable for statistics and
average. Certainly not complimentary
when referring to a disabled person as
abnormal.)

We suggest instead:

non-disabled (referring to
non-disabled persons as normal
insinuates that disabled persons are
abnormal. This is unacceptable.)



This brochure has been developed

by the Public Service Committee of the Public Relations
Society of America-St. Louis Chapter working in cooper-
ation with members of the disabled community and
Paraquad, Inc., an advocate of independent living.



Words with Dignity

Basic Guidelines

Make reference to the person first, then the disability, *i.e.*;
"A person with a disability" rather than "a disabled person".
However, the latter is acceptable in the interest of conserving print
space or saving announcing time.

Use an adjective as a description, not a category or priority, *i.e.*;
"The architect in a wheelchair" rather than "the wheelchair architect".

Avoid negative connotations or attitudes.

Highlight the individual and his accomplishment or uniqueness
rather than the differences between people because of their disabilities.

If the disability isn't germane to the story, don't report it.

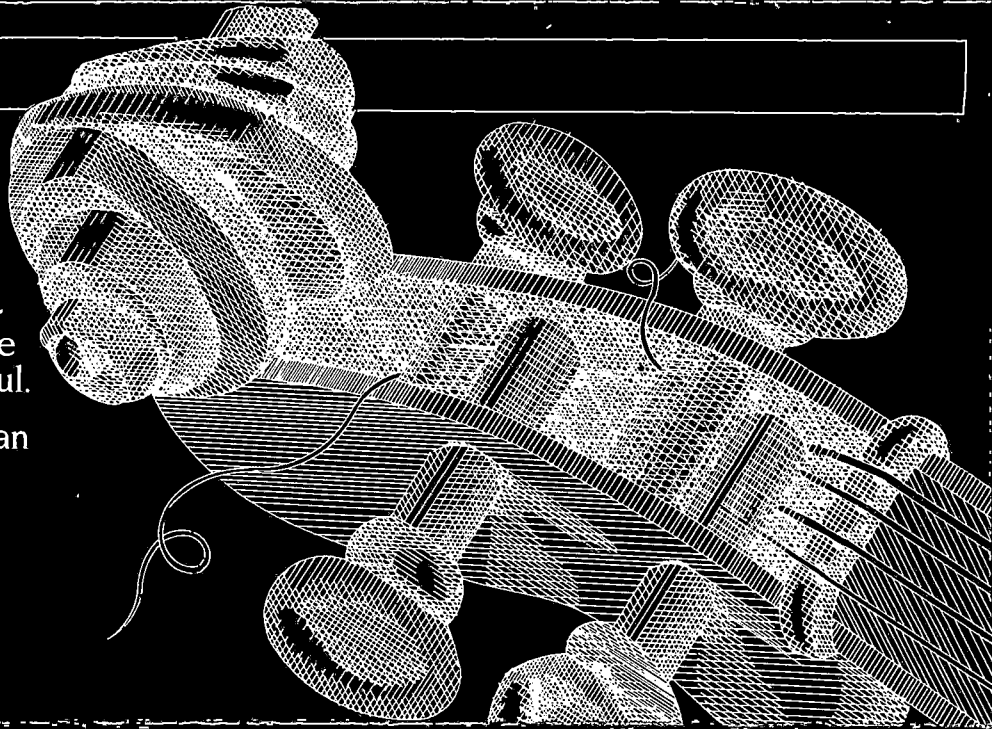
Remember: a person who has a disability isn't necessarily chronically
sick or unhealthy; he is often just disabled.

Public Relations Society of America, St. Louis Chapter
Paragard, Inc., St. Louis
B. Oleksiw, copywriter, St. Louis
The Composing Room, St. Louis
Union Electric Company
Special appreciation to Robert Falk Design Group, Inc.

Services and materials donated by:

With my violin I can make
beautiful sounds; With your
words you can create a beautiful
sense of understanding among
the people of St. Louis —
Both our contributions will make
life more meaningful.

Itzhak Perlman



The United Nations has declared

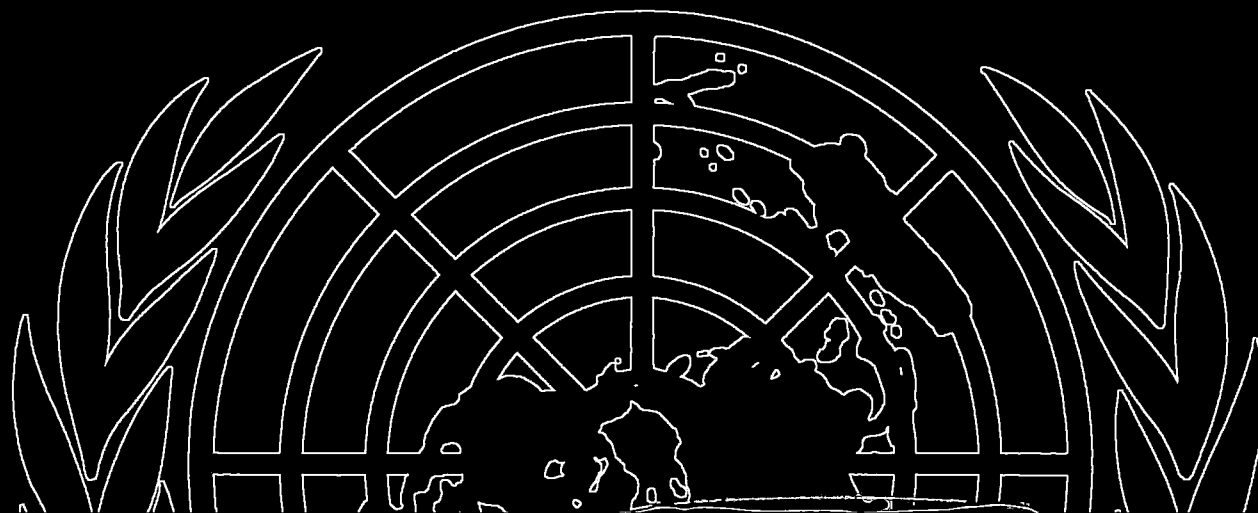
the International Year of Disabled Persons in recognition of the rights and needs of people who are disabled. For themselves, people with disabilities seek to become as independent as possible, as accomplished as they are capable and integrated into the mainstream of society.

Dignity. Independence. Integration.

Accomplishments . . . all concepts easily reinforced, but sometimes difficult to communicate. This vocabulary list was prepared to help improve communication between members of the community-at-large and members of the disabled community. We hope this resource will be particularly valuable to members of the media who may have occasion to work with the disabled community.

This brochure has been developed

by the Public Service Committee of the Public Relations Society of America-St. Louis Chapter working in cooperation with members of the disabled community and Paraquad, Inc., an advocate of independent living.



Work/Life Services

UT Work/Life Program promotes research based policies and best business practices that increase productivity, loyalty and morale; decrease stress, absenteeism and turnover. The work/life coordinator can be contacted for free, confidential, phone or face-to-face consultations to assist in developing individualized resource plans related to any work or life problems.

Services include:

- Child Care Resource and Referral
- Elder Care Resource and Referral
- Relocation Counseling
- Stress Management Training
- Seminars on Work/Life Balance
- Managerial Training for Work/Life Balance
- Corporate Partners Program
- Business Coaching

Please check if this plan is available through your company's Human Resources Department

**THE UNIVERSITY OF TEXAS
EMPLOYEE ASSISTANCE AND
WORK/LIFE PROGRAMS**

Calling Information & Accessibility

- ▶ 713-500-3327
- ▶ 1-800-346-3549
- ▶ www.uteap.org
- ▶ Day and evening appointments available
- ▶ Offices throughout the state of Texas and nationwide for convenience
- ▶ 24 hours a day, 7 days a week for emergencies
- ▶ Free of cost to employee and family
- ▶ Confidential per federal requirement

The University of Texas Employee Assistance and Work/Life Programs

*A program of the University of Texas
Health Science Center at Houston*

7000 Fannin Street, Suite 1670
Houston, Texas 77030
713-500-3327 or 1-800-346-3549

www.uteap.org

UT EAP

*We help pave the way so
you may reach life's
destinations ahead...*

*Employee Assistance and
Work/Life Programs*



THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

UTEAP SERVICES

What is an Employee Assistance Program?

Very simply, an Employee Assistance Program (EAP) is just what it sounds like - assistance for employees. An EAP provides confidential, professional assistance to help employees and members of their households resolve problems that affect their personal lives or job performance.

We have contracted with The University of Texas Employee Assistance Programs (UTEAP) whose staff is specialized in helping people identify their problems, offer guidance, and locate resources when necessary.

UTEAP is strictly confidential and operates best on a voluntary basis. It is designed to allow employees or their family members to seek help on their own. Visits to the program office to determine the nature of the problem and what course of action is needed to resolve it are totally free. Simply call 713-500-3327 or 1-800-346-3549 to schedule your free, confidential appointment with an assessment and referral counselor.

How Can UTEAP Help?

Any problem that troubles you, gets out-of-hand or reduces your ability to concentrate can be brought to UTEAP at no cost to you. This includes but is not limited to:

- ▶ Family problems
- ▶ Marital relationships
- ▶ Birth of a child or child rearing
- ▶ Illness or death of a loved one
- ▶ Conflict with co-workers
- ▶ Teen issues
- ▶ Stress
- ▶ Interpersonal problems
- ▶ Alcohol or drug problems
- ▶ Eldercare issues
- ▶ Anger management
- ▶ Resources & referral
- ▶ Mediation services
- ▶ and many others...

Financial Services

- Tax/IRS questions
- Retirement planning
- College tuition funds
- Estate planning
- Credit advice
- Personal budgeting
- Debt consolidation
- Debt retirement
- No cost to employee/family

Legal Assessment & Referral

- Divorce and family matters
- Child support and visitation
- Prosecution of criminal charges including traffic, alcohol and drug offenses
- Wills and probate
- Landlord/tenant problems
- Legal issues associated with bankruptcy and credit problems
- Legal advice, up to 30 minutes per call
- Secured web-based access
- No cost to employee/family

**A more productive and stress-free
life is just a phone call away**

**Cost-free, Confidential, Convenient
Locations, Concrete Solutions**

NOTE: Attorneys cannot assist you with employee related matters against your organization

*Produced in Commemoration
of
The International Year of Disabled Persons
by
The National Easter Seal Society
for the
National Restaurant Association*

With each day we become increasingly conscious of the diversity of people who patronize our nation's restaurants. Thanks to this expanding consciousness, many persons who are elderly or who have disabilities are now able to enjoy dining out.



A few years ago only a few restaurants provided ramps, accessible washrooms or adequate parking space for persons who use wheelchairs; telephones for persons with hearing impairment; or menus that could be "read" by persons who are blind. These and other adaptations that were formerly the exception are now becoming the standard model for restaurants across the country.



TIPS FOR HOSPITALITY will help restaurants to extend a welcoming environment to the growing number of patrons with disabilities.

A-295117

Sponsored by
THE NATIONAL EASTER SEAL SOCIETY
2023 West Ogden Avenue
Chicago, Illinois 60612

581

Distributed as a component of Design for Accessibility
a traveling show



for Hospitality

Welcoming Patrons with Disabilities

Some Tips ...

... for hospitality

- Always speak directly to the person who has a disability. (Don't consider a companion to be a conversational go-between.)
- Try not to move a wheelchair or crutches out of reach of the person who uses them.
- When there is a need to push a wheelchair, ask the person how he or she wants to proceed.
- Try to give whole, unhurried attention to the person who has difficulty speaking.
- When serving a person who has trouble cutting, offer to help if needed. (It may be easier to ask if the person would prefer to have the food cut in the kitchen.)
- Explain to a person who has a visual problem where dishes, utensils, and condiments are located on the table.
- When greeting a person who has a visual impairment, be sure to identify yourself.
- Try to orient persons with visual problems to their dining environs.
- When handing money to a person who is blind, separate the bills into denominations, saying that they are ones, fives, etc.
- If no braille, or large-type, menu is provided, read the menu, including the prices.
- Don't hesitate to ask the person if you can help him or her in any way.
- If the patron has a hearing loss:

Speak clearly and slowly, but don't exaggerate or shout. (Sometimes it may be necessary to communicate in writing).

Try to stand in front of the light source in order to provide a clear view of your face. (Never speak directly into the person's ear.)

Look directly at the person and speak expressively, remembering your facial expressions, gestures, and body movements help in understanding. Just remember you don't need to be an expert in sign language to do this.

Remember to address the person with the disability and not someone who may be serving as an interpreter for that person.

... for accessibility*

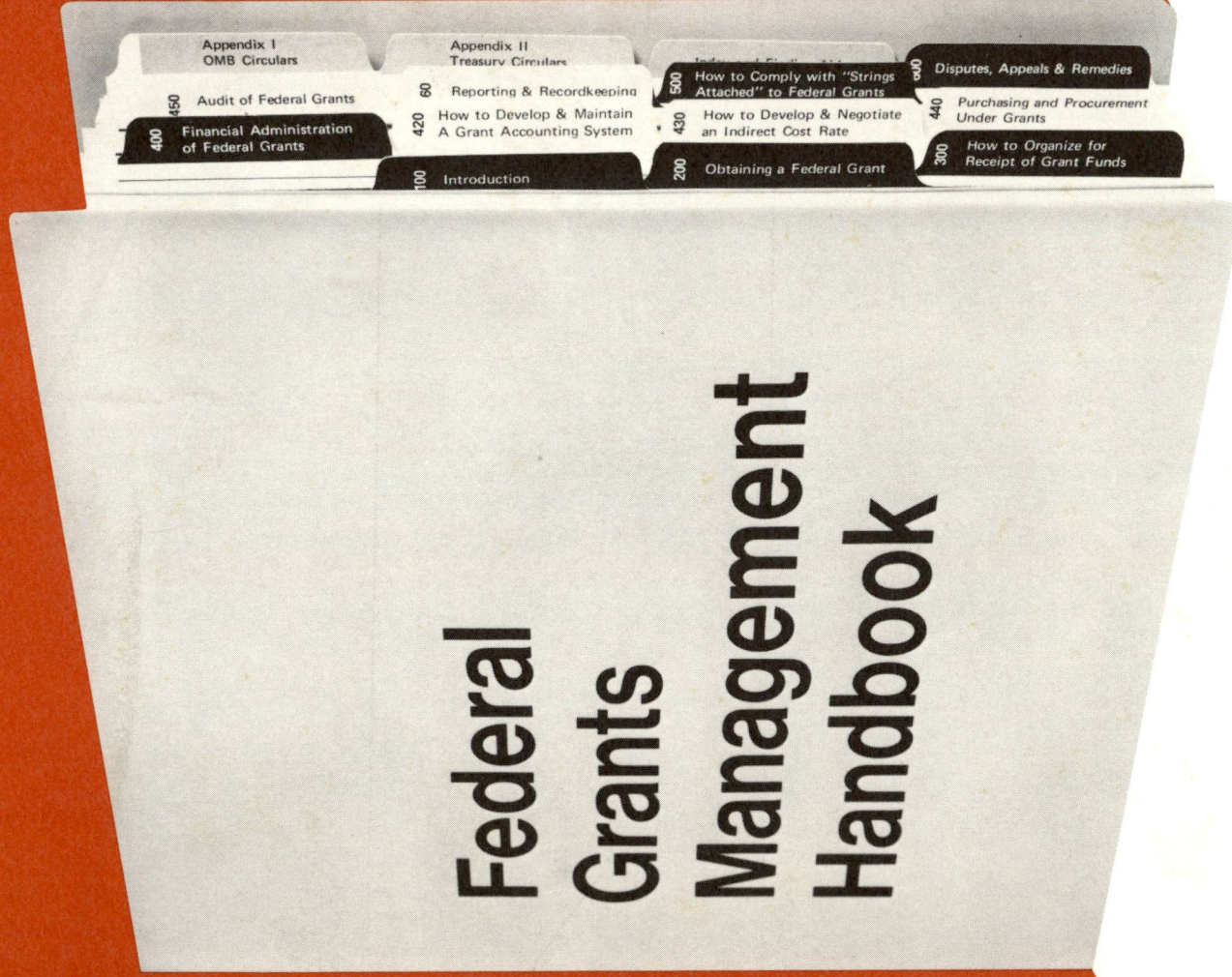
- Reserved parking spaces wide enough (12 feet by 6 feet) to give users of wheelchairs access to their cars.
- Curb ramps 40 inches wide with a slope no greater than 1 inch in 12.
- Walkways 48 inches wide to allow wheelchair users to pass others.
- Entrance ramp with slope no greater than 1 in 12; handrails on both sides extending 1 foot beyond the top and bottom.
- Doors that are easy to operate with a clear opening of at least 32 inches; thresholds at doors rising no greater than 1/2 inch.
- Aisle space allowing clear pathways (48 inches wide) to tables; ramps for multi-level dining areas.
- Objects that protrude from the wall (drinking fountains and telephones) recessed or hung not more than 4 inches from the wall.
- Telephones with coin slot 54 inches from floor if approach is from a side reach; otherwise, 48 inches. Volume control handset equipment on the telephone for persons with hearing impairments.
- Toilet room accommodations:
 - Entrance-door clearance of 32 inches.
 - Top of toilet seat 17 inches to 19 inches from floor.
 - Grab bars on both sides of toilet stall extending a minimum of 42 inches and mounted 1-1/2 inches from wall.
 - Lavatories with faucets that are easily operable, such as lever type.
 - Accessories (towel dispensers and mirrors) hung 48 inches to 54 inches from floor.
- Floor surfaces that are smooth and hard or a tightly woven, slip-resistant carpet.
- Signs with contrasting color and raised or recessed lettering, located 4-1/2 feet to 5-1/2 feet above floor.

**Design Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People are available from the American National Standards Institute, 1430 Broadway, New York 10018. State and local Building Codes may also contain certain requirements for accessibility.*

SIMPLIFY

**FEDERAL GRANTS ADMINISTRATION
WITH THIS CONTINUOUSLY UPDATED
MANAGEMENT INFORMATION SERVICE**

Federal Grants Management Handbook



**Save Time & Money While Increasing
Your Management Effectiveness!
See *Inside For Details*.**

T HANDBOOK—Here's How Grants Management Requirements

thorough, straightforward explanation of each requirement: who is affected . . . what is required . . . what is the timetable (if any) . . . what are the formal and informal procedures . . . and so forth. The **Basic Guide** also notes important *exceptions* to requirements where they exist.

If you've ever tried to read and understand a portion of the *Federal Register*, an administrative law decision, or a grant agreement, you'll easily recognize the value of concise, clearly written explanations of the intent and effect of these many requirements. The **Guide** spares you the "gobbledygook."

Unique Cross-Reference & Index Systems Aid Rapid Reference

Your effective understanding is further enhanced by a unique cross-reference system that shows the interrelationships of all requirements and references their explanations to the appropriate official source document.

The **Basic Guide** is also completely indexed three ways—a general topical index, an index of court cases, and an index of Comptroller General's decisions—so you can locate particular answers to your immediate operational questions without delay.

Appendices Contain Official Source Documents

Significant numbers of federal grantor agencies and programs are covered by various blanket administrative requirements which are described in circulars issued by the Office of Management and Budget (OMB) and the Treasury Department.

While these circulars contain official grants management policy, their distribution by the federal agencies to local grant recipients is at best haphazard.

But as a subscriber to the **Federal Grants Management Handbook**, you receive all applicable circulars issued as of the start of your subscription, plus new circulars as policies are issued or amended. Your savings in terms of research time are considerable.

Continuous Monthly Updates

New or amended grants management regulations are issued periodically by individual agencies throughout the federal government. Keeping track of these new developments is practically a full-time job. And ignorance of them can be costly.

But not for you. The **Basic Guide** is continuously revised and expanded as new developments occur, and new updated text is sent along to you in monthly installments.

Monthly Supplements Help You Anticipate Changes

Along with new or revised **Guide** text, each month you receive the **Current Developments** supplement, a newsletter for grants managers. Providing you with coverage of current and significant developments in the Congress, the courts, and the federal agencies, plus technical assistance information and announcements of training opportunities, the **Current Developments** supplements help you anticipate national developments that may affect your local grant program.

Individual AGENCY CHAPTERS

In addition to the **Basic Grants Management Guide** and **Current Developments** supplements, the **Federal Grants Management Handbook** features individual **Agency Chapters** for each of twenty-two grant-making federal agencies.

Each chapter charts the organizational structure of that particular agency, lists key officers and telephone numbers, describes grant management publications issued by that agency, and explicates grant administration policies peculiar to that agency.

Subscribers to the **Basic Guide** are entitled to order as many **Agency Chapters** as they need. Many subscribers order **Agency Chapters** for agencies they do not presently deal with in order to prepare for future grant activity. A complete list of **Agency Chapters** is shown on the back of this brochure.

Current, coherent, and convenient—the Federal Grants Management Handbook is the one grants management information resource that "uncomplicates" federal grant red tape.

Put it to work for you!

Use the convenient, postage-paid order card on the back of this brochure to start your subscription today!

The FEDERAL GRANTS MANAGEMENT It Helps You UNcomplicate Complex C

Complete Coverage In A Single Source

Effective and efficient grants management requires that you have timely and convenient access to all relevant information about federal grants management rules, regulations, and requirements.

The **Federal Grants Management Handbook** gives you that access by uniting all federal grants management materials and information in a single-source, loose-leaf format.

The **Basic Grants Management Guide** is the heart of the **Handbook**. It presents a systematic review and cogent analysis of all generally applicable requirements and procedures involved in federal grants management.

Beginning with a general introduction to the federal grant-making process, the **Basic Guide** shows you how to . . .

- Organize your internal grant management program so that your organization's local priorities and objectives will not be skewed by federal rules and regulations.
- Integrate your grant management program with your organization's budgetary process so that you avoid over-dependence on . . . and risk of untimely cut-off of . . . federal funds.

- Develop and negotiate an indirect cost rate that is consistent, acceptable to the grantor agency, and adequate for your overhead needs.
- Acquire and manage grant resources and property in accordance with the federal rules affecting grantee procurement.
- Insure your organization's compliance with all "strings" (i.e. civil rights, environmental, and other public policy provisions) attached to your grant.
- Deal with disputes between your organization and your grantor agency.

Plus, you'll learn about procedures for handling a government audit of your grant program, details about recordkeeping and reporting requirements, and important information about developing and maintaining a grant accounting system.

Thorough Explanations For Each Requirement

Effective and efficient grants management also requires that you *understand* the nature of each grant administration requirement. The **Basic Guide** provides that understanding with a



To stay as fully informed as you will be with the **Federal Grants Management Handbook**, you would have to spend several hundred dollars and many hours of your time collecting and comprehending the collection of materials shown in this photo. And even then, some very important policy documents are difficult, if not virtually impossible, to locate.

Compare this to the convenience of the **Federal Grants Management Handbook** where all grant management information and documents are gathered together, organized, indexed, and made easily accessible for your instant reference.

Your savings in management and staff time alone is worth far more than the cost of an annual subscription!

Order your **Federal Grants Management Handbook** service today.



Grants Management Advisory Service

2120 L STREET NW, SUITE 210 • WASHINGTON, DC 20037 • 202/872-1766

The management of federal grants in your organization should be uncomplicated, right? After all, the purpose of your grant is to accomplish some socially useful objectives, not to make your life miserable.

Dear Federal Grants Administrator,

Unfortunately, despite promises to unclutter things here in Washington, the administrative regulations governing federal grants remain about as "unsimple" as they ever were.

So what can you do about it?

You could invest hours of your time and several hundred dollars collecting, reading, and trying to fathom the dozens of government documents pertaining to grant management.

On the other hand, you could ignore the whole problem, hoping that it would just go away, but risking an adverse government audit report ... or worse. Or, you could spend about two minutes and less than \$100 ordering the Federal Grants Management Handbook and have virtually all the answers you need in a single, comprehensive, convenient source.

Prepared by experienced grants managers (like yourself) and knowledgeable attorneys and accountants, the Handbook contains complete information about regulations, executive orders, administrative and court decisions affecting the management of federal grants ... and your agency's rights and responsibilities.

But that's not all! It also includes complete, coherent analysis of generally applicable public policy requirements, providing you with easy understanding of what you must do, can't do, and should do to be in compliance.

Finally, because current information is absolutely essential to effective grants management, the Handbook is updated monthly to keep you abreast of the latest developments and changes in policies that affect your administrative responsibilities.

You couldn't ask for ... nor can you get ... more complete, more current, more carefully prepared guidance on federal grants management. But if you remain unconvinced of its value, check inside to see how the Federal Grants Management Handbook will help you deal with complex grants management requirements.

Then use the convenient, postage-paid order card on the back of this brochure to start your subscription today.

Sincerely,

Robert M. Lloyd

Robert M. Lloyd
Director

About The Grants Management Advisory Service

The Grants Management Advisory Service is an independent publishing and consulting firm engaged in providing technical assistance services to local organizations and persons involved in grants management. In addition to publishing the **Federal Grants Management Handbook**, the Service also conducts training programs and provides individual consultation services.

Its staff of editors, researchers, accountants, and attorneys includes people who have been grants administrators themselves. This experience provides them with a grant recipient's point of view—that's your point of view, too! They know and understand your needs and problems, and they know, too, the value of an *independent, reliable source* of grants management information.

Capitalizing on their location in Washington and proximity to the federal government, the staff of the Service is uniquely qualified to compile and publish the **Federal Grants Management Handbook**. With access to original sources of information, whether federal officials or documents, this staff is fully

capable of providing you with the most current and accurate information available.

As a subscriber to the **Federal Grants Management Handbook**, you're plugged in to this unique service, too.

With requirements as complex and numerous as those pertaining to federal grants management, it is inevitable that individual grants managers, like yourself, will have questions about their own programs.

Thus, when you become a subscriber to the **Federal Grants Management Handbook** you are also entitled to contact the staff of the Service when you face a problem about grants management.

The staff will search out the information you need and provide the answer— **at no extra charge to you!**

Available only to current subscribers, the Grants Management Advisory Service **Inquiry Service** is just one more way of helping you "uncomplicate" federal grants management.

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*Produced in Commemoration
of
The International Year of Disabled Persons
by
The National Easter Seal Society
for the
Building Owners and Managers Association International*



As more job opportunities are opened to persons who are elderly or who have disabilities, owners and managers of office buildings look increasingly for ways to meet a wider variety of occupants' needs. These trends pose new challenges to create an environment that is both accessible and hospitable.

BUILDING ACCESS offers a brief checklist to alert building management to some important features that help to make facilities accessible. It also suggests guidelines to help receptionists, security staff, and other frontline personnel respond to the special needs of their buildings' occupants and visitors.



A-296-117



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Building Access

SUGGESTIONS FOR EXTENDING ACCESS TO PERSONS WITH DISABILITIES

Some accessibility features ...

- Consider exterior as well as interior space. Curb cuts (36 inches wide), walkways (48 inches wide), and reserved parking spaces (8 feet wide) with an adjacent aisle (5 feet) for wheelchairs.
- If the principle entrance to the building is not at ground level, a ramp with a slope no greater than 1 inch in 12 inches can make it accessible. Extend handrails on both sides, 1 foot beyond the top and bottom of the ramp.
- Use easy-to-operate doors with a clear opening of at least 32 inches and thresholds rising no greater than ½ inch.
- Some persons use canes to detect objects such as telephones and other fixtures that protude into passageways. The leading edge of such fixtures should be installed at no more than 27 inches above the floor; otherwise, protrusion is restricted to 4 inches from the wall.
- Install telephones with coin slots 54 inches from the floor if phone is reachable from the side; otherwise, 48 inches. A volume control handset is helpful for persons with hearing impairments. (Assistance may be obtained from your local telephone company.)
- Place elevator call buttons no higher than 42 inches from the floor, control buttons inside the elevator no higher than 54 inches. Designate them by raised or indented numerals.

- Provide floor surfaces that are smooth and hard or are covered with tightly woven, nonpadded, slip-resistant carpet.
- The following provisions will make toilet rooms accessible.

Entrance-door clearance of 32 inches.

Top of toilet seat 17 inches to 19 inches from the floor.

Grab bars on both sides of the toilet stall, extending a minimum of 42 inches and mounted 1-½ inches from the wall.

Lavatories with faucets that are easily operable, such as lever-type.

Mirrors hung 48 inches from the floor.

NOTE: The above specifications are included in ANSI A117.1 (1980) *Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People*. State and local Building Codes should be checked for the accessibility requirements in any given area.

Some hospitality tips ...

- Always speak directly to the person who has a disability. (Don't consider a companion to be a conversational go between.)
- Don't hesitate to ask the person if you can help in any way.
- When there is a need to push a wheelchair ask the occupant how he or she wants to proceed.
- When greeting a person who has a visual impairment, be sure to identify yourself.
- Try to orient persons with visual problems to their environs.
- Guide dogs—both “seeing eye” and “hearing ear”—accompanying persons with disabilities should be admitted into buildings. Such dogs are highly trained and need no special care other than that provided by their owners.

- Try to give whole, unhurried attention to the person who has difficulty speaking.

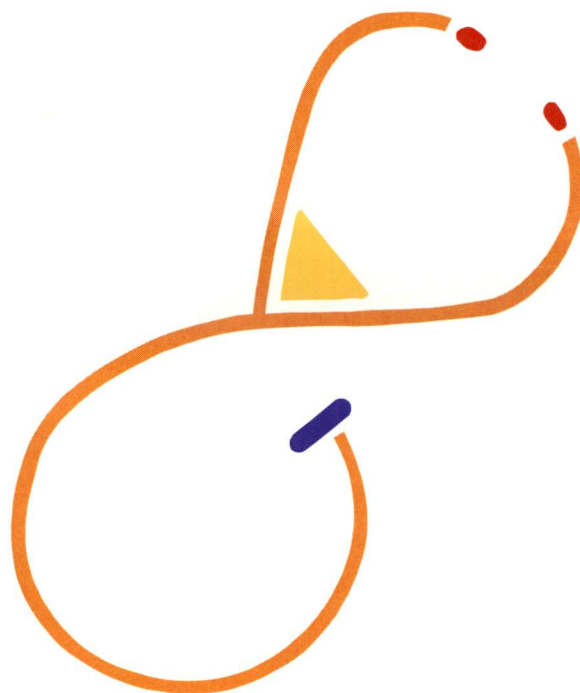
- When addressing a person with a hearing loss:

Speak clearly and slowly, but don't exaggerate or shout. (Sometimes it may be necessary to communicate in writing.)

Try to stand facing the light source in order to provide a clear view of your face. (Never speak directly into the person's ear.)

Look directly at the person and speak expressively, remembering your facial expressions, gestures, and body movements help in understanding. Just remember you don't need to be an expert in sign language to do this.

Access Equals Opportunity



Council of Better Business Bureaus' Foundation

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*Your Guide to the
Americans With Disabilities Act*



RESOURCE LIST

U. S. Department of Justice Office on ADA

P.O. Box 66738
Washington, DC 20035-9998
(202) 514-0301 Voice
(202) 514-0307 Voice
(202) 514-0383 TDD

Architectural and Transportation Barriers Compliance Board

1331 F Street, NW, Suite 1000
Washington, DC 20004-1111
1 (800) 872-2253 Voice/TDD
(202) 272-5434 Voice/TDD

Equal Employment Opportunity Commission Office of Legal Counsel, ADA Services

1801 L Street, NW
Washington, DC 20507
(202) 663-4503 Voice
1 (800) 669-3362 Voice
(202) 663-7026 TDD

Job Accommodation Network

West Virginia University
809 Allen Hall
Morgantown, WV 26506-6123
1 (800) 526-7234 Voice/TDD
1 (800) ADA-WORK

National Institute on Disability and Rehabilitation Research: Disability and Business Technical Assistance Centers

1 (800) 949-4ADA

The President's Committee on Employment of People with Disabilities

1331 F Street, NW, Suite 300
Washington, DC 20004-1107
(202) 376-6200 Voice
(202) 376-6205 TDD

Disability Rights Education and Defense Fund

1633 Q Street, NW, Suite 220
Washington, DC 20009
(202) 986-0375 Voice/TDD

2212 Sixth Street
Berkeley, CA 94710
(510) 644-2555 Voice
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1 (800) 466-4232 Hotline

FOREWORD

The Americans with Disabilities Act (ADA) calls for businesses to make their facilities, goods, and services accessible to all people with disabilities. The ADA is good business because access for everyone is the key to attracting new patients and retaining those you now serve.

This Guide will help you work creatively to comply with requirements of the public accommodations section of the Act for existing businesses. It contains suggestions for readily achievable—cheap and easy—methods for removing architectural barriers; methods for achieving effective communication; and guidance for determining whether your policies or procedures might exclude some people with disabilities.

To make sure that the Guide provides practical answers to your questions, seven Better Business Bureaus in different regions of the country brought together local business leaders and disability rights groups to discuss their concerns and questions about compliance. Instructive answers to the most frequently asked questions are included.

The Guide was produced by the Council of Better Business Bureaus' Foundation in conjunction with the Disability Rights Education and Defense Fund (DREDF). Initial funding was provided by the U.S. Department of Justice. The Foundation and DREDF have joined together in a partnership for compliance to help small and mid-sized businesses understand what they have to do to comply with the ADA.

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Printed in U.S.A.

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BEU1001192

The Council of Better Business Bureaus' members are 400 national corporations and more than 150 Better Business Bureaus around the country whose members are 250,000 small and mid-sized businesses. The Council's Foundation is an education and research organization.

DREDF is a national law and policy center dedicated to furthering the civil rights of people with disabilities. It is managed and directed by people with disabilities and parents of children with disabilities. DREDF is universally credited for their leadership in the passage of the ADA.

We are working together to promote voluntary compliance with the Act. Businesses that fail to comply are subject to administrative complaints, lawsuits, and fines. People in business who read this Guide will learn that compliance really is good for business.

We thank all who helped produce this Guide: the Better Business Bureaus of Austin, Boston, Denver, Fresno, New Orleans, Philadelphia, and Toledo; the participating local business and disability leaders; the staff and consultants of the Council of Better Business Bureaus, the Foundation, and DREDF; and the staff of the Civil Rights Division of the U.S. Department of Justice.

Barbara Bode, Executive Director, Council of Better Business Bureaus' Foundation

Liz Savage, National Director of Training and Technical Assistance, Disability Rights Education and Defense Fund

July, 1992

Guides are available in accessible formats for retail stores, restaurants and bars, car sales and service, fun and fitness centers, grocery stores, and medical offices.

least one telephone must be accessible by people who use wheelchairs or other mobility devices if readily achievable.

If providing an accessible telephone is not readily achievable, then readily achievable alternative methods of providing access to a telephone are required. For example, facilities can offer patients or clients who cannot use the public telephone the use of a private telephone. A sign should be posted near the public telephone(s) specifying the location of an accessible telephone and/or whom the person should contact to arrange for its use.

* * * * *

This Guide provides general information to promote voluntary compliance with the Americans with Disabilities Act (ADA). It was prepared under a grant from the U.S. Department of Justice. While the Office on the Americans with Disabilities Act has reviewed its contents, any opinions or interpretations in this document are those of the Council of Better Business Bureaus' Foundation and the Disability Rights Education and Defense Fund and do not necessarily reflect the views of the Department of Justice. The ADA itself and the Department's ADA regulations should be consulted for further, more specific guidance.

This Guide is available in alternative formats. For more information contact:

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the examination or treatment and give a step-by-step account of what will happen; speak slowly using simple, clear concepts; repeat the information if necessary; provide simple drawings or diagrams if they will aid the communication process.

If it is necessary to obtain a signed consent-to-treatment form, make sure the patient is capable of making an informed decision about the proposed treatment or action. If the individual is not able to provide his or her informed consent, consent must be obtained from a parent or guardian.

- Q. Must health care facilities install visual fire and other emergency alarms?**
- A.** Where audible alarms are provided, visual alarms must be added if readily achievable. The ADAAG specifies the types of alarms that meet this requirement.

People who are deaf or hard of hearing depend on visual alarms to alert them to fire or other emergencies. It is suggested that a sign be placed next to the alarms indicating their purpose. Directories should also point out the location of visual alarms.

- Q. Must health care facilities have accessible drinking fountains?**
- A.** Facilities with drinking fountains must make them accessible if it is readily achievable to do so. To make fountains accessible, mount them low enough to be easily reached from a sitting position or install a paper cup dispenser within easy reach.
- Q. Are health care facilities that provide public telephones required to provide accessible public telephones?**
- A.** If a facility provides public telephones, at

OVERVIEW OF THE AMERICANS WITH DISABILITIES ACT

Introduction

The Americans with Disabilities Act of 1990 (ADA) is the nation's first comprehensive civil rights law for people with disabilities. The ADA changes the way America does business.

The ADA aims to eliminate discrimination against people with disabilities by ensuring equal opportunity in employment, state and local government services and programs, places of public accommodation, public and private transportation, and telecommunications. This publication provides an overview of Title III of the Act, Public Accommodations, with a specific emphasis on requirements for existing facilities and current service practices.

Who is protected?

Under the ADA, a person with a disability is someone with a physical or mental impairment that substantially limits one or more major life activities, or someone with a record of such an impairment, or one who is regarded as having such an impairment.

Examples of disabilities include orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; psychiatric disability; specific learning disabilities; HIV disease (whether symptomatic or asymptomatic); tuberculosis; drug addiction (although people who are currently illegally using drugs are not covered); and alcoholism.

What are "Public Accommodations" under the ADA?

Title III of the ADA specifies twelve types of entities that, regardless of size, are public accommodations: places of lodging, exhibition or entertainment, public gathering, public display or collection, recreation, and exercise; private educational institutions; establishments serving food or drink; sales or rental establishments; service establishments; stations used for specific public transportation; and social service center establishments.

When must public accommodations comply with the ADA?

Title III went into effect on January 26, 1992, for all covered businesses, including small ones. However, small businesses have been given a grace period before legal action can be taken against them. For businesses with 10 or fewer employees and gross annual receipts of less than \$500,000, the grace period extends until January 26, 1993. This grace period does not apply to violations of the ADA's requirements for new construction or alterations.

Actions that are discriminatory

The ADA identifies actions that discriminate against people with disabilities. In general, denial of the right to participate and unequal or separate treatment are prohibited by the ADA. For example, a business cannot ask a person with a disability to leave because an employee or another customer is uncomfortable with that person's disability or because its insurance company conditions coverage or rates on the absence of people with disabilities. Nor, for example, can people with disabilities be limited to attending only certain performances at a theater.

- A. For communications that are short and straightforward, such as when a patient is having a simple blood test, using a pen and note pad or taking turns at a computer terminal are adequate ways to communicate effectively with a patient or client who is deaf or hard of hearing.

Sign language interpreters are required in situations when they are necessary for a doctor or other health care provider to communicate effectively with a patient or client and when providing an interpreter would not pose an undue burden. For example, when a doctor needs to discuss with a deaf patient a complex matter like treatment options for cancer and that patient is someone who communicates through sign language, a physician who can locate a qualified sign language interpreter and absorb the fee in his or her overhead without undue burden is required to provide interpreter service for communicating with that patient.

It is also important for medical and health care facilities to communicate effectively with patients with speech impairments. Allowing sufficient time for a person with such a disability to express himself or herself or to spell out a message on his or her word board are examples of methods to achieve effective communication.

- Q. **What auxiliary aids and services must health care facilities provide to ensure effective communication with people with cognitive impairments such as mental retardation?**
- A. It is important to communicate clearly and simply with an individual with a cognitive impairment. In situations involving complex matters, people with cognitive impairments can benefit from the careful restatement or interpretation of concepts that fosters effective communication. For example: Explain the purpose of

some patients with limited vision. Brailled materials are an option for patient or clients who are blind, but not all people who are blind read Braille. Another method to provide effective communication to patient or clients who are blind or have limited vision is for staff to read the materials to them.

It is also helpful to explain in advance the various procedures that are going to be performed. If instruments are going to be used, an explanation about their function and purpose is important. If possible, allow the person to touch the implements. Let patients handle three dimensional models if they are available in the office to explain procedures and treatments.

Q. What are the best ways to make signs and other written information accessible to people with vision impairments?

- A. Office directories must be made available in an accessible format if doing so does not pose an undue burden. Options to improve access include printing the directory in large print and providing good lighting near the directory, providing the directory information on audio tape, and providing personal assistance to read the directory and/or help the person find the particular office or service he or she is seeking.

Large print formats for signs and documents are useful for people with limited vision, including older patients or clients. Large print directories are also helpful to those reading directories from a distance, such as people who use wheelchairs.

Q. How do health care facilities communicate with patients or clients who have hearing or speech impairments? Must they provide sign language interpreters to communicate with individuals who are deaf?

Services in an integrated setting

Title III requires that public accommodations provide their services to people with disabilities in the most integrated setting possible. For example, a patient with a disability may not be placed in a segregated or separate section solely because she or he has a disability.

Reasonable modifications to policies, practices, and procedures

Public accommodations are required to make reasonable modifications to their policies, practices, and procedures in order to make their goods and services available to people with disabilities unless the business can demonstrate that a modification would fundamentally alter the nature of the goods or services provided. For example, a health care facility with a blanket "no pets allowed" policy must modify the policy by making an exception for service animals used by persons with disabilities.

Eligibility criteria

A public accommodation is not allowed to apply eligibility criteria for its goods or services that tend to, or that actually do, screen out people with disabilities except when the criteria are necessary to provide the goods or services that are being offered.

The ADA also requires that any criteria used be applied fairly and equally to all members of the public. It prohibits public accommodations from basing their eligibility criteria on assumptions that would unnecessarily exclude individuals with disabilities who, in fact, are eligible to participate in an activity.

Effective communication with the public

Public accommodations are required to communicate effectively with customers or

clients who are deaf or hard of hearing or who have speech or vision impairments by whatever means are appropriate. In the ADA, the term "auxiliary aids and services" refers to the means for achieving effective communication. This term includes sign language interpreters; written materials; assistive listening devices; Telecommunication Devices for the Deaf (TDDs); taped, Brailled, or large print materials; readers; and other communication tools.

The auxiliary aid requirement is a flexible one. The goal is to find an effective means of communication that is appropriate for the particular circumstance. For example, for communications that are simple and straightforward, such as when a deaf patient is getting a blood test, using a pen and note pad may suffice. This means of communication might not be appropriate, however, when complex concepts must be communicated clearly, such as when a physician explains treatment options to a deaf patient.

A business is not required to provide any particular auxiliary aid or service that it can demonstrate would fundamentally alter the nature of the goods or services being provided or would result in an undue burden on the business. It must, however, provide those needed auxiliary aids and services that would not result in an undue burden. "Undue burden" is defined as significant difficulty or expense when considered in light of a variety of factors including the nature and cost of the auxiliary aid or service and the overall financial and other resources of the business. The undue burden standard is intended to be applied on a case-by-case basis.

Removal of architectural barriers in existing facilities—What is "Readily Achievable"?

Public accommodations are required to remove architectural barriers—those elements of a facility that impede access by people with disabilities—to ensure access for patients or

must take whatever steps are necessary to conduct the examination and provide treatment unless doing so would fundamentally alter the nature of the treatment provided.

Q. How can health care facilities provide effective communication with patients who are blind or who have limited vision?

A. Patients and clients with vision impairments may need orientation to locate the examination or treatment room within the medical or health care facility. It is customary to offer to orient a person with a vision impairment to his or her surroundings. If he or she accepts the offer of assistance, the staff person should offer his or her arm to the patient or client and guide the person to the appropriate area, alerting him or her to obstacles along the way.

Printed material and information used by the health care facility such as consent-to-treatment and insurance forms must be accessible to people with vision impairments. Information about the condition for which the individual is seeking treatment, instructions that must be followed before certain tests, and release-of-information forms must also be made available in an accessible format.

The best way to provide access to this information depends on the needs of the individual patient, the type of facility, its resources, and whether a particular option would pose an undue burden.

Methods to make material accessible may include providing audio cassette tapes of the material and a cassette player. Offering large print materials is another inexpensive way to achieve effective communication with many patients and clients who have limited vision. An inexpensive magnifier is also useful for

Medical and health care facilities must provide assistance to undress and dress as needed or requested by patients with disabilities unless doing so fundamentally alters the services provided.

If they have a blanket policy prohibiting individuals other than patients in examination or treatment facilities, medical and health care facilities must modify the policy to allow a family member, friend, or personal care assistant to accompany a patient or client when necessary during the examination or treatment.

Q. What access problems do patients with mobility impairments encounter at dentists' offices?

- A. Some patients who use wheelchairs either cannot independently transfer into the dentist's chair or must remain in their wheelchairs because of their disabilities. For a patient who does not have to remain in his or her wheelchair and wishes to transfer to the dentist's chair, dental staff must provide assistance in transferring unless doing so would fundamentally alter the service provided.

Staff should follow the instructions and preferences of the patient with regard to lifting or providing other assistance. Cushions or pillows may be necessary to enable a patient to sit comfortably in the dentist's chair for the examination or treatment.

Some procedures do not require the patient to transfer from the wheelchair. In these cases dentists should allow the patient to remain in the wheelchair if he or she wishes. Dentists must take steps, however, to ensure that the patient is made as comfortable as possible. If a patient can be treated only while seated in his or her wheelchair, dental staff

clients where it is possible to do so in a readily achievable manner. Examples of barriers are curbs and steps; narrow exterior and interior doorways and aisles; rest room doorways and stalls that are too narrow for use by a person who uses a wheelchair; and inaccessible drinking fountains and telephones.

The ADA defines "readily achievable" as "easily accomplished and able to be carried out without much difficulty or expense." Examples of barrier removal possibilities include providing a ramp for one or even several steps, widening doorways, reconfiguring display shelves to increase aisle width, widening bathroom doorways, moving toilet stall partitions, and installing grab bars.

The readily achievable standard does not require barrier removal that involves extensive restructuring or burdensome expense. Required barrier removal for a particular public accommodation will depend on its financial and other resources. The readily achievable standard is intended to be a flexible one that is applied on a case-by-case basis.

The Department of Justice (DOJ) has recommended an order of priorities for barrier removal that it urges businesses to follow. First, provide access from parking areas, sidewalks, and entrances to the public accommodation so a person with a disability can "get through the door." Second, provide access to those areas where goods and services are provided. Third, provide access to rest room facilities when they are open to the public. Fourth, take other measures to provide access to the goods, services, or facilities.

The questions and answers in this Guide are organized according to these priorities.

Landlord and tenant—Allocation of responsibility for complying with Title III of the ADA

Both the landlord who owns the building where a public accommodation is located and the tenant who owns or operates the public accommodation are responsible for compliance with Title III. They may allocate between themselves the responsibility for meeting their mutual obligations however they wish.

Allocation of responsibilities between landlord and tenant for removing barriers when readily achievable, providing auxiliary aids and services, and modifying policies, both in common areas as well as within places of public accommodation, may be determined by the lease or other contract between the parties. Alterations clauses in a lease often spell out what a tenant is allowed to do within leased space, while compliance clauses allocate responsibility to one party or another for compliance with federal, state, and local laws.

Tenants are advised to review ADA obligations with their landlords. Those tenants who are entering into new leases should negotiate and allocate responsibility for ADA compliance with their landlord. Failure to determine, allocate, and execute ADA responsibility may result in either the tenant's or landlord's liability for noncompliance.

Accessibility Guidelines

The Americans with Disabilities Act Accessibility Guidelines (ADAAG) issued by the Architectural and Transportation Barriers Compliance Board can serve as a guide for identifying the various kinds of measures that can be taken to remove barriers and as a guide for how best to remove them.

If there are steps to the front entrance and the front door is very narrow, businesses must

consultations with patients who do not have disabilities. A group of physicians could purchase such a table and make arrangements to share its use.

If neither of these options is readily achievable, then medical and health care facilities must provide assistance to help patients onto the high tables, including lifting them if necessary. Such measures must be undertaken in a safe manner to avoid injury to both the health care personnel and the patient and to preserve the dignity of the patient as much as possible.

Similarly, health care facilities must provide such assistance to patients with mobility impairments who are having radiology exams or other tests conducted on surfaces that cannot be adjusted for height or that are inaccessible in some other way.

In all of these situations, medical and health care personnel should follow the instructions and preferences of the patient with regard to lifting or providing other assistance.

Modifications to the manner in which certain examinations are conducted are also required. For example, some X-ray equipment used to take mammograms is built so the patient must stand to have the X-ray taken. Other mammogram equipment requires the patient to sit on a wheeled stool with a swivel seat. In both situations, a woman with a disability that prevents her from standing or sitting safely on such a stool would not be able to undergo the X-ray examination.

Replacing the stool with a stable chair or allowing the patient to undergo the examination from her wheelchair are appropriate methods of providing access.

Q. What assistance must health care facilities provide for patients and clients who use wheelchairs or other mobility devices to ensure equal and effective treatment and services?

A. Individuals with mobility impairments often find it difficult or impossible to use certain standard equipment found in medical and health care facilities. For example, people who are not ambulatory cannot use standard-height examining tables.

Therefore, health care providers cannot conduct certain examinations that require patients to lie prone or supine unless the individual is lifted onto the table. Such measures can be unsafe, embarrassing, and undignified for many patients. Although people who use wheelchairs or other mobility devices are most often affected by this particular barrier to treatment, older patients and others who are semi-ambulatory also can experience difficulty.

An adjustable-height examining table is an ideal solution if it is readily achievable to obtain one. Such tables can be lowered to the height of a wheelchair seat, thus enabling some patients who use wheelchairs to move independently or with minimum assistance from their wheelchairs to the table and back again. The adjustable feature also allows medical or health care personnel to elevate the table to a comfortable height to conduct an examination.

If it is not readily achievable to obtain such a table, facilities must obtain if readily achievable, an inexpensive, padded table the height of a wheelchair seat for use by patients who cannot use the conventional tables. This type of low table can also be used for some examinations of and

provide a ramp and widen the door according to ADAAG standards if it is readily achievable to do so. If it is not readily achievable to follow the ADAAG standards for ramps and doorways, public accommodations must take other safe, readily achievable measures, such as installation of a slightly narrower door or a slightly steeper ramp than that permitted by the ADAAG. Although these barrier removal measures would not meet the ADAAG standards for alterations, they would nevertheless afford significant access for many customers or clients.

Where some elements of a facility come very close to meeting the ADAAG standards and others fall far short, public accommodations are advised to put first priority on removing the barriers that most deviate from ADAAG standards. For example, if the front entrance already has a ramp that is just slightly steeper than that permitted by the ADAAG and the front door is just slightly narrower than that permitted by the ADAAG, but elements in interior areas that serve clients or patients are wholly inaccessible, public accommodations should turn their attention first to the barriers that are the biggest impediments for their patients or clients. They should remove those that can be removed in a readily achievable manner before turning their attention to elements that deviate only slightly from the ADAAG standards.

It is a good idea for public accommodations to become familiar with the full array of access concerns that the ADAAG addresses.

For a free copy of the ADAAG contact:

Architectural and Transportation Barriers
Compliance Board
1331 F Street, NW, Suite 1000
Washington, DC 20004-1111
(800) USA-ABLE (Voice/TDD).

Barrier removal and effective communication — A continuing obligation

Readily achievable barrier removal is a continuing obligation. Barrier removal that was not readily achievable initially may later be required because the public accommodation has more resources available. Therefore, a public accommodation must continually monitor its accessibility as well as its financial and other resources and engage in barrier removal as new measures become readily achievable.

Achieving effective communication for people with disabilities is also a continuing obligation. Auxiliary aids that were not required initially because they posed an undue burden may be required later in light of changing resources or changing technologies.

Alternative methods

If providing access by removing barriers is not readily achievable, the law requires public accommodations to provide readily achievable alternatives to barrier removal. For example, if a medical facility cannot provide an adjustable-height examining table, assistance could be provided to help patients onto high examining tables, including lifting patients if necessary. Such measures must be under taken in a safe manner that protects both the provider and the patient and preserves the dignity of the patient as much as possible.

Surcharges

Public accommodations may not assess any surcharges on individuals with disabilities for auxiliary aids and services, barrier removal, or alternative measures taken in lieu of barrier removal.

readily achievable for most facilities, some means of providing access to floors above or below the ground level may be required. If there are only several steps to reach the additional levels, a ramp is required if it is readily achievable to install one. If there are many steps, installation of a wheelchair lift, which is much less expensive than an elevator, is required if readily achievable. Other alternatives include using an alternative route that is accessible, such as a service entrance.

When it is not readily achievable to provide some type of access to the other level(s), medical and health care facilities must take other readily achievable steps to provide services to people with disabilities. For example, they may be able to provide services at alternative locations such as a colleague's office on the ground floor, the home of the patient or client, or another suitable location.

Q. For health care facilities that have elevators, what is required to make them accessible?

- A.** If readily achievable, facilities must install raised letters and Braille on the control panels and outside the doors for blind patients.

Placing a large, high-contrast sign with raised markings indicating the floor number opposite the elevator door helps orient people with limited vision.

If elevator controls are mounted out of reach of people who use wheelchairs and it is not readily achievable to lower them, installing a stick or pointer near the control panel will help some patients and clients operate the elevator independently. Door timers must also be adjusted so the doors do not close too quickly.

- A. Rest rooms are an integral part of a health care facility's services. Therefore, these facilities must take all readily achievable measures to remove barriers to and in rest rooms.

Certain relatively simple steps can increase access and usability. Widening entry and stall doors; moving obstacles such as office furniture and equipment; rearranging toilet partitions to increase maneuverability for patients and clients using wheelchairs; installing a raised toilet seat; installing grab bars near the toilet; repositioning paper towel dispensers; installing lever handles on at least one sink; and installing insulation material around exposed lavatory pipes to prevent people who use wheelchairs from burning their legs while sitting at the sink are examples of measures that will be readily achievable for most health care facilities.

If a medical or health care facility provides more than one rest room and not all are accessible, a sign should indicate where the accessible rest room(s) is (are) located.

Simple symbols indicating which facilities are for men or women are easier for some people with cognitive impairments (such as mental retardation) to understand than words or other images. Raised letters and Braille differentiating men's and women's rest rooms are important for people who are blind, and large, high-contrast signs help people with limited vision. Health care facilities that have signs to indicate their rest rooms must take all of these measures if readily achievable.

- Q. Are health care facilities with offices on both the ground floor and another floor reached only by stairs required to install an elevator?

- A. Although installing an elevator will not be

Alterations of existing facilities

Title III requires that physical alterations to public accommodations undertaken after January 26, 1992, be readily accessible to and usable by people with disabilities to the maximum extent feasible. The term "alterations" refers to changes a business is undertaking for its own purposes, such as renovation, and does not refer to steps a business takes to comply with the ADA's requirements for barrier removal. Alterations do not include normal maintenance. Alterations that affect or could affect usability are required to be accessible.

When alterations are made to "primary function areas"—work areas and areas used by the public—alterations must also be made to provide an accessible path of travel to the altered areas. "Path of travel" means access to rest rooms, telephones, and drinking fountains serving the area. The cost of providing an accessible path of travel need not exceed 20 percent of the total cost of the original alteration.

New construction

All newly constructed facilities must be readily accessible to and usable by people with disabilities if a completed application for a building permit or permit extension was filed after January 25, 1992, and the facility is occupied after January 26, 1993.

The technical standards for accessible new construction and alterations are set out in the ADAAG.

What do these requirements of the ADA mean to you?

Congress and DOJ recognize that businesses not only are unique but also have different financial and other resources. Although most

public accommodations will have to do something to comply with the ADA, the law allows businesses to determine on a case-by-case basis what steps must be taken to comply.

Here are a few simple steps that DOJ recommends for getting started:

- Contact organizations of or for people with disabilities in your community to help identify physical barriers to your facility or your services and to familiarize you with various kinds of auxiliary aids and services that can help you communicate effectively with your patients or clients.
- Make a list of architectural, policy, and communication barriers.
- In consultation with organizations of or for people with disabilities, set priorities for removing architectural barriers, changing any discriminatory policies, and providing effective communication.
- Develop an implementation plan designed to achieve compliance with the ADA. Such a plan, if appropriately designed and diligently executed, could serve as evidence of a good faith effort to comply.

Tax incentives

Congress also has amended the Internal Revenue Code to include tax incentives for businesses that incur expenses in removing barriers or increasing accessibility for people with disabilities. The "Tax Deduction to Remove Architectural and Transportation Barriers to People with Disabilities and Elderly Individuals" (Title 26, Internal Revenue Code, Section 190) allows a deduction for "qualified architectural and transportation barrier removal expenses" not to exceed

facilities can use to determine whether their premises are accessible.

After determining whether "getting through the door" is possible, facilities should determine whether aisles between office furniture and equipment are wide enough for a person using a wheelchair or other mobility device to pass. Examination, treatment, and dressing room doorways must also be wide enough for individuals using wheelchairs or other mobility devices. (See earlier question for information about doorway widths.)

Widening doors and rearranging furniture and storage items are examples of methods to provide access that will be readily achievable for most health care facilities.

Registration and patient interview areas with built-in counters should be evaluated to determine whether individuals using wheelchairs can use them. If readily achievable, accessible counters (28 to 34 inches high with knee spaces at least 27 inches high, 30 inches wide, and 19 inches deep) must be made available. If it is not readily achievable to provide accessible counters, then readily achievable alternative measures must be taken to provide access, such as providing a table or clipboard which patients and clients can use while filling out forms.

Facilities should also evaluate whether there are level changes between treatment and service areas. For most health care facilities, providing a ramp for one or even several steps is a readily achievable measure to provide access. If it is not readily achievable to install a permanent ramp, then a facility must use a portable ramp if it is safe and readily achievable.

Q. Must health facilities provide accessible rest rooms? How can rest rooms be made accessible?

A. Medical and health care facilities may only ask questions that are necessary for the treatment and care of patients. Such questions must have a legitimate medical purpose. Facilities may not ask such questions as a method of eliminating patients or clients from services to which they are entitled. Nor can such questions be asked because of fear, myths, or stereotypes about certain conditions or diseases.

Q. Can health care facilities refer a patient or client with a disability to another practitioner solely because the other practitioner is familiar with the patient's type of disability?

A. Medical or health care facilities that routinely make referrals may refer an individual with a disability to another facility for service only if the patient seeks or requires treatment or services outside the referring facility's area of specialization. For example, a clinic specializing exclusively in drug rehabilitation could refuse to treat a person who is not a drug addict but could not refuse to treat a person who is a drug addict simply because the patient tests positive for HIV. Conversely, a clinic that specializes in the treatment of individuals with HIV could refuse to treat an individual who does not have HIV, but it cannot refuse to treat a person for HIV infection simply because that person is also a drug addict.

Facilities that are not accepting any new patients may refer new patients to another facility.

Q. How can a health care facility determine whether its premises are accessible to people who use wheelchairs or other mobility devices? What steps must they take to provide access?

A. These are some common sense approaches medical and health care

\$15,000 for any taxable year. The "Disabled Access Tax Credit" (Title 26, Internal Revenue Code, Section 44) is available to eligible small businesses with 30 or fewer employees or \$1 million or less in gross annual receipts. This provision allows a tax credit of 50 percent of eligible access expenditures that exceed \$250 but do not exceed \$10,250 made for the purpose of complying with the ADA during the tax year.

For more information on these tax provisions, contact the Internal Revenue Service, Office of the Chief Counsel, P.O. Box 7604, Ben Franklin Station, Washington, DC 20044, (202) 622-3110 (voice only).

Please note that this Guide provides only an overview of the ADA. There may be other requirements that are not discussed here but that do apply to your business. Detailed information about a business' obligations with respect to employment are not covered, and requirements for new construction and alterations of existing facilities are discussed only briefly.

The following section answers some common questions about compliance with the public accommodations section of the ADA raised by health care providers.

* * * * *

OUTPATIENT MEDICAL and HEALTH CARE FACILITIES

Q. Are outpatient medical and health care facilities considered to be places of public accommodation?

A. Yes, privately operated medical and health care facilities are covered by Title III. Examples of such facilities are the offices of private doctors, dentists, optometrists, opticians, chiropractors, psychiatrists, psychologists and other therapists, acupuncturists, and nutritionists; clinics; family planning facilities; occupational and physical therapy facilities; laboratories and radiology facilities; and day care surgery centers located in facilities separate from hospitals. The public accommodation provisions of the Americans with Disabilities Act (ADA) also apply to the offices of private medical and health care providers located in private homes. This publication addresses all of these types of facilities. Private hospitals and other in-patient facilities, which are also public accommodations under Title III of the ADA, are not addressed here.

Q. Are there other federal laws protecting the civil rights of people with disabilities that medical and health care facilities should know about?

A. Yes. Section 504 of the 1973 Rehabilitation Act, which applies to recipients of federal financial assistance, may apply to medical and health care facilities. The ADA does not supersede Section 504. Facilities that have been subject to Section 504 must still comply with that law; these facilities may also be subject to additional requirements under the ADA.

Q. Are outpatient medical and health care

Q. Are the offices of health care providers located in private homes required to make their facilities accessible to patients who use wheelchairs or other mobility devices?

A. All areas of the home used by clients or patients are places of public accommodation under the ADA. Therefore, health care providers must remove barriers to access in those areas if it is readily achievable to do so. As with other public accommodations, barriers at the entrance to the home office, as well as barriers to approaches, rest rooms, and hallways, must be removed if readily achievable.

If it is not readily achievable to remove architectural barriers, medical and health care providers must take readily achievable alternative measures such as providing services at other locations or at the home of the patient or client.

Q. Can a health care facility deny service to a person with a disability because his or her disability or behavior resulting from the disability may be disturbing to other patients?

A. No. The ADA specifically prohibits this type of discrimination against people with disabilities.

Q. Must health care facilities allow service animals, including guide dogs, to accompany patients with disabilities into health care facilities?

A. Yes, except in the rare circumstances that the presence of an animal would compromise health and/or safety standards, such as in an operating room.

Q. Are health care facilities allowed to ask patients or clients with disabilities about their medical history or whether they have certain conditions or diseases?

If none of these access options is readily achievable, health care facilities must provide service through readily achievable alternative methods. For example, a doctor could examine a patient at no additional charge at a hospital where the doctor has privileges or at the patient's home.

Q. How does a health care facility know if the doorway for the accessible entrance is wide enough for customers who use wheelchairs or other mobility devices?

- A. The ADAAG standard states that a minimum of 32 inches of clear opening measured between the face of the door and the opposite stop when the door is opened 90 degrees is required to provide access for customers who use wheelchairs or other mobility devices. Offset hinges can increase the amount of clear space by several inches.

Automatic or push button doors are the best for providing access. Whether installing them is readily achievable or not depends on the circumstances of the individual health care facility.

Another measure that makes doors easier to use, not only for customers who use mobility devices but also for those who have conditions that limit their manual dexterity, is to install lever or U-shaped handles. Some retrofit levers cost less than \$10 and can improve access significantly.

Adjusting door closers or springs and oiling hinges are also inexpensive steps that make it easier to open doors and prevent them from closing too quickly. Widening doors, installing accessible door handles, and making door adjustments are examples of modifications that will be readily achievable for most businesses.

**facilities required to have TDDs
(Telecommunications Devices for the Deaf)?**

- A. No. For making calls to or receiving calls from patients or clients with hearing or speech impairments who use TDDs, health care facilities will be able to rely on relay systems that telephone companies must establish by July 26, 1993. Operators employed by relay systems will relay communications between TDD-users and people using conventional telephones. Only those businesses that allow patients or clients to make outgoing calls on more than an incidental convenience basis must provide TDDs.

Health care facilities can ensure effective communication by training staff who answer the telephone to anticipate incoming calls through the relay services. Handling these calls may take longer because an operator at the relay system will be receiving typed communications from the caller and will also be using the relay system equipment to type communications from the health care facility staff person to the caller. Training should be undertaken as soon as possible because at least 40 states already offer some type of relay service.

For your information, however, a TDD is relatively inexpensive, usually costing about \$275, and would be a welcome service for patients or clients with hearing or speech impairments. If you have a TDD, be sure to list your telephone number followed by "Voice/TDD" in any publications or advertisements to signify that patients and clients can communicate with you by voice or TDD.

- Q. Are health care facilities that offer parking required to provide accessible parking spaces for people with mobility impairments? If such parking is required, how many spaces must be provided?**

- A. Yes. If a health care facility owns and operates the parking lot, it must provide accessible parking if it is readily achievable to do so. If a health care facility is a tenant, responsibility for providing accessible parking rests with both the landlord and the tenant. These responsibilities may be allocated between the landlord and tenant in the lease or other contract.

The spaces must comply with the dimensions specified in the ADAAG (see page 6) if it is readily achievable to meet those standards. The ADAAG also specifies a formula for determining the appropriate number of accessible spaces which should be followed if it is readily achievable to do so. If it is not readily achievable to comply with the ADAAG standards for the number and dimensions of accessible spaces, a health care facility must provide as many spaces as readily achievable and of readily achievable dimensions. If it is not readily achievable to provide any accessible spaces, a health care facility could consider providing valet parking as an alternative method of providing access.

- Q. Are health care facilities required to remove barriers posed by sidewalk curbs?**
- A. Curb cuts (also known as curb ramps) enable people who use wheelchairs or other mobility devices to have ready access to health care facilities. If the only parking available is on a city street and the facility does not own or control the sidewalk, then the municipality, not the health care facility, is responsible for providing curb ramps. If a health care facility owns or controls the sidewalk, it must provide curb ramps if readily achievable. If a health care facility is a tenant, responsibility for providing curb ramps rests with both the landlord and the tenant. These responsibilities for compliance may be allocated between the

landlord and tenant in the lease or other contract.

The ADAAG establishes standards for construction of curb ramps that must be followed if readily achievable.

- Q. Must all entrances to existing health care facilities be accessible?**
- A. No, but one entrance, preferably the main entrance, must be accessible, making it possible for people with disabilities to "get through the door." In multi-use facilities, a sufficient number of entrances must be accessible if readily achievable so that people with disabilities can reach all services offered at a particular facility. For most health care facilities that have steps, ramping one step or even several steps will be readily achievable.

Installation of a permanent ramp, rather than a portable one, is required unless such installation is not readily achievable. If a public accommodation cannot meet the ADAAG's technical requirements for ramps because of space or other limitations, it can deviate slightly from these specifications as long as the ramp is still safe.

If a permanent ramp cannot be installed, a portable ramp must be used if readily achievable. Portable, i.e., moveable, ramps also must be safe. Most portable ramps are relatively inexpensive to purchase or construct.

A health care facility using a portable ramp should install a doorbell or intercom (with an appropriate sign) to summon an employee to bring the ramp to the door if readily achievable. If the accessible entrance is one other than the main entrance, a sign at the main entrance should indicate where the accessible entrance is located.