Liberty, Justice & Access for all!

Ann Arbor Center for Independent Living
Monroe & Washtenaw Counties

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UM Model Spinal Cord Injury Care System

The University of Michigan Model Spinal Cord Injury Care System is well known across the country for its research on community integration for those with spinal cord injury. Our system of care smoothly transitions from emergency medical services to acute rehabilitation to community re-integration, all working toward the common goal of helping you regain functional independence.

Our long-standing affiliation with Ann Arbor Center for Independent Living (AACIL) has served as a model and resource for dozens of centers across the country wishing to improve their own community resources and accessibility. We are proud of our nearly 20 years of partnership with the AACIL.

David R. Gater, M.D., Ph.D.  Denise G. Tate, Ph.D., ABPP
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Model Systems is funded by NIDRR grant #H133N000009
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AmeriCorps VISTA Team
For the Ann Arbor CIL and CILs across the State of Michigan and our nation, our work ultimately comes down to advocacy, advocacy and more advocacy. Improving the quality of life of people with disabilities is central to our individual and collective missions. Advocacy sometimes takes the shape of supporting people with disabilities, one-on-one, in an effort to achieve a personal goal or access a support system or service. Sometimes it takes the shape of education and awareness-building activities, or amplifying our collective voices so that those who create social policies and those who implement them hear us and respond. Sometimes as advocates we use our court system or civil disobedience in order to be heard and to create change.

Our work is not done as long as there are people who do not know to respect their fellow citizens’ rights to education, recreation, habitation, rehabilitation and vocation.

As we move forward with our roles in the society as advocates of the rights of people with disabilities, I would like to remind all of you of our success as a nation and as an institution in creating and sustaining equal opportunities. I lived in a third world nation for the first 25 years of my life, and most of those years were spent in confinement in a house with no contribution from me to the society. Within a year of moving to this country I became a physically independent and tax-paying member of this society. The advocacy and hard work of our predecessors made it possible for me to have a new life... a real life of respect and dignity. And, I feel it is my responsibility to pay it forward. I hope most of you share this sentiment.

As R.W. Emerson puts it, that which we persist in doing becomes easier—not that the nature of the task has changed, but our ability has increased. Let us stay on track and, through advocacy, make equal opportunity a reality for our fellow citizens and friends with disabilities.
Independent Living:
An Investment in Individuals and Communities

There are over 1.9 million Michigan citizens with disabilities. Approximately one of every five individuals in our State has a disability, and essentially every extended family includes one or more individuals with disabilities. As a society we have created a confusing web of disincentives to work and independence that has significantly contributed to the unnecessary dependency of individuals with disabilities who are then forced to consume public services and resources. This detracts from workforce and economic development efforts and compromises individual and community quality-of-life.

In 1978, Independent Living was established by Title VII of the Rehabilitation Act as an essential part of the nation’s Rehabilitation System. The Independent Living program reflects Congressional findings that Americans with disabilities form one of the most disadvantaged groups in society, encountering discrimination and barriers in a number of critical life areas.

The Rehabilitation Act sets a national goal of providing individuals with disabilities the tools they need to make informed choices and decisions, and to achieve equality of opportunity in education, the pursuit of economic and personal self-sufficiency, civic involvement, and participation in community life. The Rehabilitation Act recognizes that an individual cannot successfully obtain and maintain a job if basic living needs are not met, and that the community cannot achieve workforce and economic development goals if two-thirds of the population with disabilities remains personally and financially dependent.

Michigan’s Independent Living program currently operates through 15 local Centers for Independent Living (CILs) and two statewide organizations. The local CILs are independent, community-based non-profit organizations governed and staffed predominantly by people with disabilities.

CILs are not residential centers but rather resource centers that provide information and supports to help individuals with disabilities live independent lives fully integrated into their communities. CILs help communities remove barriers that promote dependency among people with disabilities. Individuals with disabilities and their families are assisted in obtaining appropriate housing, basic living and work skills, remedial education, access to quality health care and personal assistance, workplace accommodations, employment opportunities, and transportation. This includes individuals with all types of disabilities – physical, mental or emotional, cognitive, and sensory.
Self-Determination and Acceptance of Personal Responsibility

The Independent Living Movement developed, in part, from recognition that emphasis simply on the provision of services promotes dependency and loss of capacity – for both the individual and the community. By contrast, CILs strive to provide empowering supports that help people with disabilities pursue the same goals as everyone else—employment, financial security, a family, a home, and participation in civic, religious and social life. All people should be able to make choices, take risks, and have maximum control over their personal support systems. A distinguishing characteristic of CILs is their holistic response to the needs of the people they serve, with consistent emphasis upon self-determination, self-advocacy, and acceptance of personal responsibility.

At the community level, a basic tenet of IL is “Nothing About Us Without Us.” CILs hold that disability issues are best understood and addressed by the people who experience them in their lives. They demonstrate this commitment by being governed and staffed by people with disabilities from the local community. They approach mobilization of the local disability community by having people share their experiences and information with peers, building a common understanding of community needs. CILs seek to provide necessary empowering supports to individuals, but the larger mission is always to address community and systems barriers. For example, CILs may draw attention to gaps in critical services, propose or even demonstrate innovative ways to provide supports, or try to educate the public and policy makers about disability rights.
Core IL Services

Every fully developed Center for Independent Living provides five Core Services. While every CIL responds to community needs with a different array of programs, we all provide the following:

1. **Information and Referral.**

   Because the need for information is among the first obstacles faced by people with disabilities and their families, it is usually the first service new CILs try to provide. Over time, center staff builds their capacity to provide answers, not only on disability law and available resources, but also on the complicated systems consumers must navigate, such as Social Security law and Medicaid. Not only do consumers obtain needed information and referral services, but employers, schools, developers and government workers often get valuable technical assistance in dealing with disability issues.

2. **Peer Support.**

   CILs operate on the principle that the best source of information and mentoring for a person with a disability is often another person with a disability. Single and cross-disability support groups may meet formally to allow people to share experiences and to advise and support each other. More important, CILs create environments that nurture consumer empowerment and honor each individual’s struggle to overcome barriers.

3. **Individual and Systems Advocacy.**

   CIL staff and volunteer mentors assist consumers faced with barriers in taking effective actions to bring about needed changes in both the public and private sectors. Assistance is provided in a way that truly empowers consumers and helps them develop valuable self-advocacy skills. CILs undertake community or systems advocacy to bring about necessary changes in such areas as health care, long-term community supports, housing, transportation, and education. This includes identifying and eliminating duplication of services, as well as identifying and taking action to address significant gaps in needed services.

4. **Independent Living Supports.**

   CILs help people to develop the skills they need for increased personal independence. This can include anything from basic decision-making, money management, and the use of assistive technology, to self-advocacy, work readiness, and the hiring and management of personal assistants.

5. **Transition from Care Facilities.**

   Congress is currently contemplating an amendment to the federal Rehabilitation Act that would add a fifth Core Service—assistance in transitioning individuals from institutions to community life. This has long been an area of intense activity and achievement for Michigan CILs.

The IL approach is to seek ways of enhancing and making the best possible use of individual capacities and community resources. Michigan’s network of CILs is committed to the principles of consumer sovereignty, equal access, responsive programs and services, and community capacity building.

These principles are based on the belief that all people should be able to make choices, take risks, and have maximum control over their personal support systems. CILs strive to provide empowering supports that help people with disabilities pursue the same goals as everyone else—employment, financial security, a family, a home, and participation in civic, religious and social life.

However, our larger mission is always to address community and systems barriers. CILs approach mobilization of the local disability community by having people share their experiences and information with peers, building a common understanding of community needs. This establishes a common ground upon which people with disabilities and their partners can come together in taking action. The shared disability experience and resulting IL response is illustrated in the chart on the following page.
The Disability Experience

The communities in which we live build new barriers to our freedom and independence every time a sidewalk, curb ramp or other architectural structure is created that does not meet the minimum construction standards mandated by state and federal laws.

The move from school to adult life presents a unique challenge for young people with disabilities. Schools alone cannot be the sole source of instruction for this transition.

Members of our community of people with disabilities are often unable to find an affordable and accessible place to live, the personal assistants they need, lift-equipped transportation, and meaningful employment.

Even when our personal circumstances clearly meet the criteria for Social Security, Medicaid or other publicly funded programs, it can take months to secure the resources we need for housing, food or health care. Regulations can be extremely confusing, and programs can interact in complex ways, affecting our eligibility for critically important benefits.

Many of us feel an overwhelming sense of isolation. Our days can be filled with fear and frustration, trapped in nursing homes.

The CIL Response

We advocate for a barrier-free society that accepts our challenges and honors our dignity as citizens, by helping businesses and governmental entities build communities that are accessible to everyone. Through our shared personal experience with disability, we are able to educate and increase awareness on the part of civic organizations, business leaders, architects, students, and policy makers in our government.

We provide mentors for young people with disabilities to help open their eyes to the possibilities for independent living and satisfying careers. We partner with school systems to keep students in school and fully engaged. We help students resolve problems and develop skills that are crucial to independence.

We participate in local and state-level housing, personal assistance and transportation initiatives, to promote an array of supports and acceptable options for people with disabilities. We help people set goals, build job-seeking skills, understand their rights under the Americans with Disabilities Act and state law, and secure the accommodations they need in order to succeed in the workplace.

We help people with disabilities navigate a complex and ever-changing support system that often seems designed to lock us out rather than assist us. We work together to remove program barriers to independence and economic self-sufficiency through such initiatives as the drive to establish a Medicaid Buy-In program allowing people with disabilities to work without losing Medicaid coverage.

Using peer support, we help people through a decision-making process that leads to a self-directed life filled with personal achievement.
The following trends will continue to have a great economic impact on Michigan:

- People with disabilities will work in greater numbers. According to the Census Bureau, employment rates for young adults with severe disabilities are triple that of previous generations.
- Education rates for people with disabilities are increasing. College enrollment has leapt from 29% to 44%.
- Technological advances are eliminating many of the physical and informational barriers which have long existed for people with disabilities.
- Public awareness of disability issues is growing and changing.
- America’s population is aging, and disability increases with age. The number of Americans aged 65 and older is projected to increase 135% between 1995 and 2050, according to the Census Bureau.
- People with disabilities are coalescing as an increasing economic and social force. (National Organization on Disability/Harris Survey on Americans with Disabilities)

The supports Michigan’s CILs provide to improve the economic condition and quality of life for individuals with disabilities have, therefore, multiple ripple effects that promote and support continued growth and recovery of the entire state.

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**Economics & Outcomes**

**Summary of Taxpayer Savings**

Cost savings to the state from CIL services are computed annually on the basis of the services outcome data. For FY 2004, the cost savings to the State of Michigan are computed to be as follows:

**Calculated FY 2004 CIL Network Cost Savings**

<table>
<thead>
<tr>
<th>Category</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings from FY 2004 nursing home transitions</td>
<td>$316,160</td>
</tr>
<tr>
<td>Savings from FY 2004 work to prevent institutionalization</td>
<td>$6,079,510</td>
</tr>
<tr>
<td>Savings from sustained independence during FY 2004 of persons transitioned in previous years</td>
<td>$3,234,070</td>
</tr>
<tr>
<td>Savings from CIL services in support of employment</td>
<td>$3,998,445</td>
</tr>
<tr>
<td>Savings from CIL youth transition services</td>
<td>$3,384,221</td>
</tr>
<tr>
<td><strong>Total Calculated FY 2004 Cost Savings</strong></td>
<td><strong>$17,012,406</strong></td>
</tr>
</tbody>
</table>

**Economic Impact of CIL Outcomes**

The impact of CILs are not, however, limited to just people with disabilities. America’s population is aging, and disability increases with age. The number of Americans aged 65 and older is projected to increase 135% between 1995 and 2050, according to the Census Bureau. People with disabilities are an increasingly significant segment of society, with both economic and cultural impacts. The supports Michigan’s CILs provide to improve the economic condition and quality of life for individuals with disabilities have, therefore, multiple ripple effects that promote and support continued growth and recovery of the entire state.

A recent Wall Street Journal reported that people with disabilities are being considered as the “Next Consumer Niche.” According to Tony Coelho of the PCEPD (President’s Committee on Employment of People With Disabilities), “49 million Americans with disabilities currently control $175 billion in discretionary income – twice as much as the teen market, which is heavily courted by many companies.”

There are 54 million people with disabilities in the U.S. with roughly 2 million residing in Michigan (about 3%). They are not just disabled – they are CEOs, secretaries, scientists, artists, parents, and children – all consumers in a market any one of us could belong to overnight. They do not just buy wheelchairs and TTY devices. They also buy cars, houses, stocks, and toothpaste. It is estimated that the national aggregate income of people with disabilities is now at $796 billion – roughly $23.8 billion in Michigan.
Michigan Centers for Independent Living

Ann Arbor CIL
2568 Packard Road
Ann Arbor, MI 48104
(734) 971-0277 Voice/TDD
(734) 971-0310 TTY
www.aacil.org

Blue Water CIL
310 Water Street
Port Huron, MI 48060
(810) 987-9337 Voice/TDD
bwcil.tripod.com/BWCILhome.htm

Capital Area CIL
1048 Pierpont, Suites 9-10
Lansing, MI 48911
(517) 241-0393
www.cacl.org

CIL of Mid Michigan
1160 James Savage, Suite C
Midland, MI 48640
(989) 835-4041

Community Connections
133 E. Napier
Benton Harbor, MI 49022
(269) 925-6422

Disability Advocates of Kent County
3600 Camelot Dr. SE
Grand Rapids, MI 49546
(616) 949-1100
www.disabilityadvocates.us

Disability Connection
493 W. Norton
Muskegon, MI 49444
(231) 830-0099
susanc@dcilmi.org

The Disability Network
3600 S. Dort Highway, Suite 54
Flint, MI 48507
(810) 742-1800
(810) 742-7647 TDD
www.disnetwork.org

Disability Resource Center
517 E. Crosstown Parkway
Kalamazoo, MI 49001
(269) 345-1516
(269) 345-5925 TTY
www.drcil.org

disAbility Connections
409 Linden Ave.
Jackson, MI 49203
(517) 782-6054

Lakeshore CIL
426 Century Lane
Holland, MI 49423
(616) 396-5326
www.lcil.org

Northern Michigan Alliance for IL
2301 Garfield, Suite A
Traverse City, MI 49686
(231) 922-0903

Oakland & Macomb CIL
13213 E. 14 Mile
Sterling Heights, MI 48312
(586) 268-4160
(800) 649-3777 TTY
www.omcil.org

Superior Alliance for IL
129 W. Baraga, Suite H
Marquette, MI 49855
(906) 228-5744
www.upsail.com

Detroit/Wayne CIL
5555 Conner, Ste. 2075
Detroit, MI 48213
(313) 923-1655

Michigan Centers for Independent Living
A n n  A r b o r  C e n t e r  f o r  I n d e p e n d e n t  L i v i n g  |  2 0 0 5  A c c e s s  M a g a z i n e
Advocacy for All!

“A small group of thoughtful people can change the world. Indeed, it’s the only thing that ever has.”
~ Margaret Mead

Ad·vo·ca·cy (ad'və-kə-sē)n. Webster’s Dictionary defines advocacy as “the process of actively speaking out, writing in favor of, supporting, and/or acting on behalf of oneself, another person, or a cause.” But to the Ann Arbor Center for Independent Living and the over 300 other Centers for Independent Living (CILs) in the United States, advocacy is our very reason for being! CILs were established in the early 1970’s when Ed Roberts and other students with disabilities from the University of California at Berkeley, along with disability advocates led by Judy Heumann, demanded control over their lives and full access in their communities. Due to these efforts, Ed Roberts became a pioneer in the independent living movement and is known internationally as the “Father of Independent Living.” Not coincidentally, the birth of the CILs also contributed to the birth of the advocacy movement on a national, and later on an international level, for persons with disabilities.

Before Ed Roberts and CILs emerged in the disability community, advocacy, especially self-advocacy, was often non-existent or extremely fragmented. Many of us were denied opportunities that would allow us to maximize our potential. We were often forced into costly institutions and wasting enormous human resources at a huge expense to the taxpayer. The development and expansion of CILs and the
Independent Living Movement has been significantly influenced by a social and civil rights movement that viewed the continuation of discrimination, patronizing and unjust treatment of people with disabilities as intolerable.

This movement is very much like the movement of other people seeking independence. It is a struggle by those of us with disabilities to control our own lives, to have equal access to the decision-making process in our communities, states and nation, to be protected from discrimination under the law, and to be seen as equals and fully human by society.

The empowerment of people with disabilities has evolved significantly during the past 40 years. CILs have played the leading role in this evolution of disability rights and the Independent Living Movement. Through advocacy, CILs promote the independent living philosophy. We believe that people with disabilities should be treated as equals. This means that people should be given the same decisions, choices, rights, responsibilities and chances to speak up to empower ourselves, as well as to make new friendships and renew old friendships just like everyone else.

The active process of advocacy to improve conditions, promote rights, and improve services and supports typically comes in four forms. These forms are self-advocacy, individual advocacy, systems advocacy, and legal advocacy.

Self-advocacy is the goal that CILs have for all people with disabilities. Effective self-advocacy occurs when an individual knows his or her civil, service, and personal rights and lets others know when those rights are not being fulfilled or are violated. CILs play an important role in the process of self-advocacy.

Individual advocacy may be used to obtain rights or benefits for another without resorting to the legal process. As an advocate for a person with a disability needing support, a staff member or volunteer at a CIL can be a witness, listen to problems, tell the individual’s story, act as a liaison, translate information that may be hard to understand, help fill out forms, track needed information, and serve in other support roles. CILs can provide skill building in advocacy, including instruction and practice in personal leadership, group management, problem solving, issue identification, and negotiation.
Knowledge of the political structure, parliamentary procedures, and local resources is also helpful.

*Systems advocacy* means that CILs work to ensure the rights of persons with disabilities by promoting a change within a relevant organization or institution. This may be a service agency, a branch of local government, or policy makers at the local, state or federal levels.

Whether systems advocacy is practiced at the local, state or federal levels, this type of advocacy has several common characteristics:

- **First, systems advocacy is meant to win concrete improvements in people’s lives.** The expansion and improvement in independent living that people with disabilities enjoy today came from the efforts of people working together to change systems.
Second, systems advocacy is meant to make people aware of their own power. The systems advocacy process is as much about empowering persons with disabilities as it is about winning victories.

Third, systems advocacy is about systems change. This means we work to change the relations of power between people with disabilities, the government, and other institutions by building strong permanent local, state and national organizations.

Legal advocacy involves lawsuits and appeals through the legal process. Resulting judicial determinations applying to one person or group set precedents for future rulings. The collective voice and political influence of persons with disabilities has helped pass far-reaching legislation for all members of our society.

The most important point to remember about advocacy is that **everyone can be an effective advocate!** We can attend city council meetings. We can write a letter to our state representative. We can make a telephone call to our senator. We can even send an e-mail to the President.

The list of possible, effective advocacy opportunities for persons with disabilities, their family members and friends is endless. And as Ed Roberts and the thousands of other disability rights advocates who followed Ed learned, we CAN make a difference!

If you would like to learn more about the advocacy opportunities available in our community, just call Carolyn Grawi at the Ann Arbor CIL, at cgrawi@aacil.org. We also invite you to stop by the Ann Arbor CIL and discuss the advocacy opportunities in person.

---

**IL / CIL Partners**

**Michigan Association of CILs**
1476 Haslett Road
Haslett, MI 48840
(517) 339-0539 Voice/TTY
www.macil.net

**Michigan Commission on Disability Concerns**
201 N. Washington, Ste. 150
Lansing, MI 48909
(517) 335-6004

**Michigan Department of Labor & Economic Growth/Rehab Services**
201 N. Washington Sq., 4th floor
PO Box 30010
Lansing, MI 48909
(517) 373-8039

**Michigan Disability Rights Coalition**
780 W. Lake Lansing Rd, Suite 200
East Lansing, MI 48823
(517) 333-2477 voice
www.copower.org

**Michigan Commission for the Blind**
201 N. Washington, PO Box 30652
Lansing, MI 48909
(517) 373-0579

**Michigan Statewide Independent Living Council**
417 Seymour St., Suite 10
Lansing, MI 48933
(517) 371-4872
www.misilc.org
My Life
Since I Can Remember

by Peg Ball,
Independent Living Coach
As my disability has been a part of my life since I can remember, I guess I always knew I’d need to hire someone to help me with personal care when I moved out on my own. What I didn’t know in my youth was how expensive it would be, or that I would need government assistance to pay for it, even though I am employed. Now that I do know these things, there is a nagging question that remains: Why do our government assistance programs guarantee me costly nursing home care but not the more cost-effective care that keeps me living in my own home, actively contributing to my community and my family? I am one of the fortunate ones, who, by determination, enduring advocacy efforts, access to the right information, and perhaps a bit of Providence, have been able to obtain Medicaid funding to cover these services outside of a nursing home for most of my adult life.

Medicaid, the system that provides not only medical care but Long-Term Care to those of us with disabilities who need it and are unable to afford it, was implemented in a time when there were only two options for Long-Term Care: It was either provided by one’s family members, or it was provided in a nursing home. Services today are provided in a variety of settings including nursing homes, assisted living centers, group homes, in the homes of relatives or guardians, and in one’s own home or apartment. Most of these options are costly, and private insurance rarely covers all needed services. Many people ultimately turn to Medicare and Medicaid to pay for Long-Term Care. While Medicaid, a federal program that partners with states, mandates that nursing home services be provided to someone like me who needs help with daily tasks such as dressing, bathing, toileting, eating, and moving about, it does not mandate that the needed services be provided in the less restrictive settings of my home and community. Medicaid only offers states the option to provide these services in home and community.

Because it is an option rather than a required service, most states, including Michigan, limit the amount of money spent on Long-Term Care outside of nursing homes. Although studies have shown the economic wisdom of providing access to less costly home and community-based Long-Term Care options, and although nursing home residents overwhelmingly indicate that they would prefer to receive services in their own homes, the Medicaid system retains its bias toward institutional-based care.

Medicaid regulations require coverage for nursing home services for all eligible recipients. In other words, if you are financially eligible for Medicaid, and your physical limitations are such that you...
“The Independent Living philosophy includes the idea that individuals with disabilities have the right to choose, among other things, where, when, and how we receive assistance in managing our lives.” ~ Peg Ball

need Long-Term Care, you are guaranteed that Medicaid will pay for care in a nursing home. If, however, you prefer to have services in your own home or even in a group home, Medicaid may or may not cover those same services, depending on the state in which you live and other factors.

What this means for me and others like me who are determined to keep our freedom and live quality lives among our friends and family, is that we must be vigilant in finding those service niches or “slots” in the Medicaid program that will allow us the services we need.

The Independent Living philosophy includes the idea that individuals with disabilities have the right to choose, among other things, where, when, and how we receive assistance in managing our lives. Also inherent in this philosophy is the idea that services should be available in the “least restrictive environment” possible. Thus Long-Term Care should be available in chosen environments that allow us the best opportunities to live a quality life within – not segregated from – our community.

Nursing home industry advocates espouse the notion that some people are “so disabled” that they can only be served in a nursing home. The very “father of independent living,” Ed Roberts, was one they deemed so. Ed required assistance with ALL his daily living activities, from personal care, to handling papers, to getting around, to breathing with a ventilator. He lived successfully in his own home with personal assistance services and ultimately served as the state director of rehabilitation services in California. Later, Ed founded the World Institute on Disability and traveled our country and the world encouraging us to continue to work for the freedom of all people with disabilities to live where and with whom we choose and to receive services in the setting of our choice.

Today we continue the work that Ed Roberts and others began. We have a right to live freely and be a part of our community. I will continue to advocate for choice in Long-Term Care so that my brothers and sisters trapped in nursing homes against their will can be freed. Will you join me in this work?  

pegball@aacil.org or peg@integritylivingconcepts.com
All of us, with or without a disability, are unique individuals. Those of us with a disability, like those of us without a disability, are first, and foremost, people. We are wives, husbands, children and parents. We’re active in the lives of our families and our communities. We love, we laugh and we cry. We accomplish what we need to accomplish, albeit perhaps sometimes in a different manner, with the accommodation of more time, adaptive equipment or technology or an assistant.

Our disability characteristics are both visible and hidden and can include blindness and visual impairments, deafness and hearing impairments, cerebral palsy, arthritis, post-polio, muscular dystrophy, multiple sclerosis, spinal cord injury, amputation, mental illness, substance abuse, autism, epilepsy, learning disabilities, traumatic brain injury and stroke, to identify a few.

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Many strides have been made in “leveling the playing field” for those of us with disabilities. When the Americans with Disabilities Act was signed into law by President George W. Bush on July 26, 1990, many people needed to be informed about the law and educated on how to “accommodate” customers and employees with disabilities. What is often just as frustrating to those of use with disabilities as the historic lack of equal access and opportunity we have faced for generations is something that cannot be legislated. What we really want is to be treated with the same dignity and thoughtfulness shown to people without disabilities. I firmly believe that most people are well meaning. However, because of ignorance or fear or misconceptions, people with disabilities are often ignored or mistreated.

Two phrases used throughout this article are really important; “people with disabilities” and “person with a disability.” They were used rather than the terms “disabled person” or “disabled people” (or other more dated terms like crippled or handicapped) in

Please consider the following when writing about people with disabilities:

DO NOT FOCUS ON DISABILITY unless it is crucial to a story. Avoid tear-jerking human-interest stories about incurable diseases, congenital impairments, or severe injury. Focus instead on issues that affect the quality of life for those same individuals, such as accessible transportation, housing, affordable health care, employment opportunities and discrimination.

DO NOT PORTRAY SUCCESSFUL PEOPLE WITH DISABILITIES AS SUPERHUMAN OR HEROES. Even though the public may admire super achievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve this level.

DO NOT SENSATIONALIZE A DISABILITY by saying afflicted with, crippled with, suffers from, victim of, and so on. Instead, say person who has multiple sclerosis, etc.
DO NOT USE GENERIC LABELS for disability groups, such as “the retarded,” or “the deaf.” Say “people with mental retardation” or “people who are deaf.” Emphasize people, not labels.

PUT PEOPLE FIRST, not their disability. Say “woman with arthritis,” “children who are deaf,” “people with disabilities;” this puts the focus on the individuals, not the particular functional limitations. Because of editorial pressures to be succinct, we know it is not always possible to put people first. If the portrayal is positive and accurate, consider the following variations: “disabled citizens,” “nondisabled people,” “wheelchair-user,” “deaf girl,” “paralyzed child,” and so on. “Crippled,” “deformed,” “suffers from,” “victim of,” “the retarded,” “informed,” “the deaf and dumb,” etc., are never acceptable under any circumstances. Also, do not use nouns to describe people, such as epileptic, diabetic, etc.

EMPHASIZE ABILITIES, not limitations. For example; “uses a wheelchair/braces,” “walks with crutches,” rather than “confined to a wheelchair;” “wheelchair-bound,” “differently-abled,” or “crippled.” Similarly, do not use emotional descriptors such as “unfortunate,” “pitiful,” and so forth.

DO NOT IMPLY DISEASE when discussing disabilities that result from a prior disease episode. People who had polio and experienced after-effects have post-polio syndrome. They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g. a person with spina bifida or cerebral palsy). Reference to disease associated with a disability is acceptable only with chronic disease, such as arthritis, Parkinson’s disease, or multiple sclerosis. People with disabilities should never be referred to as patients or cases unless their relationship with their doctor is under discussion.

SHOW PEOPLE WITH DISABILITIES AS ACTIVE participants of society. Portraying persons with disabilities interacting with nondisabled people in social and work environments helps break down barriers and open lines of communication.

order to emphasize a fundamental point. People with disabilities are, first and foremost, people. Respecting people with disabilities is really quite simple. Treat us as you would have us treat you – fairly, honestly and with dignity. Treat us as people first.

Most often, interacting with a person with a disability is a matter of common sense and common courtesy. A person who uses a wheelchair may need a door to be opened and/or held. When engaging in a conversation with a person who uses a wheelchair, sit along side or across from him or her. If an individual has a personal assistant, speak directly to the person about his or her requests or needs, not the personal assistant. When giving directions to a person who is blind or visually impaired, be very specific, such as, “Stay right, there’s an open manhole on your left in about seven feet.” Service animals are working animals and should not be distracted from assisting their owner. These are just a few ways in which to embrace those of us with disabilities. If you are unsure how to interact or assist a person with a disability, just ask us!
Our National Disability Agenda
Medicaid

The Ann Arbor Center for Independent Living (CIL) along with the National Council on Independent Living (NCIL) urge Congress to not shift the cost of Medicaid to low-income people with disabilities, seniors and families. We believe that shifting the costs of Medicaid to low-income people with disabilities and seniors will lead to loss of health care coverage, poorer health, and more costly emergency room usage and hospitalization.

Studies show that low-income individuals and families who are charged co-payments and premiums will forgo necessary medical care. The health status of individuals making co-payments is worse than that of individuals without co-payments.

Low-income people with disabilities have scarce discretionary income after paying for living expenses (food, housing, disability-related expenses). Co-pays of $1 to $3 may seem reasonable, but for low-income individuals who need frequent health care and/or prescriptions, the costs quickly add up. Many people in states that impose co-pays use strategies such as reducing the amount they can spend on food or housing or taking less medication than prescribed.

Individuals who cannot afford higher monthly premiums are likely to become uninsured and be forced to use more costly emergency room care. In Oregon, a state that increased premiums, individuals who lost Medicaid coverage were four to five times more likely to use the emergency room as their source of primary care.

Medicaid recipients already bear a large financial burden for their health care. Low-income individuals as well as Medicaid providers cannot sustain greater costs. People with disabilities receiving SSI and Medicaid bear the largest out-of-pocket costs for their health care. In 2002, people with disabilities on SSI spent 5.6% of their income on health care expenses – about eight times the percentage of income paid by non-low-income adults with private health insurance.

States have already imposed greater cost-sharing on Medicaid beneficiaries during the last few years of state budget crises. The out-of-pocket costs for Medicaid recipients have grown twice as fast as their income. The loss
of Medicaid services will negatively impact Medicaid providers as well as consumers. Whether the consumer cannot afford a co-payment or loses Medicaid because he or she cannot afford the premium, providers will lose revenue.

We believe that optional services and eligibility groups must be protected for people with disabilities, seniors and families. Benefits such as personal attendant services, rehabilitation and specialty services, and dental and podiatry services are NOT optional for poor seniors and people with disabilities. Someone who is living at or below the poverty level cannot afford to pay for physical therapy, hearing aids, prostheses or other durable medical equipment they need.

Without these services and equipment, the health of seniors and people with disabilities will decline, and they will require more costly hospitalization and nursing home placement. Medicaid is not a “Cadillac” program. The Medicaid program, including the so-called optional benefits, offers the most basic coverage. For example, people with disabilities have limits on the types and amount of prescription drugs they can obtain.

Two million Americans with disabilities, 3 million seniors and 3.5 million individuals with catastrophic health care needs are labeled “optional” Medicaid beneficiaries. Two-thirds of Medicaid long-term care spending, including home and community-based services, is on services for seniors and people with disabilities who are considered “optional.” For these individuals, the loss of health care and attendant services places their health and their independence at great risk.

We believe that Congress should address the real causes of rising health care costs such as the way the growing number of the uninsured is increasing health care costs for all Americans. In 2005, a family will pay an additional $922 in premiums and an individual an additional $341 as a result of the cost of care of the uninsured.

Prescription drug costs must be contained through measures such as increasing Medicaid drug rebates, multi-state purchasing pools, and increased access to generic prescription drugs.

Laws must be enforced against Medicaid providers who commit fraud. In Missouri, the Attorney General recovered $26 million in Medicaid provider fraud. Drug companies committed 90% of that fraud by short-changing the state on drug rebates.

Housing

Our national housing policy should be based on the principles of integration, non-discrimination, cross-disability, choice, equal access, de-linking housing and services, and last, but certainly not least, affordability.

The State and Local Housing Flexibility Act (SLHFA)

The Ann Arbor Center for Independent Living cannot support the State and Local Housing Flexibility Act (SLHFA). SLHFA incorporates several radical changes that run counter to our housing principles and would drastically alter federal housing policy. It converts the Section 8 Housing Choice Voucher program into a block grant and changes targeting in a manner that will disadvantage SSI recipients. SLHFA would allow Public Housing Authorities to raise the rent on public housing, regardless of the tenant’s income. A “superwaiver” provision in SLHFA would grant HUD authority to overturn rules governing the public housing and the voucher programs. Another objectionable provision of the SLHFA is that housing authorities would be allowed to create preferences for particular disabilities, which could create major fair housing discrimination problems. Additionally, thousands of special-purpose vouchers, which are designated for use by persons with disabilities, would likely be eliminated by the legislation.

Inclusive Home Design Act (HR 1441)

The Ann Arbor CIL supports HR 1441 “The Inclusive Home Design Act” which would require that all newly constructed single-family homes and town houses built with federal funds or federal assistance must be “visitable” for persons with disabilities. HR 1441, currently being considered by the US Congress, has 20 co-sponsors.
HUD Appropriations Issues

The Ann Arbor CIL believes that in order to help keep our commitment to implementation of the Olmstead decision and a 10-year campaign to end homelessness, the federal government must increase – not reduce – its investment in accessible, affordable housing. We oppose cuts in Community Development Block Grant (CDBG) funding and moving CDBG to The Department of Commerce. We support full funding for the Section 8 Housing Choice Voucher. We urge legislators to stop cutting funding for important programs such as the Fair Housing and Equal Opportunity Office, Section 811, and HOPE VI. And lastly, we urge legislators to oppose the proposed cuts in fair housing funding in the Administration’s FY 2006 budget and the House 2006 Transportation-Treasury-HUD (TTHUD) Appropriations Bill.

Federal Housing Finance Reform Act of 2005 (HR 1461)

The primary purpose of HR 1461 is to strengthen the regulation of the Government Sponsored Enterprises (GSE), Fannie Mae and Freddie Mac. HR1461 also requires that 5% of Fannie Mae’s and Freddie Mac’s after-tax profits be devoted to an Affordable Housing Fund. We support the passage of HR 1461 because it is responsive to the need for a major increase in funding dedicated to affordable housing.

An IDEA Whose Time Has Come!

The Individuals with Disabilities Education Act (IDEA), gives all students with disabilities the right to the same high quality education, with an opportunity to learn what all other students are expected to know and be able to do, by participating in the general curriculum
with their non-disabled peers to the maximum extent possible, being taught by teachers who are qualified to teach students with diverse learning needs. The Ann Arbor CIL is concerned about the lack of implementation and enforcement of IDEA, which must be improved across the United States.

Reports from the National Council on Disability and the President’s Commission on Excellence in Special Education describes in detail how IDEA is not being complied with and how the basic principles of IDEA are not being implemented.

We should be reminding our Senators that Congress has embraced accountability with the No Child Left Behind Act. Congress and the Administration should not be retreating from accountability in educating students with disabilities.

The Medicaid Community Attendant Services and Supports Act

As of June 27, 2005, the Medicaid Community Attendant Services and Supports Act had 15 co-sponsors in the US Senate (S. 401) and 27 co-sponsors in the House (H.R. 910). Senators Tom Harkin (D-IA) and Gordon Smith (R-OR) sponsored another bill entitled “Money Follows the Person,” (S-528) that now has five sponsors. NCIL strongly supports this legislation.

The Ann Arbor CIL believes that our long-term service system must change to end the institutional bias, eliminate cumbersome regulations and allow money to follow the individual. Our long-term care is funded mainly through Medicaid and Medicare – programs that are over 30 years old and were not originally designed to meet people’s long-term care needs. We know from first person experience that community services are good for cost containment, moving people with disabilities into the workforce, and family values. The current system is expensive, and changing demographics are further straining the system.

We know from our own life experience that people with disabilities want services in the most integrated setting possible. Regardless of age or type of disability, people with disabilities must have REAL choice. REAL choice means: equitable funding opportunities, no programmatic or rule disincentives to community services, and options for service delivery including agencies, vouchers and fiscal intermediaries.

Social Security

The Ann Arbor CIL values both social insurance and savings and investments as successful tools to plan for an inclusionary life. We believe that Social Security is the primary vehicle for providing social insurance and that the U.S. tax code is the vehicle for providing savings and investment incentives. We will vigilantly scrutinize proposals that confuse, sacrifice or do harm to one means of providing security for the supposed benefit of other financial tools or products. We believe strongly that social insurance, in contrast to private saving and investment, is a distinct and separate mechanism for the common goals of independent and productive living in one’s community.

The disability community urges Congress to request a beneficiary impact statement from SSA on every major proposal for Social Security private accounts, or every component of any proposal under serious consideration before Congress. In a program with such an impact on millions of people of all ages, it is simply not enough to address only the budgetary impact of change. We must study the “people impact” and understand it well. For people with disabilities, our very lives depend on such analysis.

“The Social Security programs are insurance programs, not investment programs, designed to reduce risk from certain life events.”

~ Marty Ford, Consortium for Citizens with Disabilities

The Ann Arbor CIL believes that people with disabilities should be educated on the value of Individual Development Accounts, IRS-approved retirement products, and provisions such as traditional and Roth IRAs. These policies support individuals and families in saving for the future. The federal and state tax codes have been the traditional vehicles for encouraging savings and investments, not America’s social insurance system.
We encourage each member of Congress this year to announce his or her priority position and solutions for sustaining and preserving Social Security insurance programs for life's uncertain events such as death, disability and wage losses to family survivors.

**Assistive Technology**

The Ann Arbor Center for Independent Living strongly believes that assistive technology represents new avenues for people with disabilities to overcome barriers. Since 1990 some progress has been made through the Assistive Technology for People with Disabilities Act which was reauthorized in 2004. The Tech Act (AT) represents our best opportunity for federal assistance in expanding the role and availability of assistive technology for consumers.

The reauthorization of this act when the country is at war represents a commitment from Congress and a recognition of the importance of AT. In 2005 the appropriation was increased to $29.76 million. President Bush recommended a 2006 funding level of $15 million and that it be used only for Alternative Finance Programs. The House Appropriations Committee has approved an appropriations bill restoring funding to the 2005 level of $29.76 million. The Ann Arbor CIL encourages voters to ask their legislators to support the appropriation level of $29.76 million and to demand that it is dispersed to and used by states in accordance with the reauthorized law.

The following principles are related to the Assistive Technology for People with Disabilities Act. The independent living philosophy supports projects based upon: consumer control; substantive inter-collaboration between centers for independent living, protection and advocacy programs, statewide independent living councils, advocacy groups, family and caregiver organizations, and others; cross-disability, cross-cultural, and across-the-lifespan ideals; a focus on broad-based technology, with services ranging from low-tech devices to high-tech solutions, including home modifications; statewide coverage, not only services focused in urban areas; compliance with standards and indicators to ensure consistency and quality.

**The Americans with Disabilities Act (ADA)**

The Ann Arbor Center for Independent Living supports the full implementation and enforcement of the ADA, as intended by its bipartisan Congressional authors, with recognition by the Federal courts that the ADA is a law designed to remedy decades of purposeful, unconstitutional discrimination and as such should be given a broad, rather than a narrow, construction.

We strongly support Funding for ongoing public education on the requirements of the ADA and adequate funding for strong enforcement by the US Department of Justice, US Equal Employment Opportunity Commission, Federal Communications Commission, and other agencies with enforcement responsibilities.

Creative efforts by federally-funded enforcement, technical assistance, and advocacy organizations to promote the positive aspects of the ADA's accessibility and equal opportunity requirements are vital to improving the quality of life of people with disabilities in our society.

The Ann Arbor CIL urges our local advocates to express their opposition to the ADA Notification Act (HR 2804), and any other legislative effort to limit individual rights and remedies under the ADA. We believe that HR 2804 unfairly punishes public accommodations that have voluntarily complied with the ADA’s accessibil-
ity requirements by rewarding their competitors with a free pass for violations of 15-year-old requirements. HR 2804 will not adequately address the lawsuit problem it is designed to remedy and will create new problems for individuals whose need for access cannot wait 90 days (e.g., people with time-sensitive health conditions that need to be treated by a covered entity).

We also oppose the “Federal Consent Decree Fairness Act” (S 489/ HR 1229)

Consent decrees are an efficient means for willing parties in a lawsuit to enter into a negotiated consensual agreement without long, drawn-out and expensive court proceedings or admissions of wrong-doing. Consent decrees are often used to settle disability lawsuits against state and local governments. Once agreements are entered into, they are monitored by a judge for compliance with the terms of the agreement – a process that necessarily often lasts for many years.

If adopted, the proposed “Federal Consent Decree Fairness Act” would allow state or local government defendant(s) to file a motion to vacate or modify a consent decree upon the election of a new state or local official or four years after the decree is entered. Under this bill, the consent decree would automatically lapse if the federal court overseeing the decree failed to rule within 90 days. It could effectively require federal and private plaintiffs to re-prove their case by demonstrating that his or her federal rights continue to be violated every four years or every time a new civic or state leader is elected.

The Federal Consent Decree Fairness Act is inherently unfair: It reverses decades of existing law that places the burden of proof on the defendants, removing incentive for plaintiffs to settle while adding incentive for local and state officials to “run out the clock.”

Furthermore, the disincentives for plaintiffs to settle, and the 90-day deadlines imposed on the courts to reassess consent decrees, would further burden an already overstretched federal judiciary. We believe that the “Federal Consent Decree Fairness Act” is nothing more than a loophole for state and local governments to make an end run around our civil rights and an excuse for them to shirk their responsibilities to people with disabilities.

The Disability Vote

The Ann Arbor CIL thanks legislators who supported the passage of the Help America Vote Act (HAVA) and urges continued support for appropriations required to help states upgrade their election systems to come into compliance with this legislation. We urge Congress to fully fund the Election Assistance Commission. This is vital to ensuring that election officials get the guidance they need on best practices, policies and procedures to maximize access and make certain that polling places and voting systems are HAVA-compliant beginning in 2006. We are concerned that some Voter Verification legislation rolls back essential HAVA mandates requiring full access to polling places and voting systems by a date certain.
Public Transportation is Vital

Accessible and affordable public transportation allows thousands of our local citizens to get out of our houses and become productive members of our communities. People rely on all kinds of public transportation. People with disabilities are no different. We must have a way to get from point A to point B.

There are five important issues facing the disability community regarding transportation: scheduling and service area, safety concerns, driver education, and equipment purchase and maintenance. The Ann Arbor Center for Independent Living works hard to advocate for equal access for all to any and all transportation avenues.

Scheduling and service area are paramount to providing good service. If you don’t have a sound scheduling program in place, you can’t get the passengers to their desired destinations. The City of Ann Arbor and its surrounding areas have some programs in place that offer transportation options to customers of the Ann Arbor Transportation Authority. The two that I use most often are “A-Ride” and “People’s Express.” These services are not perfect, but they do offer me some independence that I might not otherwise have.

“A-Ride” offers service in the city of Ann Arbor and parts of Ypsilanti, and “People’s Express” serves the townships surrounding Ann Arbor. As an active member of my community, the limits in service areas, even between these two companies, is a barrier to me. Many times I have wanted to go somewhere outside of the area they serve. Sometimes the discrepancy is only a mile or two. If it’s not where I want to go, time usually limits me too, as these services have concise times of operation. If those times do not match my work schedule, for example, I may arrive to work two hours early, two hours late, or maybe not at all.

There are many safety concerns to think about when riding the bus. For many people like me, who use wheel-
chairs for mobility, the concern on the forefront of our minds is, “Will my wheelchair be secured safely?” I have experienced times when my wheelchair has not been properly secured, and it has either tipped over or slid across the bus.

For a person with low vision, the question might be, “Will I be able to disembark the bus safely in a place where I can easily get to my destination?” A person who is deaf may look for visual cues, such as a marquee sign to alert them to their stop.

Drivers need to be educated as to how to address the needs of people with disabilities. We are first and foremost still people! We, as riders, need to be educated and involved with our transportation authorities to help them design and implement training programs for both their drivers and staff. Not only do they need to know how to do certain tasks, like secure a wheelchair, but they also need sensitivity training as to how to treat people with disabilities with dignity and respect.

Our transportation authorities need clean, functional, and reliable vehicles to transport their riders. This not only includes having the right vehicles for the job but also having skilled, knowledgeable professionals to service them.

How can you help to achieve safe, reliable and efficient transportation for all persons with disabilities? Get involved. Contact your transportation authority with your comments and concerns. Join your transportation authority’s local advisory council to help form policy and enforce it. Ask your authority about training sessions for their staff, and offer to help with the development of the curriculum. Most of all, maintain a friendly, clear line of communication with your authority. They can only work on fixing problems if you are able to tell them what’s wrong.
Too often persons with disabilities are seen as a “niche” interest group, separate in its interests from the rest of the population. It is long past time to debunk that stereotype, as it disserves both persons with disabilities and their fellow citizens who live – for now – without disabilities. Our interests and our futures are much too inextricably intertwined to waste time or money solving problems just for persons with disabilities. Michigan’s disability community believes that it is time to make an adequate social investment in the infrastructure needed for a productive, democratic and caring society for all citizens, with and without disabilities.
Our Common Disability Agenda must include:

Access to Basic, Comprehensive Health Care

Michigan needs healthy citizens with access to comprehensive health care and education about healthy life styles. Providing preventive and basic health care is cost-effective and avoids expensive care later. Our country spends billions of dollars each year because it fails to provide preventive care, and it loses billions more from lost production when workers or their family members are ill. Persons with disabilities need health care for these reasons and because remaining healthy maintains independence and reduces reliance on outside supports. Yet persons with disabilities are less likely than persons without disabilities to have access to basic health care.

Reforming Michigan’s Long-term Care System

Michigan needs to reform its long-term care system into a system which supports Baby Boomers in their homes as they age. We cannot afford to, nor should we continue to rely on nursing homes as the first source of services for people who could continue to live in their own homes if they had supports. Persons with disabilities likewise need access to supports to live independently in their own homes.

Creating a Strong Workforce

Michigan needs workers – all workers. Workers are taxpayers and productive contributors to the economic welfare of their communities. Persons with disabilities can and should be workers, but face numerous barriers as they seek to access the workplace.

Building Affordable, Accessible and Visitable Housing

Michigan needs adequate housing for all its citizens. Major goals related to employment and independent living cannot be achieved if people cannot find a place to live. Yet there is no housing market in the entire country in which a person with a disability living on Supplementary Security Income can afford a safe, accessible, modest studio or one-bedroom apartment. Michigan must participate in federal subsidized housing programs to the maximum extent possible, give accessibility requirements some teeth, and pass legislation requiring visitability in all new public housing.
Supporting Accessible, Affordable and Available Public Transportation

Many Michigan citizens with or without disabilities depend on public transportation in order to pursue their education, to get to work, to receive medical services and to participate in community activities such as church, shopping and visiting family and friends. These transportation services need to be safe, seamless, affordable and universally accessible. Nearly half of Michigan’s 83 counties have little or no public transportation services. To achieve the goal of a statewide system of accessible, affordable and available transportation, Michigan must develop and sustain innovative, diverse and user-friendly options for transit while insuring a stable funding base.

Developing Thoughtful and Effective Land Use Policy

The majority of Michigan citizens live in urban and suburban environments, which sprawl across large geographic areas. Citizens with disabilities are increasingly disconnected and disadvantaged in these environments in large part because they lack the financial resources, the natural supports, and the transportation to readily achieve inclusion in these sprawling human settlements. Land use policies which plan for an integrated network of transportation, services, neighborhoods, leisure activities and technology supports will greatly increase opportunities for persons with disabilities to be connected to and included in urban and suburban environments which are livable, diverse, and accessible.

Supporting Inclusive, High Quality Education

Michigan needs well-educated citizens. They are key to our economic future. Persons with disabilities also need education – it leads them to work and to physical and economic independence. Yet we continue to maintain two separate education systems – one for persons with disabilities, and one for persons without disabilities. A dual system is untenably expensive, and it doesn’t work for children with disabilities who have a higher drop-out rate than children without disabilities.

Recognizing Full Rights as Citizens

Michigan is stronger with integrated, inclusive communities. Persons with disabilities must be able to make decisions about where and with whom they will live, to live safely with their rights protected, and to have equal access with their non-disabled neighbors to jobs and to full enjoyment of their communities.

Supporting an Active, Voting and Active Citizenry

Michigan needs active citizens who vote and participate in their communities. Persons with disabilities should be voters, but face many barriers at the polls.

Access to Assistive Technology

Michigan must maintain and expand programs and services which promote awareness and use of assistive technology to accommodate persons with disabilities.
The following organizations are committed to policies that support access, choice and control by persons with disabilities about where they live, where they get their services, and who provides their services. We are also committed to the principle that persons with disabilities must be directly involved in the development of policies that affect their lives if those policies are to be successful.

- The Arc Michigan
- The Association for Community Advocacy Deaf, Etc.
- Developmental Disabilities Institute
- Division on Deaf and Hard of Hearing
- MARO Employment and Training Association
- Michigan Association of Centers for Independent Living
- Michigan Commission on Disability Concerns
- Michigan Council for Maternal and Child Health
- Michigan Developmental Disabilities Council
- Michigan Disability Rights Coalition
- Michigan Paralyzed Veterans of America
- Michigan Protection and Advocacy Service, Inc.
- Michigan Rehabilitation Association
- Michigan Rehabilitation Council
- Michigan Statewide Independent Living Council
- National Multiple Sclerosis Society, Michigan Chapter
- United Cerebral Palsy of Metropolitan Detroit
- United Cerebral Palsy of Michigan
Advocacy and Disability Benefits

By Rick Baisden, MA, CRC Vocational Rehabilitation/Independent Living Counselor

Social Security is much more than a Retirement Program. Social Security is also a federal insurance policy for people with disabilities. The Social Security Act was signed by Franklin Roosevelt in 1935 as an “attempt to protect and provide adequate provisions for the general welfare of US citizens who are elderly and/or disabled.” The Social Security Act was “designed to establish a federal system to protect dependent children with disabilities, the public health, and the administration of unemployment and pension laws.” The Social Security Act created several vital social programs, including Retirement and Disability Insurance (RSDI), Supplemental Security Income (SSI), Medicare and Medicaid.

Social Security Disability Insurance (RSDI/SSDI) is financed by Social Security taxes paid by workers, employers, and self-employed persons. One must earn sufficient credits based on taxable work to be “insured” for SSDI benefits. Disability benefits are payable to blind or disabled workers, widow(er)s, or adults disabled since childhood, who are otherwise eligible. Social Security does not pay benefits to those who are considered “partially disabled.” Monthly disability benefits are based on your an individual’s Social Security earnings record. The average SSDI monthly payment is $895 per month. After two years of receiving SSDI, a person over the age of 21 becomes eligible for Medicare.

Medicare has several “Parts” that are funded in different ways. Part A, the Hospital Insurance program, pays for inpatient hospital, skilled nursing facility, and hospice care. Part A is funded by taxable earnings paid by employers and employees. Part B, Supplementary Medical Insurance, pays for physician, outpatient, and preventive services, wheelchairs and other durable medical equipment. Part B is funded by general revenues and beneficiary premiums. Part C refers to private Medicare Advantage plans, such as HMOs, that provide Part A and B benefits to enrollees.
Part D refers to the outpatient prescription drug benefit that will begin January 2006 and is funded by general revenues, beneficiary premiums, and state payments.

Supplemental Security Income (SSI), financed through our federal government’s general revenues, is payable to adults or children who are disabled or blind, have limited income and resources, meet the living arrangement requirements, and have an eligible disability. The monthly SSI payment varies up to the maximum federal rate of $579. Under SSI, payments are made on the basis of financial need. In Michigan, eligibility for SSI automatically makes one eligible for Medicaid.

Medicaid provides Federal cost-sharing for each State’s medical assistance program. The Federal government pays 50 percent of Medicaid administrative costs and between 50 and 83 percent of program costs. States have a great deal of latitude in how their Medicaid programs are administered. In fact, many states waste millions of dollars per year supporting the nursing home industry. It has been proven that community-based living is more cost-effective (costs 2/3 less) and preferred by persons with disabilities. This is called a state’s “institutional bias.”

The Ann Arbor Center for Independent Living (AACIL) works hard to help individuals transition from institutions to living in their communities and finding meaningful employment. It is a time- and labor-intensive endeavor. But, we do our best to help people with disabilities “escape” institutional living. We also advocate the passing of laws such as MiCASSA and Money Follows the Person Act to assist in these efforts.

Changing our state’s Medicaid rules can truly assist persons with disabilities in improving their lives. The AACIL has worked diligently as a member of the MiJob Coalition (a group of 30+ advocacy organizations) to help our state create a Medicaid Buy-In program. After nearly five years of advocacy and hard-work by the MiJob Coalition, soon after taking office, Governor Granholm signed into law the Freedom to Work Act, creating a Medicaid Buy-in program for residents of the State of Michigan.

AACIL advocates on an individual and systems basis, to assure that individuals with disabilities receive the dignity and benefits to which they are entitled. Your contributions toward those efforts are always appreciated. Be aware! Be active! Vote!
As of the end of July, 296 Michigan residents with disabilities are working and earning more money or saving more of their earnings without losing their Medicaid coverage under Michigan’s Freedom to Work for Individuals with Disabilities law. Since the law became effective on January 1, 2004, it has raised limits that may have kept individuals with disabilities from working or returning to work.

Under the Freedom to Work category of Medicaid, workers with disabilities who are 16 through 64 years old have no limit on their earnings, may accumulate assets up to $75,000, and may have unlimited retirement savings. They maintain their Freedom to Work Medicaid eligibility for as long as 24 months if they have to stop working for involuntary reasons. At higher levels of earnings, monthly premiums are payable on a sliding scale starting at $50.

Advocacy to achieve the Freedom to Work Medicaid program required preparation, partnership and persistence. Advocates first gathered in early 2000 to consider how the state could develop a program that would encourage persons with disabilities to return to work or earn and save more than existing programs allowed them to do without ending their Medicaid services.

Advocates prepared by researching what other states were doing and what federal laws and regulations permitted. A coalition of 35 partner organizations was formed to remove barriers to the employment of persons with disabilities. It focused its first efforts on setting out critical elements for a Medicaid program that would allow individuals with disabilities to earn and save more without being penalized by taking away the medical services they still needed to live their lives. It later became the MiJob Coalition.

Individuals with disabilities who wanted to work and their advocates testified at hearings for changes in bills introduced by Senator Shirley Johnson and then Representative Gerald Van Woerkom in the 2000-2001 session of the Michigan Legislature. Advocates met with administrators and legislators to talk about how to assess potential program costs, what benefits to include and who should be eligible. The legislators made it clear that they would not support anything that would increase costs for the state. Administrators wouldn’t support anything that would increase costs for their department. The MiJob Coalition took the approach that it would rather limit the initial number of persons who would be eligible than to limit the benefits. It felt it would be more difficult to expand future benefits than to widen future eligibility. These conditions set the framework for negotiating what the program would look like.

Bills were re-introduced in the 2002-2003 Legislative session. Representative Stephen Ehardt, then Chair of the House Health Policy Committee, established a workgroup with legislators, administrators and advocates to develop a cost-neutral program. Persons who would be affected by the legislation met with their legislators locally and also testified at additional hearings on the House and Senate bills and their revisions. The legislation was approved unanimously by both chambers and signed by Governor Granholm on July 2, 2003. After more than three and a half years, persistent advocacy by persons with disabilities and their allies was critical to producing Michigan’s Freedom to Work for Individuals with Disabilities Act.
A penalized by taking away the medical services they Medicaid program that would allow individuals with its first efforts on setting out critical elements for a employment of persons with disabilities. It focused states were doing and what federal laws and without ending their Medicaid services. more than existing programs allowed them to do disabilities to return to work or earn and save early 2000 to consider how the state could develop ship and persistence. Advocates first gathered in Freedom to Work Medicaid eligibility for as long asMiJob Coalition took the approach that it would returning to work.

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Freedom to Work for Individuals with Disabilities Act.

While they worked to achieve Freedom to Work, the

was pushing for changes that would increase compli-

cating the legislative process. Consequently, only few

bills were introduced in the 2001-2002 session of the

Legislature. Some of the introduced bills included those

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3 Dimensional Services congratulates the AACIL

Phoenix Contractors, Inc. 121 Pearl St., Ypsilanti, MI 48197 (734) 487-9640 • (734) 487-1252 Fax www.phoenixco.biz

Phoenix Contractors, Inc. is a general contractor and construction manager with extensive experience in modification of existing commercial and institutional buildings for full accessibility, particularly in multi-story structures. Phoenix works regularly with area architects and can provide design-build services for renovation of existing or development of new commercial buildings.

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OEI Construction is an experienced team of designers, builders and therapists committed to evaluating and custom-

izing your home for maximum independence. Our specialty is creating barrier free and accessible living environments. The principal planning team represents more than 30 years of experience in physical therapy, occupational therapy, new home design, architecture, construction and project management. Our experts work with the family and other consumers to examine available resources and arrive at workable solutions to meet your home modification needs.

Accessibility

Cornerstone Design Inc
25 Jackson Industrial Dr., Suite 500
Ann Arbor, MI 48103
(734) 663-7580 • www.cdiarchitects.com

Cornerstone Design provides creative, responsive architectural services for all types of projects. A particular specialty is universal design for people of all ages and abilities. Firm principal, David Esau, AIA, also consults on accessibility issues through the Ann Arbor Center for Independent Living.

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Advocacy

Association for Community Advocacy
1100 N. Main, Suite 205, Ann Arbor, MI 48104
(734) 662-1256

ACA, in partnership with consumers, works to assure personal choice, self-determination and opportunities for full participation in all aspects of community life for persons with disabilities. ACA has recognized expertise in entitlements, special education and criminal justice advocacy, home ownership, community organizing, systems change, and person-centered planning.

Michigan Ability Partners
3810 Packard, Suite 200, Ann Arbor, MI 48108
(734) 975-6880

Michigan Ability Partners is an Ann Arbor-based, private, nonprofit human service agency that helps persons with developmental disabilities and/or mental illness access shelter, food, medical care, mental health services, substance abuse treatment, and community employment throughout Washtenaw County.

Michigan Disability Rights Coalition
740 West Lake Lansing Rd., Suite 400
East Lansing, MI 48823
(517) 333-2477 • www.copower.org

The Michigan Disability Rights Coalition: Your Partner in Building Freedom. MDRC is a statewide network of individuals and organizations that advance the issues of Michigan’s disability community through grassroots activism, public education and advocacy. MDRC works to build opportunities for people with disabilities so that we may live fully integrated lives within our chosen communities.

Arts and Entertainment

The Ark
316 S. Main St., Ann Arbor, MI 48104
(734) 761-1800 Office • (734) 761-1451 Hotline
www.theark.org

The Ark is a nonprofit music venue located on Main Street in Ann Arbor between Liberty and William Streets. Founded in 1965, The Ark is dedicated to the presentation, preservation, and encouragement of folk, roots, and ethnic music.

The Ark is wheelchair accessible and works to accommodate any special seating needs. Please note that the club doors open 1/2 hour before a performance. If someone in your party has a wheelchair or special seating needs, we recommend coming slightly earlier and ringing the doorbell located next to our front entry doors so we can seat your party prior to entry of the general public. This way we can assure adjacent seating for your friends and family. We request that you call us if you need early entry or if you have any seating concerns at (734) 761-1800 between 9 a.m.–5 p.m.

Michigan Theater
603 East Liberty, Ann Arbor, MI 48104
Information line: (734) 668-TIME
Office telephone: (734) 668-8397 • www.michtheater.com

The Michigan Theater is a restored 1928 “movie palace” that currently serves as Ann Arbor’s not-for-profit center for fine film and the performing arts. The Michigan Theater is open seven days per week, 365 days a year with a mixed program of specialty film showings and live-on-stage concerts and attractions. Both the 1710-seat historic Michigan Theater and the attached 200-seat Screening Room facility are accessible. Newly constructed rest rooms are also fully accessible.

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(734) 665 1922 • Director@BrainTrainersOnline.com

BrainTrainers in one of only a handful of full-time day programs based upon a time-proven holistic small-group model, and the only program of its type in Michigan. Now successfully providing its 5th year of semester-based treatment, it has become the model of choice for referrals from a growing number of physicians, case managers, and other professionals. Treatment encompasses cognitive and interpersonal skills, vocational development, and functional treatment. Assessments are provided throughout the year, all therapy is individualized to maximize client skills and compensate for targeted deficits. Focused individual services include Psychology, Vocational Training, Occupational Therapy, Home Evaluation, Community Education, and individual case consultation.

Eisenhower Center
3200 E. Eisenhower Parkway, Ann Arbor, MI 48108
(800) 554-5543 • ectbi@earthlink.net

Eisenhower Center provides neurorehabilitation services in a state-of-the-art residential setting. We assist our clients in reaching their fullest potential in an environment that combines hard work and commitment to treatment. Our services include a variety of recreational and therapeutic activities that encourage effective socialization and community integration.

Rainbow Rehabilitation Centers, Inc.
Corporate Offices/Treatment Center
5570 Whittaker Rd., Ypsilanti, MI 48197
(734) 482-1200 or (800) 968-6644
www.rainbowrehab.com

Rainbow Rehabilitation Centers, Inc. has been serving people with brain injuries since 1983. Rainbow’s continuum of care allows individuals with acquired brain injuries to achieve their highest potential in the least restrictive, most independent setting possible. Residential, day treatment and outpatient services are available for adults and children in locations throughout Washtenaw, Wayne, Oakland and Macomb counties.
Special Tree Rehabilitation System
39000 Chase St., Romulus, MI 48174-1303
(800) 648-6885 • www.specialtree.com

For more than 30 years, Special Tree has been one of Michigan’s leading resources for subacute rehabilitation, inpatient, residential, outpatient, and in-home neurorehabilitation services. A CARF- and JCAHO-accredited provider, Special Tree serves the needs of children and adults with brain injuries, spinal cord injuries, and other disabilities. Providing customized treatment to help you meet your individual goals.

Community Media

Community Television Network
Cable Channels 16, 17, 18, 19
425 S. Main, Suite LL114, Ann Arbor, MI 48104
(734) 769-7422 • (734) 994-8731 Fax
www.a2ctn.org • ctn@a2ctn.org

Community media center for Ann Arbor residents and nonprofit groups. Speak out, create, and communicate! Free video production training and free access to video equipment for the purpose of producing programming for telecast on CTN. Call to sign-up for a Preview Session. CTN also provides live meeting coverage of the City of Ann Arbor’s Commission on Disability Issues the third Wednesday of each month at 3:15 p.m. on CTN Cable Channel 16.

Counseling

Jan Hansen, Ph.D.
101 S. Ann Arbor St., Suite 203A, Saline, MI 48176
(734) 429-4244

Licensed psychologist based in Murphy’s Crossing in Saline with extensive experience providing psychological counseling to individuals living with a head injury, cancer, stroke, or other disabilities. Dealing with adjustment, self-acceptance, and working with feelings of confusion, anxiety, and depression are very important in recovery. Marital and family counseling and group counseling are also performed, and neuropsychological assessment services are available.

Washtenaw Community Health Organization (WCHO) & Washtenaw Community Support and Treatment Services (CSTS)
Formerly Washtenaw Community Mental Health-CMH
555 Towner
Ypsilanti, MI 48197

For Behavioral Health, Substance Abuse Services and Indigent Primary Health Care:
(734) 544-3050 or (800) 440-7548

The Washtenaw Community Health Organization (WCHO) contracts with quality organizations that provide world class health care for the citizens of Washtenaw County. We believe that children and adolescents with serious emotional disorders, adults with severe and persistent mental illnesses, persons with developmental disabilities and those with substance abuse problems should have access to a comprehensive range of quality supports that include mental health, substance abuse and primary and specialty health care.

The WCHO works in joint collaboration with the Washtenaw County Community Support and Treatment Services, a public service agency that provides mental health services to adults with a severe and persistent mental illness, children with a severe emotional disturbance, and individuals with a developmental disability. Access is the single entry point for persons seeking Community Mental Health, Substance Abuse and Public Health services. Callers may receive health information, referral to needed community services and screening appointments for all Community Mental Health Programs and Health Services. Access also serves HMO customers seeking Medicaid mental health services.
Dentistry

Maryann Griffith, D.D.S.
2340 East Stadium Blvd., Suite 6, Ann Arbor, MI 48104
(734) 973-3200

Dr. Griffith has been providing gentle dental care for toddlers, senior citizens and every age in between for the last 16 years. Services include preventative dental cleanings, periodontal treatment, crowns and bridges, cosmetic dentistry, “white fillings”, ZoomTM bleaching system, orthodontics and more, all in a friendly atmosphere. Her barrier-free office is located between St. Francis and Trader Joe’s on East Stadium Blvd.

Advantage Mobility Outfitters
3990 Second St., Wayne, MI 48184
(800) 990-8267 • www.advantagemobility.net

Advantage Mobility Outfitters provides high quality sales and service of new and used vehicles and modifications such as wheelchair and scooter lifts, hand controls, raised roofs and doors, and more. With many options to meet your needs, Advantage develops custom mobility solutions for all types and brands of vans, cars, and RVs. We offer pick-up and delivery service and a mobile repair unit that can be dispatched right to your home or business. With top-notch sales, service, and repair, Advantage has served the Ann Arbor and Metro-Detroit communities for more than 25 years.

Driving Aids and Services

A&A Driving School – Drivers Rehabilitation Center of Michigan
28911 Seven Mile Rd., Livonia, MI 48152
(734) 422-3000 • www.aa-driving.com

Motor safety and mobility have been our goals since 1959. Evaluations and trainings take place in automobiles or vans with a variety of adaptive equipment. Individualized programs for persons with physical, visual, cognitive and/or emotional disabilities are available. Our highly specialized staff are ADED-certified driver rehabilitation specialists and include occupational therapists, special educators, and certified driving instructors.

General Motors Mobility Center
P.O. Box 5053, Troy, MI 48007
(800) 323-9935 • (800) 833-9935 TTY
www.gmmobility.com

You already have motivation. You need transportation. The General Motors Mobility Reimbursement Program can help you take full advantage of today’s personal transportation market. The GM Mobility Program reimburses up to $1,000 toward the cost of eligible adaptive equipment for drivers or passengers when installed in a new GM vehicle. Customers who apply for and receive GM Mobility reimbursement on a GM sport van (Uplander, Terraza, Montana SV6 or Relay) will get two additional years of the OnStar Safe & Sound plan at no additional cost. For more information, visit gmmobility.com or call us at the (800) 323-9935.
Gresham Driving Aids
30800 Wixom Rd., Wixom, MI 48393
(800) 521-8930

The leader in quality modified vehicles, Gresham Driving Aids, Inc. has serviced the disability community for over 40 years. Utilizing the latest technology from companies such as Ricon, Braun, Crow River, MPS and others, Gresham equips vehicles to maximize the abilities of their customers. Ask their many satisfied customers – your friends – then call Gresham for your mobility needs!

MobilityWorks
1965 East Avis, Madison Heights, MI 48071
(800) 638-8267 or (248) 616-3004
www.mobilityworks.com

Since 1986, MobilityWorks has been dedicated to satisfying the transportation needs of mobility-restricted individuals and creating solutions to what may appear to be the most challenging of circumstances. MobilityWorks delivers worldwide and provides maintenance and repair capabilities along with a nationwide service network program. Our services also include counseling regarding assistance and financing options available, 24-hour help line support, vehicle rentals, extensive new and used vehicle inventories, and trade-in availability for current adapted van owners.

Durable Medical Equipment
Quality Home Medical Equipment, Inc.
1533 S. Wayne Rd., Westland, MI 48186
(734) 721-4821 • (734) 721-9866 Fax

Quality Home Medical Equipment Inc. is a new, family-owned company that is dedicated to providing our clients with prompt, professional care and assisting with all your home care needs. We offer a range of products including hospital beds, patient lifts, ambulatory aides, bathroom accessories and scooters. We specialize in wheelchairs – manual, power and standing chairs, with great emphasis on patients’ specific needs. Our seating and mobility specialist has over 10 years of experience, and we also have certified delivery techs and a caring reimbursement specialist. We offer delivery, set up and instruction in your home and a superior repair service for most equipment.

Wright & Filippis
2845 Crooks Rd., Rochester Hills, MI 48309
(800) 482-0222

Wright & Filippis is an industry leader in prosthetics, orthotics, home medical equipment and barrier-free design. For nearly 60 years, a foundation of excellent customer service and customer satisfaction has enabled us to build Michigan’s largest full-service company, specializing in total physical rehabilitation. For patients who need specialized equipment in their homes, we can provide patient room equipment, bathroom and safety aids, physical therapy equipment, respiratory therapy equipment, ambulatory aids, self-diagnostic equipment and urological supplies. Our LER department specializes in wheelchair lifts, elevators and ramps.

EASTERN MICHIGAN UNIVERSITY
Access

Accommodation

Integration

Education

HELPING STUDENTS SUCCEED

Eastern Michigan University
Dean of Students Office • Access Services Office
203 King Hall • 734.487.2470
Education

Ave Maria School of Law
Services for Students with Disabilities
Student Affairs
Ave Maria School of Law
3475 Plymouth Rd., Ann Arbor, MI 48105
(734) 827-8040 • www.avemarialaw.edu

Throughout history, mankind has sought to implement justice through law. At the core of this effort is the search for truth with an emphasis on the inherent dignity of the human person. With these principles in mind, Ave Maria School of Law provides students with the knowledge and skills necessary to practice law at the highest levels.

Ave Maria School of Law is located in a modern, accessible facility in northeast Ann Arbor. The Office for Student Affairs is committed to addressing the needs of students with disabilities to ensure that both the academic program and physical facilities are fully accessible, supporting the entry of persons with disabilities into the legal profession.

Eastern Michigan University Access Services Office
Dean of Students Office
Eastern Michigan University
203 King Hall, Ypsilanti, MI 48197
(734) 487-2470 Telephone/TTY
www.emich.edu/public/students/disab.html

The Access Services Office ensures that students with disabilities receive the accommodations they need to succeed in the classroom and participate in extracurricular activities, conducts educational programs for faculty, staff, and students that promote access and inclusion, and advocates for changes in policies and procedures that make the University a more welcoming and accessible environment for everyone.

40 Years’ Experience Assisting the Disability Community to Drive

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- Raised Roofs
- Power Door Openers
- Lowered Floors
- High Quad Driver Control Systems
- Automatic Wheelchair Lifts
- Transfer Seat Bases
- Van Modifications – Specialized Equipment – Transportation
- Complete Custom Interiors
- Custom Paint
- Crash-Tested Secure-Lok – Four Point Wheelchair Tiedowns
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University of Michigan Services for Students with Disabilities (SSD)
G-664 Haven Hall
505 S. State St., Ann Arbor, MI 48109-1045
(734) 763-3000 • www.umich.edu/~sswd

SSD provides services that are not provided by other University offices or outside organizations to students with visual, mobility, or hearing impairments, learning or psychological disabilities, and chronic health problems. SSD helps facilitate such services as accessible campus transportation, adaptive technology, sign language and oral interpreting, readers and other volunteers. All services are free of charge.

SSD staff is available to answer questions and provide referrals concerning admission, registration, services available, financial aid, etc., before and during enrollment at the University. In addition, SSD can help assess the need for modified housing, attendants, interpreters, transportation, classroom accommodations, note takers, and adaptive equipment.

Washtenaw Community College Learning Support Services
4800 East Huron River Dr.
P.O. Box D-1, Ann Arbor, MI 48106
(734) 973-3342 • (734) 973-3635 TDD
www.wccnet.org/studentresources/learningsupport/

Learning Support Services (LSS) provides the following services for students enrolled at WCC:
- Free tutoring is provided for all students enrolled in credit classes.
- Academic advising is available on an individual basis for academic needs.
- Services for students with documented disabilities include assistance with obtaining reasonable accommodations and use of specialized technology.
- Learning Disabilities Assessment: A free comprehensive assessment for enrolled students is available by a Learning Disability Specialist.

Please call (734) 973-3342 or stop by LA 104.

Washtenaw Intermediate School District (WISD)
1819 S. Wagner Rd., Ann Arbor, MI 48106-1406
(734) 994-8100 • www.wash.k12.mi.us

Washtenaw Intermediate School District coordinates and delivers programs and services to support continuous improvement of student achievement in the school districts of Ann Arbor, Chelsea, Dexter, Lincoln, Manchester, Milan, Saline, Whitmore Lake, Willow Run, Ypsilanti, and public school academies. Guided by Washtenaw County Common Expectations for Student Learning, this regional educational service agency:
- Provides school improvement consultation, assessment/curriculum/instruction assistance.
- Offers the latest educational training.
- Provides consultant/research assistance and resources.
- Coordinates programs/services too expensive or specialized for one school district to operate.
- Performs regulatory functions for the Michigan Department of Education.
Employment and Vocational Rehabilitation

McCormick Rehabilitation Associates, Inc.
2367 Science Parkway, Suite 1
P.O. Box 763, Okemos, MI 48805-0763
(800) 347-5870

McCormick Rehabilitation Associates has provided comprehensive Vocational Rehabilitation Services for over 14 years in the Ann Arbor Area and the majority of Mid-Michigan’s lower Peninsula. Services include individualized vocational counseling, assessment, testing, job/worksite modifications, coordination of training, job seeking skills training, job development/job placement assistance, and small business planning. Fees for services are primarily covered by approval from Auto Insurance, Workers’ Compensation Insurance, Long Term Disability Insurance or through special arrangement/approval from Michigan Rehabilitation Services.

Michigan Department of Career Development

Michigan Rehabilitation Services
3810 Packard Rd., Suite 170, Ann Arbor, MI 48108
(734) 677-1125

MDCD-RS is a state- and federally-funded program which partners with persons with disabilities in preparing for, finding and maintaining employment. The goal is to provide comprehensive, coordinated, effective and efficient vocational rehabilitation services designed to assess, plan, and achieve vocational success consistent with the person’s interests, priorities, strengths, abilities, capabilities and personal needs. There are MDCD-RS offices located throughout the state, serving the employment needs and goals of people with a wide range of disabilities.

Financial Planning, Banking, & Assistive Technology Loans

Financial Health Credit Union
2400 West Rd., East Lansing, MI 48823
(517) 319-1300 • (800) 533-8559 • www.fhcu.org

Not your typical financial institution. Financial Health Credit Union works individually, and in partnership with others, to provide financial products and services that empower individuals and families to improve their financial health.

- “Building Your Financial Future” – Free financial literacy training funded by the National Credit Union Foundation conducted in partnership with Centers for Independent Living and other agencies around the State of Michigan.
- Asset Building Deposit Account – A unique savings product for graduates of the Building Your Financial Future literacy training that provides a premium interest rate.
- Michigan Assistive Technology Loan Fund – Providing loans to persons with disabilities and their families to purchase assistive technology devices and/or services.
- Michigan TeleWork loan fund – Providing loans to persons with disabilities to telework for an employer, prevent job loss, and initiate or expand self-employment.

For more information about the Assistive Technology or TeleWork Loan funds call UCP Michigan, the Loan Fund Administrator, at (800) 828-2714, or visit the fund’s website at www.michiganloanfunds.org.

Financial Health Credit Union
517.319.1300 • www.fhcu.org

Low-interest loans available to People with Disabilities to Purchase Assistive Technology
KeyBank
100 S. Main St., Ann Arbor, MI 48104
(800) KEY2YOU or (800) 539-2968 • www.key.com

Key is available 24 hours a day, 7 days a week. Call 1-(800) KEY2YOU to open accounts, transfer funds, apply for loans and more – all from the convenience of your home or office. Use Key’s ATMs to make deposits, transfer funds or withdraw cash. Many Key Centers feature barrier-free access for customers with special needs.

Span Corporation
1505 White St., Ann Arbor, MI 48104 • (734) 623-7726

Bringing together the health and business communities since 1984. Practice management and consulting in strategic planning, marketing and sales, sales management, financial management, information systems, operations, and corporate identity design for health care organizations. Span is delighted to support the Center for Independent Living in recognition of its twenty-nine years of service to the community.

Home Health and Personal Assistance

Aegis Health Perspectives, Inc.
20770 Middlebelt, Suite 1, Livonia, MI 48152
(248) 615-1730 • www.aegishp.com


Without color, the world would be less brilliant.

We celebrate the differences that make us similar.

Without diverse talents, skills and perspectives, our team would be incomplete. At Key, we value the diversity of our employees and customers, as well the common ground we share. We are proud to embrace the differences that make us successful. And that make the world a brighter place.

To learn more about Key, call 1-800-KEY2YOU, or visit Key.com.

KeyBank Achieve anything.
Community Housing Alternatives
P.O. Box 980767, Ypsilanti, MI 48198 • (734) 482-6585
rhonda@communityresidence.org
www.communityhousingalternatives.org

CHA, a subsidiary of Community Residence Corporation, offers housing and home ownership opportunities for people with disabilities and low-income families in Southeastern Michigan. Through development and supportive management of affordable and accessible rental housing and through training and assistance with the home purchase process, CHA assists individuals and families in identifying and securing the housing option of their choice.

Community Residence Corporation
107 Ferris St., Ypsilanti, MI 48197 • (734) 482-3300
steven@communityresidence.org
www.communityresidence.org

CRC’s mission is to provide persons with disabilities living options, life choices and control of their futures. As we enter our 20th year CRC offers: Supervised Living in licensed group homes with 24-hour staffing; and Supported Living in the customer’s home providing staffing based on each individual’s needs and desires.

Through our subsidiary, Community Living Network, we offer Fiscal Intermediary Services for people who desire control over their individual budget. Customers hire and employ their own support staff, and CLN acts as a payroll service producing payroll checks and paying the appropriate taxes. Other bill payments can be made upon request. Each customer receives monthly statements regarding their financial activity. CLN is not an employment service or an employer. This service is available in Washtenaw, Jackson, Hillsdale, Genesee, Ottawa, Livingston, St. Clair and Macomb Counties.

Partners in Personal Assistance
1100 N. Main St., Suite 117, Ann Arbor, MI 48104-6354
(734) 214-3890
www.ppa-co-op.org • ppa@ppa-co-op.org

Partners in Personal Assistance (PPA) offers an empowering solution for people with disabilities (Consumer Employers) who want to exercise independence and self-determination in managing their personal care. Personal Assistants (PAs) employed through PPA have access to health care benefits and training opportunities. PPA staff and volunteers can assist Consumer Employers in identifying and screening potential PAs. PPA is a nonprofit organization managed by Consumer Employers and Personal Assistants. Services can be covered by private funds, insurance, and Medicaid long-term care programs.

University of Michigan Visiting Nurses
2850 S. Industrial Hwy., Suite 75, Ann Arbor, MI 48104
(734) 677-1515 • www.umvn.org

The University of Michigan Visiting Nurses is committed to providing a comprehensive range of high quality, reasonably priced services including: nursing, therapy, home health aide, and social work. We serve individuals, families, and communities throughout southeast Michigan. We offer compassionate, personalized care enabling our clients to maintain a high quality of life in the comfortable secure surroundings of their home. Services are available on a per-visit, shift, or hourly basis – 24 hours a day, 365 days a year. JCAHO-accredited. UMVN is a provider of Lifeline, a 24-hour personal response system.

Insurance and Risk Management

Dobson-McOmber Agency
301 N. Main St., Ann Arbor, MI 48104
(734) 741-0044 • info@dobsonmcomber.com

Dobson-McOmber Agency offers a wide range of insurance products and services to meet the needs of our new and established clients. Regular business hours are 8 a.m.-5 p.m., Monday through Friday, with emergency service available after hours and on weekends.
Legal Services

Heberle & Finnegan, LPA
2580 Craig Rd., Ann Arbor, MI 48103
(734) 302-3233 • (734) 302-3234 Fax
hffirm@comcast.net

Heberle & Finnegan, LPA is an Ann Arbor law firm concentrating in civil rights litigation. In the area of disability rights, the firm represents individuals, organizations and groups in cases brought to improve access to public accommodations, government facilities and services, housing, employment and education. The firm has successfully sued dozens of municipalities throughout Ohio and Pennsylvania to require installation and retrofitting of curb ramps. In recent settlement in a fair housing case in Erie, Pennsylvania, a developer agreed to build 80 additional accessible units.

Pierce and Hahn, Attorneys and Counselors
709 W. Huron, Suite 200, Ann Arbor, MI 48103
(734) 769-9191 • hahn@piercehahn.com

Pierce and Hahn conducts a general civil practice with concentrations in the areas of corporate, immigration, real estate and international law. Richard W. Pierce has practiced law in Ann Arbor since 1967. His practice concentrates in helping clients with visas, green cards, and other immigration law issues. Gary L. Hahn has practiced law in Ann Arbor since 1976. His practice concentrates in the areas of corporation, limited liability companies, general business, commercial transactions and real estate law. He works with entrepreneurs and companies that are family-owned or otherwise closely held. Mr. Hahn also works with both buyers and sellers of commercial and residential real estate.

Lou Weir
8004 W. Grand River, Brighton, MI 48114
(810) 227-1300 • In Ann Arbor: (734) 662-3160

The law office of D. Louis Weir specializes in helping clients in the areas of worker’s disability compensation, Social Security disability, and personal injury. Mr. Weir has been in practice in the Ann Arbor area for approximately 15 years. Mr. Weir is able to provide high-quality representation, along with personal service. Initial inquiries are at no cost.

Library Services

Ann Arbor District Library
Downtown Library:
343 S. Fifth Ave., Ann Arbor, MI 48104
Branch Locations:
Northeast: 2713 Plymouth Rd. (Plymouth Mall)
Malletts Creek: 3090 E. Eisenhower Pkwy.
West: 2503 Jackson Rd. (Westgate Shopping Center)
www.aadl.org • All locations: (734) 327-4200

AADL circulates books, periodicals, audiobooks on tape and CD, music CDs, videos (VHS & DVD), and art prints. Large-print books, low-vision aids, foreign-language books, and books for nonnative readers of English are available. AADL offers a wide variety of adult, teen, and youth programs, including a local authors lecture series (“Sunday Edition”), diverse musical events, and public Internet classes. Free access to the Internet, word processing and other software programs are also available at all AADL locations.

Hours: Monday 10 a.m.-9 p.m.; Tuesday-Friday 9 a.m.-9 p.m.; Saturday 9 a.m.-6 p.m.; Sunday noon-6 p.m.

Washtenaw County Library for the Blind & Physically Disabled
4135 Washtenaw Ave., Ann Arbor, MI 48108
(734) 973-4350 • (888) 460-0680
www.ewashtenaw.org • lbpd@ewashtenaw.org

The Library loans books and magazines on audiocassette tape and in large print to individuals who are certified as being unable to read standard print due to a physical disability. All services are free including mailing materials through the US Postal Service. The Library also loans descriptive videos and has assistive technology available for consumer use, including Internet access. Computer training is provided at no charge. Regular programming includes a bi-monthly Book Lovers Club, a bi-annual technology fair, and other social programs. For additional information, contact the Library.
Life Coaching

Integrity Living Concepts
Ann Arbor, MI
(734) 975-1504 • (734) 975-2848 Fax
www.integritylivingconcepts.com
peg@integritylivingconcepts.com

Integrity Living Concepts is a coaching and consulting company. Life Coach Peg Ball provides coaching services designed to assist individuals on their path toward an independent, fulfilling and joyful life. Areas of focus include health and wellness, life transitions, alternative lifestyles, and finding your ideal career. Peg also has a special interest in working with persons with progressive disabilities.

Massage Therapy

Clinical Bodywork
Rachel Ouillette, Massage Therapist
2350 Washtenaw Ave., Suite 22, Ann Arbor, MI 48104
(734) 649-3060 • www.ClinicalBodywork.com

Rachel Ouillette is Nationally Certified in Therapeutic Massage and Bodywork. She specializes in treating pain and injury with Orthopedic Massage.

Orthopedic Massage is a safe and effective treatment for many conditions, including: back pain, neck & shoulder pain, arthritis pain, and limited range of motion. Studies have shown that massage reduces pain, decreases anxiety, and improves sleep.

The goal is simple. Working together to improve your quality of life. Helping you to feel better, move better, and live more fully. For more information on the benefits of massage and what to expect at your first session, please call or visit website.

Medical Services – In Home

HomeMed
2850 S. Industrial Hwy., Suite 50, Ann Arbor, MI 48104
(734) 975-7441

As a home infusion provider and licensed pharmacy, HomeMed provides a wide range of services to safely and effectively facilitate care to the patient in the convenience and comfort of his or her home. Since 1989, we have been providing infusion medications, nutritional therapy, specialty drugs, high-tech in-home nursing and care management services throughout Michigan. Our core staff of skilled pharmacists, nurses and dietitians are among the most experienced clinicians in the area.

As a clinical service within The University of Michigan Health System (UMHS), HomeMed is committed to maintaining the institution’s tradition of leadership in health care.

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(734) 971-8286

2850 S. Industrial Hwy., Suite 200
Ann Arbor, Michigan 48104
Optical/Low Vision

Dr. Steven Bennett, F.A.A.O.
Certified Low Vision Specialist
2000 Green Rd., Suite 200, Ann Arbor, MI 48105
(734) 930-2373

The specialty of Low Vision provides an improvement in vision through the use of state-of-the-art technology. Devices such as bioptic telescopes for driving, microscopic systems for reading and computer use, electronic vision systems and the new “Systems of Sight, Maculens” allow our patients to maintain their independence. Our new Low Vision Resource Center carries a full line of hand-held and stand-magnification systems. The general public can view them without appointment. People with Macular Degeneration and other conditions that cause legal blindness can be helped.

University of Michigan Health System
Low Vision and Vision Rehabilitation Services,
W.K. Kellogg Eye Center
1000 Wall St., Ann Arbor, MI 48109
(734) 764-5106 • www.kellogg.umich.edu

Many people who struggle with low vision are not aware that there are ophthalmologists, optometrists, and rehabilitation specialists with special training in low vision. The Low Vision and Vision Rehabilitation Services Team is comprised of Dr. Donna Wicker, O.D., Dr. Sherry Day, O.D., working cooperatively with an occupational therapist, Jim Salisbury, OTR.

Because of our multi-disciplinary approach, the UM Kellogg Eye Center Low Vision and Vision Rehabilitation Services Clinic can tailor its services to the unique needs of each individual. Our doctors monitor remaining vision closely, prescribing the corrective lenses that are best suited to each vision problem. Our occupational therapist works with patients, at home when possible, to make the home environment more useful to the patient. The Team teaches patients how to use adaptive devices and make better use of their remaining vision to assure they are functioning well in their daily lives.

Orthotics/Prosthetics

Hanger Prosthetics & Orthotics, Inc.
1005 East Michigan Ave., Jackson, MI 49201
(517) 783-1313 • www.hanger.com

Hanger Prosthetics & Orthotics, Inc. is the nation’s largest prosthetic and orthotic practice management company and the oldest, founded in 1861. With branches nationwide, Hanger Prosthetics & Orthotics leads the field in innovative technologies and practices. The company was founded by James Edward Hanger in 1861. When he was an 18-year-old soldier he became the first amputee of the Civil War. After losing his leg in the first land battle of the war, Hanger turned his personal tragedy into an invaluable service for mankind.

Hanger Prosthetics & Orthotics, Inc. provides a full range of pre-fabricated and custom orthotic devices, foot orthoses, shoes and artificial limbs. Our goal is to assist all patients in reaching their highest possible level of independence so that the quality of life is enriched on a daily basis.

Hellner & Associates
Kensington Valley Orthotic & Sports Services
2233 Euler Rd., Brighton, MI 48114
(810) 220-3472 • (810) 220-8232 Fax

Serving the community for 20 years, Hellner & Associates is Livingston County’s only prosthetic and orthotic facility. Prosthetic services include pre-operative consultation, post-op care, early fittings and long-term care. Our prosthetic devices offer the advantages of space-age metals and composites, silicone interfaces, computerized knee chips, and more. Foot, knee-ankle, hip and spinal orthoses are available, plus sports and fracture bracing. Fully certified and ABC accredited. Our facility is barrier-free.
University of Michigan Orthotics and Prosthetics Center

2850 S. Industrial Hwy., Suite 400, Ann Arbor, MI 48104
(734) 973-2400 • www.med.umich.edu/pmr/op

The University of Michigan Orthotics and Prosthetics Center has been providing comprehensive services to clients from the University of Michigan Health System and to clients referred directly by their physicians since 1936. A physician prescription is required for all services. UMOPC provides a full range of pre-fabricated and custom orthotic devices. We also have a full range of soft good and post-mastectomy products in our “Personal Touch” program. Our pedorthists design, fabricate, fit and modify shoes and foot orthoses. And finally, our prosthetic team designs and fabricates a prosthesis that is most appropriate for individuals’ needs (both physiological and psychological). Please stop by and meet our ABC and BCP board-certified and registered staff members in our ABC and JCAHO-accredited facility.

Wright & Filippis

2845 Crooks Rd., Rochester Hills, MI 48309
(800) 482-0222

Wright & Filippis has been in the rehabilitative field for nearly 60 years. During this time, we have established ourselves as a leader in the orthotic, pedorthic and prosthetic industry. Wright & Filippis integrates the latest advances in technology – the CAD/CAM computer for prosthetics – with the experience of a certified clinical staff committed to quality patient care. For our orthotics, we specialize in high-tech, lightweight plastics, metals, silicon, and carbon laminates. All are designed to fit the exact, individual needs of our patients.

Peaceable Pets Animal Care

(734) 846-0012
robin@peaceablepets.com • www.peaceablepets.com

Does your pup or geriatric dog need a potty break while you’re at work? Do you need someone to feed and water your cats (or other critters) while you’re away? Do you and your dog need some training in basic canine good manners? Are you looking for holistic healing methods for your animals? If you live in the Ann Arbor area, I can help! Experienced dog owner/trainer will provide TLC for your pets in your home, including Reiki, massage and flower remedies/Bach flower essences. Member, Pet Sitters International and Association of Pet Dog Trainers. Insured; references available.
**Philanthropy**

**Ann Arbor Area Community Foundation**

**201 S. Main St., Suite 501, Ann Arbor, MI 48104**

(734) 663-0401 • www.aaacf.org

To build a strong community requires a strong foundation. At the Ann Arbor Area Community Foundation (AAACF) we harness the power of permanent endowment so that today’s charitable donations become tomorrow’s charitable legacy. We offer donors a variety of ways to help them meet their philanthropic goals, such as establishing a fund in honor of a loved one or to benefit a favorite nonprofit agency. Just ask the Ann Arbor Center for Independent Living: for nearly 13 years, distributions from the AAACF John Weir Scholarship Fund have kept important programs strong and vital. Only imagine what you could make possible. AAACF: matching your philanthropic interests with community needs.

**Physical Medicine and Rehabilitation**

**Associates in Physical Medicine & Rehabilitation**

**5333 McAuley Dr., Suite R5106, Ypsilanti, MI 48197**

(734) 434-6660 • (800) 767-3336

Affiliated with St. Joseph Mercy Health System, we are board-certified physicians providing comprehensive rehabilitation services across the continuum of care. We treat a wide range of disabling conditions, including back, work and sports injuries, stroke, traumatic brain injuries, spinal cord injuries and pain. Offices in Ann Arbor, Brighton, Plymouth/Canton. EMG, Acupuncture, and IME services.

**Chelsea Rehab, Chelsea Community Hospital**

**775 S. Main St., Chelsea, MI 48118 • (734) 475-4102**

www.cch.org

Chelsea Rehab specializes in the inpatient and outpatient treatment of people who have had a stroke or traumatic brain injury, as well as patients with orthopedic, musculo-skeletal and other neurological disorders. Comprehensive outpatient programs for people with hand injuries, sports injuries, orthopedic conditions and spinal disorders are provided by Occupational and Physical Therapists in the new CCH Wellness Center at (734) 475-3947.
The Recovery Project
39111 W. 6 Mile Rd. Livonia, MI 48152
(734) 591-1837 • www.therecoveryproject.com
info@therecoveryproject.net

The Recovery Project, with outpatient rehabilitation centers located in Livonia and Clinton Township, Michigan provide innovative treatments for individuals with spinal cord, brain injury and other neurological injuries or diseases. Our clinics are located in existing fitness centers providing individuals the transition from rehabilitation to community fitness and health programs. We utilize the highest qualified clinicians in the areas of physical and occupational therapy and personal training. Our clinics have state of the art equipment including: stim bikes, body supported treadmills, arm and leg ergometers, vitaglide, standing frames and various strengthening/resistive machines.

We offer the following recovery programs:
• Traditional therapy.
• High intensity therapy.
• Home and community based therapy.
• Lifelong fitness programs.

University of Michigan Health System
Department of Physical Medicine and Rehabilitation,
The Spine Program
325 E. Eisenhower Pkwy., Ann Arbor, MI 48108
(800) 254-BACK • (734) 998-6550
(734) 615-1770 Fax • www.med.umich.edu/pmr/spine

The University of Michigan Health System Spine Program is a multidisciplinary team of experts that strives to improve the health and productivity of individuals with spine disorders. The mission of the Spine Program is to become a national leader in spine care through synergy of excellence in clinical service, research and education; and to provide a comprehensive, patient-centered service that addresses the controllable factors influencing the health and productivity of persons with spine disorders. Numerous assessment and treatment options are offered to individuals with acute, subacute and chronic back disorders. These include diagnostic, general medicine, surgical and rehabilitation interventions, delivered by a team of physiatrists, physical therapists, occupational therapists, psychologists, and exercise specialists.

Recreation

Adaptive Sports Coalition
2845 Crooks Rd., Rochester Hills, MI 48309
(248) 829-8353 • www.adhof.org

As part of the official organizational structure of the Athletes with Disabilities Hall of Fame, the Adaptive Sports Coalition is a group of community based smaller organizations that support sports and recreation programs for the disabled throughout the state of Michigan. By hosting awareness clinics and training events in local communities, the Coalition helps people better understand the recreational opportunities available for people with disabilities. The Coalition specializes in activities such as wheelchair basketball, tennis, air rifle, track and field, sled hockey, water and snow skiing, hand cycling, adaptive golf, and baseball.
Athletes with Disabilities Hall of Fame
2845 Crooks Rd., Rochester Hills, MI 48309
(248) 829-8353 • www.adhof.org

Created in 1999 by Tony Filippis, Sr. of Wright & Filippis, the ADHOF celebrates the athletic achievements and community service accomplishments of people with disabilities. The alumni group of over 50 individuals and teams represents over 20 different adaptive sports. Alumni represent various disabled groups such as Amputees, Cerebral Palsy, Developmentally Disabled, Dwarf, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Traumatic Brain Injury, and Visual Impairment. Current programs include The No Limits Mentoring Program, which sends alumni members into local schools and churches to present motivational speeches, and the Adaptive Sports Coalition, a group of community based smaller organizations that support sports and recreation programs for the disabled.

Krupa’s Boat Mart
3909 Francis Street, on Sharp’s Lake, Jackson, MI 49203
(517) 782-7146 • info@krupas.com • www.krupas.com

Krupa’s Boat Mart, located on Sharp’s Lake, in the heart of mid-Michigan’s lake country, was named “#1 Pontoon Dealer in the World” by Godfrey Marine, the world’s largest pontoon manufacturer. We make it a point to address every detail, whether you’re purchasing a personal watercraft, paddleboat, pontoon, fishing boat or cruiser. From accessories, financing, licensing and warranty processing to instruction and delivery – we take care of it all! We have experience in modifying new and used watercraft to fit the needs of our customers with disabilities, and our sales floor and accessories showroom are barrier free. We make boat buying “A Totally Fun Deal!”

Michigan Thunderbirds
Wheelchair Sports
2568 Packard Rd., Ann Arbor, MI 48104
Glen Ashlock • (734) 971-0277 ext. 33
www.michiganthunderbirds.org • tibirds@aacil.org

The Michigan Thunderbirds Wheelchair Sports provides sports and recreation opportunities for athletes with disabilities. We have an established wheelchair basketball team in the NWBA Division II, a NWBA junior team, and are helping to start an adult recreation team. Our members participate in handcycling races and rides throughout the country. The Thunderbirds participate in the Adaptive Sports and Recreation Coalition.

Transportation and Rentals

Ann Arbor Transportation Authority
2700 S. Industrial Hwy., Ann Arbor, MI 48104
(734) 996-0400 • www.theride.org

The AATA provides safe, convenient and efficient public transportation services and specialized services for persons with disabilities and seniors in the greater Ann Arbor area. Bus route and schedule information is available by phone at (734) 996-0400 or (734) 973-6997 (TDD), at the AATA website: www.theride.org and in large print format. For information or an application for specialized service, call (734) 973-6500.

AATA A-Ride (734) 973-6500

A-Ride is a shared-ride, demand-response, public transportation service for individuals whose disability prevents them from riding the regular fixed-route buses. Trips are provided using lift-equipped vehicles and taxicabs. A-Ride service is provided within 3/4 of a mile from regular fixed routes in the cities of Ann Arbor and Ypsilanti plus Pittsfield, Superior and Ypsilanti townships. The fare is $2.00 per trip and can be paid with cash or pre-purchased scrip tickets. Applications for the A-Ride program are available by calling (734) 973-6500, or by visiting AATA’s main office at 2700 S. Industrial Hwy., or the Blake Transit Center, 331 S. Fourth Ave., Ann Arbor.

AATA Travel Training (734) 677-3948

The Travel Training program helps individuals with disabilities learn to ride the fixed-route bus system to best meet their transportation needs. Individualized training is free of charge, so climb aboard and “Learn Your Wheels.” Call for information or to enroll.

AATA TheRideSource (734) 528-5411
www.theride.org/ridesource/ridehome.htm

TheRideSource is a transportation-matching program in Washtenaw County offering coordination of transportation services for individuals or groups who would like assistance in making their transportation arrangements. Special consideration is given to individuals of limited physical ability and/or income level. TheRideSource works with various transportation providers to coordinate the best possible combination of services for the individual client.
Gresham Driving Aids
30800 Wixom Rd., Wixom, MI 48393 • (800) 521-8930

Gresham Driving Aids stocks new and pre-owned accessible vehicles for immediate delivery. All pre-owned vehicles have complete inspection and reconditioning as necessary to provide the highest quality transportation. Trade-in is available for current accessible vehicle owners. Consultations regarding vehicle modifications and individual needs are provided at no cost in your home or at Gresham’s office, where videos and literature are readily available. The staff and technicians, with decades of experience, are dedicated to the complete satisfaction of your needs in your pursuit of accessible transportation.

The People’s Express Transportation
Northfield’s Human Services in Whitmore Lake
To schedule a ride call (734) 528-5411
To call the NHS office call (734) 449-0110

The People’s Express Transportation is part of Northfield’s Human Services in Whitmore Lake. To schedule a ride call RideSource at AATA. Ask for Robert. We transport people in Washtenaw, parts of Livingston and Oakland counties. Please call 24 hours in advance. Our buses and vans are handicapped equipped. We have a team of experienced and caring drivers. Ask about our special programs and you can qualify for rides at $1.00 each way by simply filling out a few forms. Our Food Pantry is available to Whitmore Lake School District and is open Monday and Tuesday from noon-5 p.m. Referral services are available on request.

Wheelchair Getaways
6005 Carscadden Way, Highland, MI 48357
(800) 887-7868

Wheelchair Getaways rents vans by the day, week, or month to persons with disabilities. Our vans include full-size conversion vans with raised-roof, raised-door, and side-door entry. Our minivans are equipped with a dropped floor, kneeling system, and power side-door ramp. All vans have tie downs for the wheelchair and tie downs for the chair user. Some of our vans are equipped with hand controls, power transfer seat for the driver, and power doors.

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