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iKan History

During the spring of 2010 Kansas Rehabilitation Services (KRS) issued a Request for Proposals for the “Capacity Building Initiative”. Eligible applicants were charged with developing a proposal to meet the KRS’s priority to increase access to services for persons who are blind or visually impaired in the communities where they live, work and attend school. Services were to be designed to support competitive, integrated employment and support achievement of independent living outcomes for individuals that had received services through Kansas Seniors Achieving Independent Living (Kan-SAIL). The Kan-SAIL program was retired in the fall of 2010.

Prairie Independent Living Resource Center (PILR), the Resource Center for Independent Living, Inc. (RCIL), and Southeast Kansas Independent Living (SKIL) formed a coalition to prepare and submit a proposal for the project. (Southwest Kansas Center for Independent Living was added to the project and later removed from the project when it closed for business and PILR is now serving this area). PILR was awarded a two year contract, starting in August 2010, and immediately began work to build capacity and begin providing independent living skills training for individuals aged 55+.

Orientation & Mobility/Outreach Specialists were hired and began the capacity building portion of the project by being admitted and beginning the orientation and mobility certification program offered through Texas Tech University (TTU). The program at TTU usually requires two years to complete. The first iKan O&M Specialists to complete the program will be in May 2012. Braille Specialists were also hired and began their certification training programs.

Concurrently the O&M/Outreach Specialists began efforts to reach the individuals that had been working with Kan-SAIL to offer Independent Living skills training services. Other concentrated outreach efforts included 28 consumer/partner focus groups. The meetings were held in January and February 2011 in

Parsons, Chanute, Independence, Arkansas City, Hutchinson, Emporia, Dodge City, Atwood, Fredonia, Scott City, Johnson, Newton, Pittsburg, Liberal, Colby, Pratt, Columbus, Iola, Garden City, Stafford, McPherson, Fort Scott, Phillipsburg, Hill City, Topeka, Coldwater, El Dorado, and Hays. The focus group format was utilized to announce iKan services and gather information on independent living skills training topics. The information was used to create a manual for training direct service staff across the state to use to teach independent living skills to individuals who are blind or visually impaired. Additional presentations to community groups and partners are on-going to increase awareness of iKan.

The following Independent Living Skills training manual was made available to independent living skills trainers at the 2011 Disability Caucus Pre-conference August 9-10, 2011, at the Capitol Plaza Hotel in Topeka Kansas.

The goal of iKan is to deliver Independent Living Skills training to individuals who are blind or visually impaired utilizing the Independent Living philosophy which states that people with disabilities should have the same civil rights, options, and control over choices in their own lives as do people without disabilities.

As we conducted the focus groups throughout the state of Kansas, it became apparent that while national and state associations have done a tremendous job in advocating and securing rights to services many individuals were not afforded choice. Focus group participants reported family and community members being fearful, judgmental, and biased about their ability to go to school, hold down a job or even live independently just because they are blind or visually impaired.

Mike Oxford and Gina McDonald described the Independent Living movement in the “History of Independent Living” by saying that “the history of independent living is closely tied to the civil rights struggles of the 1950s and 1960s among African Americans. Basic issues - disgraceful treatment based on bigotry and erroneous stereotypes in housing, education, transportation, and employment - and the strategies and tactics are very similar.”

We were told stories of public transportation dropping individuals off many blocks from their destination without any verbal exchange regarding where they were at

or how far they needed to go or in what direction. These stories fueled our passion to introduce the independent living model to their predominately medical model world.

Mike Oxford and Gina McDonald described the paradigm shift from the medical model in the “History of Independent Living” by saying that “It was in the late 1970’s, that Gerben DeJong proposed a shift from the medical model to the independent living model. People with disabilities no longer saw themselves as broken or sick, certainly not in need of repair. Issues such as social and barriers were the real problems facing people with disabilities. The answers were attitudinal to be found in changing and “fixing” society, not people with disabilities. “

.....

Update from 2019: PILR, SKIL, and RCIL disbanded as the coalition in 2012 and instead served a majority of Kansas as their own agencies with separate contracts with the State. No members were able to finish the Braille certification program and three members (two from SKIL and one from RCIL) completed the Certified Orientation & Mobility requirements. The two members from SKIL left the state for other positions and SKIL in southeast Kansas has stopped providing the older blind service all together.

As of 2019 counties are broken down as: PILR covering 60, RCIL covering 32, Alphapoint covering 8, and Envision covering 5.

RCIL wanted to keep the history of the iKan project so they named their older blind program iKan-RCIL. Similar to how iKan held focus groups as their project for the contract period, RCIL has had projects such as starting low vision support groups, independent living classes, and low vision fairs.

Degrees of Blindness and Eye Diseases

Blindness is a functional defect of part of the eye, optic nerve (moves information from the eye to the brain), or the brain that causes the inability to see.

The terms blind and blindness have been modified in our society to include a wide range of visual impairments. Also, a person who has a visual impairment but is not by definition blind may label themselves blind. Visual impairments can be broken down into three categories:

1. **Blind** – a person who is blind may see only darkness or may have some light perception
2. **Legally Blind** – the best corrected vision for a person who is legally blind (i.e. eye glasses, contacts) is a visual acuity* of 20/200 or less or having a visual field* of 20 degrees or less in the better seeing-eye
3. **Severe Visual Impairment** – a vision deficit that affects an individual's life but does not fit under legally blind

The term **low vision** is used often, and that can refer to individuals who are legally blind or have a severe visual impairment.

***Visual acuity** – is a measurement of the eye's ability to distinguish objects details and shape, using the smallest identifiable object that can be seen at a specified distance. 20/200 can be described as what a person with 20/20 vision sees at 200 feet the person with 20/200 would see at 20 feet.

***Visual field** – is the measurement in degrees of the area visible to an eye while fixating straight ahead. A person with no field loss would have 180 degrees visual field. A person who could only see about the size of your fist (at arm's length) is comparable to 5 degrees.

A person who has low vision may see better during certain parts of the day or while doing certain tasks. It would not be uncommon to see a person using a white cane to enter a restaurant, find seat and then read the menu. Maybe his eye condition affects his peripheral (side) vision so it is hard for him to see obstacles such as light poles, door frames, etc. but his center/detailed vision still allows him to read. The opposite could happen as well. A lady may walk into the restaurant without a white cane, find her seat without issue, and then ask the wait staff to read her the menu.

There are many eye conditions that can affect all people at any age. Some eye conditions develop later in life and some are congenital (inherited).

Eye Doctor Definitions

Optometry –

Vision care specialty that deals with function and disorders of the eye, includes detection of disease and some types of management

Ophthalmology –

Medical specialty that deals with the eye its function and diseases, including diagnosis and medical/surgical management

Ophthalmologist –

Physician (MD) specializing in diagnosis and treatment of refractive, medical and surgical problems related to eye diseases and disorders

Optometrist –

Doctor of optometry (OD) specializing in vision problems, treating vision conditions with spectacles, contact lenses, low vision aids and vision therapy, and prescribing medications for certain eye diseases. They also provide training in the use of low vision aids.

Consult with a Low Vision Doctor when:

- Ordinary eyeglasses or contact lenses do not provide clear enough vision to perform tasks such as reading, writing, driving or television viewing, special eyeglasses or low vision aids are necessary to help perform these tasks.
- An individual's current eye doctor cannot surgically or medically improve their vision; a low vision examination by a low vision eye doctor is needed.

Types of Low Vision Care Providers

The following low vision care provider definitions are taken from the Kansas Optometric Association Low Vision Resource Guide.

Primary Low Vision Care Providers:

They will accept low vision cases when scheduled. Those appointments will not place an emphasis on low vision as a special service. This level would include the use of different techniques to measure acuity, introduction to the high add bifocal option and a limited selection of hand held optical devices. They refer to other optometrists providing more comprehensive low vision services when needed.

Secondary Low Vision Care Providers:

These Optometrists are required to complete annual continuing education specific to low vision care and/or prior residency training. The equipment they utilize would include multiple-acuity and contrast sensitivity assessment tools, trial frame refraction, reading and other functional evaluations, along with maintaining a complete inventory of hand held and spectacle mounted microscopes and telescopes. Coordination with occupational or other certified therapists is made available when needed to include Aides to Daily Living, CCTV, bioptic, and field limitation instruction.

Assistive technology such as: handheld magnifiers, closed circuit televisions, video magnifiers, stand magnifiers and telescopes could be an item prescribed by a low vision specialist to help the person maximize the vision he/she has available. A reduction to glare, high contrast and sunglasses and/or a hat when outdoors are all recommended ways to increase vision. Many eye conditions increase sensitivity to light which makes the use of sunglasses or sun filters even more important.

Many people will ask “Why can’t the eye doctor just make my glasses thicker?” A good explanation is your eyes can be thought of as a movie projector on a screen. No matter how big you make the movie screen, if you have a problem with the projector or a dirty projector lens the image on the screen will still be blurry.

Cataracts –

The lens inside of the eye which is clear and allows light to pass through becomes cloudy with cataracts. It can be described as looking through a dirty window or that the focus hasn't been adjusted. Depending how cloudy the lens is or if the whole lens is cloudy will determine the visual loss. Cataracts are usually associated with age but they can be congenital, caused by trauma or



medications also.

TREATMENTS/HINTS: Cataracts can be removed by surgery but for individuals who are not able to have surgery high contrast and low glare will help the person.

Images taken from:

<http://www.harvardeye.com/ataract/images/imgCataract.jpg>

Cortical Visual Impairment (CVI) –

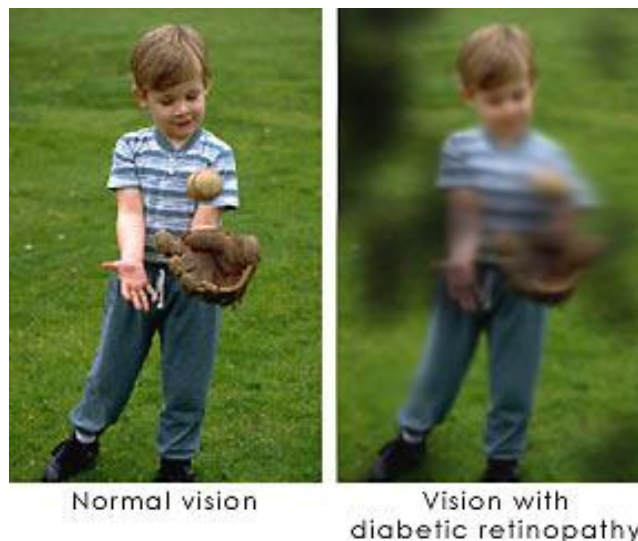
Cortical Visual Impairment is a defect in the brain that does not allow the image seen by the eyes to be translated to the brain. CVI can affect visual acuity and/or visual field. CVI is common in infants who are born with other disabilities and a very low birth weight. CVI is confusing to some because there is nothing wrong with the eyes, the child sees fine, it is the connection to the brain where problems occur. Individuals with CVI will have a central vision loss and objects that are moving and/or are brightly colored seem to appeal to their senses.

TREATMENTS/HINTS: Reduction of glare and clutter, use of contrast and repetition are helpful.

Diabetic Retinopathy –

Twenty years after the onset of diabetes the person's chance of vision loss increases. Diabetic Retinopathy causes the small blood vessels that are in the retina to deteriorate. This causes the retina to become malnourished and can cause hemorrhages in the eye. If blood is in the retina or in the middle of the eye it will cause the person to have spotted vision or look like as if viewing the world through Swiss cheese. Central vision can be affected if hemorrhage(s) occur on the macula.

TREATMENTSS/HINTS: Reduction in glare, diabetic diet and diabetic education will be needed.



Images taken from: <http://www.stlukeseye.com/images/img-bdr.jpg>

Glaucoma –

Glaucoma is usually associated with pressure inside of the eye but there is another theory that it is caused by blood vessels not working properly and reducing the blood flow to the optic nerve. The theory of high pressure also finds damage to the optic nerve. Glaucoma affects the peripheral vision causing “Tunnel Vision” and can lead to blindness.

EXTREME GLAUCOMA



ADVANCED GLAUCOMA



EARLY GLAUCOMA



NORMAL VISION



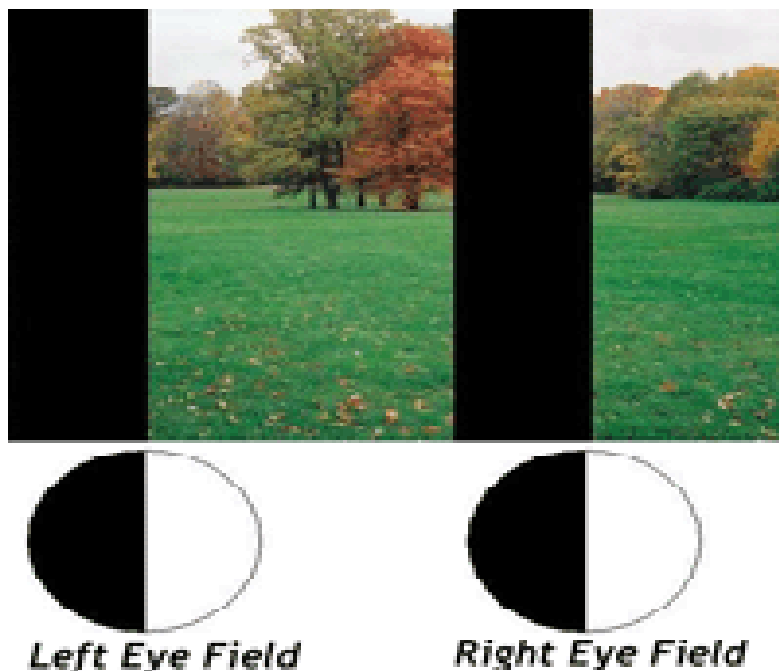
TREATMENTS/HINTS: Use direct light on objects, reduce of glare and distinct contrast will be the best environment for the person to use his/her vision.

Images taken from: http://www.age-well.org/images/Glaucoma_adv.jpg

Homonymous Hemianopsia (HH) –

Common causes of Homonymous Hemianopsia is stroke or head trauma, where part of the brain has been damaged causing a vision loss. If the stroke occurs on the right side of the brain then there will be a field loss on the left side and vice versa. People with HH will have some vision in both eyes but only part of the field. When looking at a book they may only see the right side of both pages which could cause hardship when keeping their spot on the line. Another condition can form known as “neglect”, which the person loses the knowledge that the side he/she isn’t seeing is there. In extreme cases, for example, a

person will
his/her
the side
cannot see.



not put on
shoe on
he/she

Images taken from:

http://www.laico.org/v2020resource/files/neuroophthalmology/visual_field.q

if

Macular Degeneration –

There are many forms of Macular Degeneration including the most common Age-Related Macular Degeneration (ARMD), Stargardt's disease, and Best's disease. ARMD is the leading cause of visual impairment in the United States and there are two forms wet and dry. Dry ARMD can turn into wet, but wet does not turn to dry again. Wet ARMD is when blood vessels start growing in the macula and are weak or bad and start leaking. All of which the macula, which is located on the retina and is the part of the eye that does the detailed vision, is affected. People with a form of macular degeneration will lose their central detailed vision but macular degeneration will not cause total blindness.



TREATMENTS/HINTS: Using high contrast and good lighting are a must for individuals with macular degeneration.

Images take from:

http://www.eschenbach.com/_pix/diseases/macular_degeneration.jpg

Retinal Detachment –

The retina plays a major role in vision and is located on the inside back wall of the eye. It can become detached (partially or totally) by a head trauma, the eye growing irregularly, retinal tear/hole, or Marfan's Syndrome. The extent of the detachment will determine the amount of field loss the person will have. Also, depending on if the detachment is on the sides or in the center of the retina will determine if the person has a loss of field or acuity. If the person has a partial detachment he/she will be warned not to participate in contact sports because a head trauma or jarring of the head could cause it to detach the rest of the way.



TREATMENTS/HINTS: Reduction of glare and good lighting will help the person.

Images taken from: <http://www.laretinasurgeon.com/textimages/retinal-detachment/affected.jpg>

Retinitis Pigmentosa (RP) –

Retinitis Pigmentosa is the degeneration of the retina which causes loss of night vision and peripheral vision. Individuals with RP may notice early on that they are unable to see at night, and then notice they have a ring around their vision which turns into “tunnel vision” and can progress into blindness.



TREATMENTS/HINTS: High contrast, bright light and no glare is an ideal environment for the person to view materials.

Images taken from:

http://www.neurotechusa.com/objects/img/clinical_programs_retinitis_pigmentosa.jpg

Retinopathy of Prematurity (ROP) –

Previously known as Retrolental Fibroplasia. Retinopathy of Prematurity occurs when an infant has been on oxygen for an extended period of time and the retinal tissue has become dependent on the oxygen. The eye creates neovascular growth to try to produce more oxygen when the infant is taken off of the oxygen; the growth is weak and can cause hemorrhages, fibrous tissue and retinal detachments. ROP can cause a wide spectrum of functional deficits from issues with glare to blindness.

Blind/Low Vision Etiquette

Golden Rule: *"Treat others as you wish to be treated".*

Follow the Golden Rule and these 10 helpful tips:

1. Be yourself and remember the person who is blind or has low vision will know if you are comfortable or not. Use common phrases such as "See you later", "Did you see the show..."
2. Use person first language such as a person who is blind or has low vision not a blind person.
3. Communicate with the person, not the Interpreter, Companion, Guide or Assistant.
4. When meeting a person with a visual impairment always identify yourself and anyone with you. (This may not be necessary after meeting multiple times.)
5. Speak to the person using a natural tone of voice and speed.
6. Use the person's name whenever possible, especially in crowds so he/she know you are speaking to him/her.
7. Let the person know when a conversation is over so he/she isn't left talking to a wall.
8. When describing people, places or objects to a person who is blind or has low vision use descriptive language and do not leave out details that you think are unpleasant or unimportant.
9. Always leave items where you found them when assisting a person who is blind or has low vision.
10. Respect privacy and don't ask questions that would be inappropriate to ask any other person.

Blind Etiquette

DO

- Do use Common Sense and treat the person like anyone else
- Do be patient with yourself in learning what specific needs the person may have
- Do be sensitive to the person's needs, whatever they may be and offer assistance when possible
- Do be patient with the person if he/she needs more time to complete activities
- Do ask the person if they need assistance
- Do announce when you enter and leave a room
- Do provide natural verbal cues when in passing (i.e. "Excuse me", "Hello")
- Do be an active listener
- Do use descriptive language to explain directions or where objects are (i.e. turn left, next to the noisy pop machine)
- Do remember everyone is different and has different needs

DON'T

- Don't be embarrassed if you do or say the wrong thing
- Don't nod your head – answer the question
- Don't move furniture or objects at the person's home or office without telling the person
- Don't think you know all the answers because you are the professional
- Don't automatically give help
- Don't do things the person can do by him/herself
- Don't honk your car horn to let a person know it is okay to cross a street
- Don't be patronizing
- Don't touch a person's cane or touch or talk to a guide dog without asking
- Don't take a person by the arm to assist
- Don't assume anything about the person

Core Service Delivery

The iKan program was designed not to discount the medical model, but to integrate with the independent living philosophy of choice and empowerment. Individuals who are blind or visually impaired can choose to have iKan services delivered in their homes and communities. Supporting an individual's right to make their own choices and learn from their mistakes is a natural part of living and it is the Independent Living way. The iKan intent is to design our core service delivery to specifically meet the unique needs of individuals who are blind or have low vision without compromising the IL philosophy.

The first step is intake. Intake information that differs from standard center for independent living intakes includes finding out the onset of vision loss, the degree of vision loss, the cause of vision loss, and any other disabling condition. The iKan intake form is in the last section of the iKan manual. During the initial intake it is wise to consider the following:

- ✓ Does the individual need vision medical attention?
 - Consider a referral to an optometrist to get eye condition stabilized.
- ✓ Is the individual unable to work and needing money?
 - Consider a referral/assistance to apply for Social Security Disability Income (SSDI).
 - Desires work consider making a referral to Kansas Rehabilitation Services.

The next step is assessment. The iKan assessment form is in the last section of the iKan manual. You will notice that the iKan assessment includes a visual and physical profile along with orientation, mobility and communication skills that all pertain to vision. Centers for Independent Living can utilize their own assessments to gather the rest of the information.

Step three is naturally setting a goal and creating a plan utilizing a formal Independent Living Plan or an Independent Living Plan Waiver. The content of the goal and plans are the only differences. Examples of those delivery differences would be:

Information and Referral:

- Make referral to Low Vision Ophthalmologist

Advocacy System & Individual:

- Social Security Administration Work Incentives are different for individuals who are blind or have low vision

Peer Counseling:

- Low Vision Support Groups

Deinstitutionalization:

- Housing that keeps pathway obstruction free

IL Skills Training:

- Marking and organizing everything

ADVOCACY

Systems Advocacy: Involves efforts attempting to ensure that the law and regulations for programs and services are protecting the civil and human rights of ALL individuals.

Advocates for the blind and visually impaired have been active in Europe and in America since the early 20th Century. Advocates and organizations for individuals who are blind or visually impaired have been active in America since the days of Thomas Jefferson until present day.

Individual Advocacy: Assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled. *Pertains to an individual; a process of empowering consumers to take control of their lives. This does not include systems advocacy.*

Examples:

- Assisting an individual with voter registration
- Assisting an individual with ADA issues related to reasonable accommodation
- Assisting an individual at a Social Security hearing/appeal
- Assisting an individual at an IEP meeting in order to obtain access to services or programs to which he/she may be entitled.
- Assisting an individual with issues/communication with SRS to reduce client obligation

There are three well know national advocacy organizations and numerous state organizations listed below:

National:

- American Council of the Blind
- American Foundation for the Blind
- National Federation of the Blind

State:

- Kansas Association for the Blind
- Kansas State School for the Blind
- Envision
- Alpha Point
- Resource Center for Independent Living
- Prairie Independent Living Resource

Disability Law

This manual is targeting laws and regulations specifically answering questions from individuals who are blind or have low vision. It is not intended to have captured every question, only those from our focus groups. The disability laws listed below apply to all people with disabilities and are the product of tremendous advocacy from the entire disability community.

Air Carrier Access Act of 1986

Americans with Disabilities Act of 1990

Architectural Barriers Act of 1968

Civil Rights of Institutionalized Persons Act

Fair Housing Amendments Act of 1988

Individuals with Disabilities Education Act

National Voter Registration Act of 1993

Section 501 of the Rehabilitation Act of 1973, as amended

Section 503 of the Rehabilitation Act of 1973, as amended

Section 504 of the Rehabilitation Act of 1973, as amended

Section 508 of the Rehabilitation Act of 1973, as amended

Telecommunications Act of 1996

Voting Accessibility for the Elderly and Handicapped Act of 1984

Shopping Accommodations

Question: Are stores required to provide a shopping assistant?

Answer: Yes, as a reasonable modification. The only exception is if due to low staff numbers it would cause undue burden.

The Law: **This excerpt was taken from the ADA UPDATE: A Primer for Small Business**

1. Public accommodations must:

Provide goods and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity. Eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy the goods and services of a place of public accommodation. Make reasonable modifications in policies, practices, and procedures that deny equal access to individuals with disabilities, unless doing so would cause a fundamental alteration in the nature of the goods and services provided.

Furnish auxiliary aids, when necessary, to ensure effective communication, unless doing so would cause an undue burden to the business or fundamental alteration in the nature of goods and services. A public accommodation may not discriminate against an individual or entity because of association with a person with a disability.

Are there limitations on what businesses must provide for customers with disabilities?

2. GENERAL NONDISCRIMINATION REQUIREMENTS

Policies and Procedures

Your business, like all others, has formal and informal policies, practices, and procedures that keep it running smoothly. However, sometimes your policies or procedures can inadvertently make it difficult or impossible for a customer with a disability to access your goods and services. That is why the ADA requires businesses to make "reasonable modifications" to their usual ways of doing things when serving people with disabilities. Most modifications involve only minor adjustments in policies. For example, a day care center that has two scheduled snack times must modify this policy to allow a child with diabetes to bring food for an extra snack if necessary. A clothing store must modify a policy of permitting only one

person at a time in a dressing room for a person with a disability who is shopping with a companion and needs the companion's assistance to try on clothes. Anything that would result in a fundamental alteration – a change in the essential nature of your business – is not required.

For example, a clothing store is not required to provide dressing assistance for a customer with a disability if this is not a service provided to other customers.

- Customers with disabilities may need different types of assistance to access your goods and services. For example, a grocery store clerk is expected to assist a customer using a mobility device by retrieving merchandise from high shelves. **A person who is blind may need assistance maneuvering through a store's aisles.**

Accessible Formats

Question: I never get the accessible formats I request, when is it required?

Answer: If an entity cannot provide the large print, Braille or tape-recorded format you request, they must be able to deliver the information another way, such as verbally. (For example: A handout at a meeting would need to be read out loud if alternative formats were not available.)

The Law: This excerpt was taken from the Job Accommodation Network ADA Handbook.

VI. Auxiliary Aids

- A public accommodation must provide auxiliary aids and services when they are necessary to ensure effective communication with individuals with hearing, vision, or speech impairments.
- "Auxiliary aids" include such services or devices as qualified interpreters, assistive listening headsets, television captioning and decoders, telecommunications devices for deaf persons (TDD's), videotext displays, readers, taped texts, brailled materials, and large print materials.
- The auxiliary aid requirement is flexible. For example, a brailled menu is not required, if waiters are instructed to read the menu to blind customers.
- Auxiliary aids that would result in an undue burden, (i.e., "significant difficulty or expense") or in a fundamental alteration in the nature of the goods or services are not required by the ADA. However, a public accommodation must still furnish another type of auxiliary aid, if available, that does not result in a fundamental alteration or an undue burden

Alternative format translation services can be obtained at:

Kansas Braille Transcription Institute, Inc.
P.O. Box 48091
Wichita, Kansas 67201-8091

PILR
7 South Main Street
St. Suite 203
Hutchinson, KS 67501
Voice: (620) 663-3989
Fax: (620) 663-4711

RCIL
1507 SW 21st
Topeka, KS 66604
785-267-1717
Fax: 785-267-1711

Service Animals

Question: Can an apartment house refuse to allow someone to have a guide dog?

Answer: No, as long as the guide dog is housebroken and under the control of the owner.

The Law: The following information is excerpted from: http://www.ada.gov/regs2010/titleII_2010/titleII_2010_integrated.htm and http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_integrated.htm

28 CFR part 35.104 & 28 CFR Part 36.104

Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

28 CFR § 35.136 Service animals

(a) General. Generally, a public entity shall modify its policies, practices, or procedures to permit the use of a service animal by an individual with a disability.

(b) Exceptions. A public entity may ask an individual with a disability to remove a service animal from the premises if—

- (1) The animal is out of control and the animal's handler does not take effective action to control it; or
- (2) The animal is not housebroken.

(c) If an animal is properly excluded. If a public entity properly excludes a service animal under § 35.136(b), it shall give the individual with a disability the opportunity to participate in the service, program, or activity without having the service animal on the premises.

(d) Animal under handler's control. A service animal shall be under the control of its handler. A service animal shall have a harness, leash, or other tether, unless either the handler is unable because of a disability to use a harness, leash, or other tether, or the use of a harness, leash, or other tether would interfere with the service animal's safe, effective performance of work or tasks, in which case the service animal must be otherwise under the handler's control (e.g., voice control, signals, or other effective means).

(e) Care or supervision. A public entity is not responsible for the care or supervision of a service animal.

(f) Inquiries. A public entity shall not ask about the nature or extent of a person's disability, but may make two inquiries to determine whether an animal qualifies as a service animal. A public entity may ask if the animal is required because of a disability and what work or task the animal has been trained to perform. A public entity shall not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal. Generally, a public entity may not make these inquiries about a service animal when it is readily apparent that an animal is trained to do work or perform tasks for an individual with a disability (e.g., the dog is observed guiding an individual who is blind or has low vision, pulling a person's wheelchair, or providing assistance with stability or balance to an individual with an observable mobility disability).

(g) Access to areas of a public entity. Individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of a public entity's facilities where members of the public, participants in services, programs or activities, or invitees, as relevant, are allowed to go.

(h) Surcharges. A public entity shall not ask or require an individual with a disability to pay a surcharge, even if people accompanied by pets are required to pay fees, or to comply with other requirements generally not applicable to people without pets. If a public entity normally charges individuals for the damage they cause, an individual with a disability may be charged for damage caused by his or her service animal.

(i) Miniature horses.

(1) Reasonable modifications. A public entity shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability.

(2) Assessment factors. In determining whether reasonable modifications in policies, practices, or procedures can be made to allow a miniature horse into a specific facility, a public entity shall consider—

(i) The type, size, and weight of the miniature horse and whether the facility can accommodate these features;

(ii) Whether the handler has sufficient control of the miniature horse;

(iii) Whether the miniature horse is housebroken; and

(iv) Whether the miniature horse's presence in a specific facility compromises legitimate safety requirements that are necessary for safe operation.

(C) Other requirements. Paragraphs 35.136 (c) through (h) of this section, which

apply to service animals, shall also apply to miniature horses.

28 CFR § 36.302 Modifications in policies, practices, or procedures.

(c) Service animals.

(1) General. Generally, a public accommodation shall modify policies, practices, or procedures to permit the use of a service animal by an individual with a disability.

(c)(2) Exceptions. A public accommodation may ask an individual with a disability to remove a service animal from the premises if:

(i) The animal is out of control and the animal's handler does not take effective action to control it; or

(ii) The animal is not housebroken.

(3) If an animal is properly excluded. If a public accommodation properly excludes a service animal under § 36.302(c)(2), it shall give the individual with a disability the opportunity to obtain goods, services, and accommodations without having the service animal on the premises.

(4) Animal under handler's control. A service animal shall be under the control of its handler. A service animal shall have a harness, leash, or other tether, unless either the handler is unable because of a disability to use a harness, leash, or other tether, or the use of a harness, leash, or other tether would interfere with the service animal's safe, effective performance of work or tasks, in which case the service animal must be otherwise under the handler's control (e.g., voice control, signals, or other effective means).

(5) Care or supervision. A public accommodation is not responsible for the care or supervision of a service animal.

(6) Inquiries. A public accommodation shall not ask about the nature or extent of a person's disability, but may make two inquiries to determine whether an animal qualifies as a service animal. A public accommodation may ask if the animal is required because of a disability and what work or task the animal has been trained to perform. A public accommodation shall not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal. Generally, a public accommodation may not make these inquiries about a service animal when it is readily apparent that an animal is trained to do work or perform tasks for an individual with a disability (e.g., the dog is observed guiding an individual who is blind or has low vision, pulling a person's wheelchair, or providing assistance with stability or balance to an individual with an observable mobility disability).

(7) Access to areas of a public accommodation. Individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of a place of public accommodation where members of the public, program participants, clients, customers, patrons, or invitees, as relevant, are allowed to go.

(8) Surcharges. A public accommodation shall not ask or require an individual with a disability to pay a surcharge, even if people accompanied by pets are required to pay fees, or to comply with other requirements generally not applicable to people without pets. If a public accommodation normally charges individuals for the damage they cause, an individual with a disability may be charged for damage caused by his or her service animal.

(9) Miniature horses.

(i) A public accommodation shall make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual with a disability.

(ii) Assessment factors. In determining whether reasonable modifications in policies, practices, or procedures can be made to allow a miniature horse into a specific facility, a public accommodation shall consider –

(A) The type, size, and weight of the miniature horse and whether the facility can accommodate these features;

(B) Whether the handler has sufficient control of the miniature horse;

(C) Whether the miniature horse is housebroken; and

(D) Whether the miniature horse's presence in a specific facility compromises legitimate safety requirements that are necessary for safe operation.

National Association of Guide Dog Users (NAGDU) Education & Advocacy Hotline

Tampa, Florida (March 15, 2011): In conjunction with new federal regulations that take effect today concerning service animals, the National Association of Guide Dog Users (NAGDU), the leader in service animal advocacy, is launching an innovative new service. The NAGDU Education & Advocacy Hotline not only offers information about the legal rights of individuals who choose to use a service animal to mitigate their disability, it offers the option to speak with an advocate who is trained to resolve access denials. According to the new federal guidelines, a service animal is "any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability". (28 CFR part 35.104 & 28 CFR Part 36.104). The new regulations specifically state, "Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition." In an effort to further clarify its intent, the Department of Justice specifically states: "The crime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition." (The new regulations concerning service animals follow this release.) The NAGDU Education & Advocacy hotline currently offers general information about service animals under the Americans with Disabilities Act (ADA), as well as specific guidance concerning restaurants, taxicabs, and health-care facilities. Callers needing immediate assistance can connect directly to a live, trained advocate. Future plans for the hotline include summaries of each of the state laws concerning service animals, more industry-specific information, and guidance in a variety of languages, such as Mandarin and Arabic. The NAGDU Education & Advocacy Hotline is available anytime by calling, toll-free, (866) 972-3647. The NAGDU Education & Advocacy Hotline was created by a grant from the National Federation of the Blind (NFB) Imagination Fund, as well as with contributions from the California and Florida Associations of Guide Dog Users. The National Association of Guide Dog Users

is a strong and proud division of the NFB. NAGDU conducts public awareness campaigns on issues of guide dog use, provides advocacy support for guide dog handlers who face discrimination, supports effective legislation to protect the rights of service animal users, offers educational programs to school and civic organizations, and functions as an integral part of the National Federation of the Blind. For more information about the National Association of Guide Dog Users, you can visit its Web site at <http://www.nagdu.org> or send an e-mail to info@nagdu.org.

Transportation

Question: Do transportation providers have to verbally announce the stop?

Answer: Yes, if the vehicle is 22 feet or longer and operates in fixed routes.

The Law: Architectural and Transportation Barriers Compliance Board

Published in the *Federal Register* on July 26, 2010. [PDF version](#)

36 CFR Parts 1192

[Docket No. ATBCB 2010-0004]
RIN 3014-AA38

Automated Stop and Route Announcements

Current Requirements

The 1991 guidelines require buses that are more than 22 feet in length and operate in fixed route systems to provide public address systems for announcing stops.^{[19](#)} The Department of Transportation regulations requires stops and routes to be announced.^{[20](#)} These requirements apply to both public transit agencies and private transit operators. Failure to announce stops and routes is a frequent source of complaints to the Department of Transportation and lawsuits against public transit agencies.

Renting a Car Story

By Roger Frischenmeyer

Because occasionally I have to travel, renting a car has at different times been necessary. For years I used a company that allowed me to rent the car in my name, but since I am blind, add a driver who would actually operate the vehicle. That had never been a problem until recently when I was told that they don't allow additional drivers to be added to a car rental agreement unless it is your spouse. I don't have a spouse, and so I explained to them that according to the ADA they have to make their programs and services useable by people with disabilities and as a reasonable accommodation for me they needed to allow me to add an additional driver. At first, they told me "no, they wouldn't do that." But after going up the chain of command they finally decided that they would as long as I provided them a certification of disability. The problem with that however, was that they didn't know where I could get such a certification, or what information it should provide. I finally got the certification, which was a letter from my employer, and was allowed to rent the car. The important thing to remember from this is that knowing what the law says, and being persistent even when they tell you know is what you have to do sometimes to get your needs met.

INDEPENDENT LIVING SKILLS TRAINING

Independent Living Skills Training and Life Skills Training may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. *Skills are usually taught one-on-one until the consumer has attained adequate skills in the area of instruction; occurs anywhere (at the center, in the community, in the consumer's home) for any length of time. The concept of coping is very similar to Peer Counseling Services, but IL Skills Training is for the transmission of educational information as opposed to the back and forth reciprocity of Peer Counseling.*

The goal of Independent living skills training is to assist consumers in their goals to attain their independent living style. Independent Living is based on the philosophy that a person with a disability should be in control of the services that allow him/her to live independently. Sometimes consumers need assistance to learn and/or improve Independent Living (IL) Skills to achieve greater independence. IL skills to be covered in the iKan manual include: clothing, communication, cooking, emergency preparedness, financial, grooming, health care, home organization, housekeeping, mobility basics, recreation, socialization, shopping, and transportation. We will go in depth about each of these above stated areas of IL skills, and according to the American Federation for the Blind, there 5 common themes in each skill area: Increase lighting, Eliminate hazards, Create color contrasts, Organize and label items, or Reduction of glare. Assistive technology plays a role in each of the five themes.

Increase Lighting

- Use stronger light bulbs or 3-way bulbs to provide non-glare lighting.

- Put lamps in places where you do close work. For example, put a gooseneck lamp in your reading-writing area. Many companies make lighter light bulbs which simulate natural day light which can be very helpful to someone with low vision.
- Install extra lights in the bedroom closet and other frequently used closets in other rooms.
- Put special lighting over all stairways—the places where accidents are most likely to occur.
- Make sure the lighting level is consistent throughout the house so shadows and dangerous bright spots are eliminated. Install rheostats.
- Be certain you can easily reach light switches from doorways and from your bed.
- Use a night light in the bedroom, hallway, and bathroom.

Reduce Glare

- Glare can be caused by sunlight or light from a lamp and can make it difficult for an individual with low vision to see when it hits shiny surfaces, such as a glass or highly polished table top, waxed floors, or the TV screen.
- Sunlight can fill the room with light without producing glare.
- Mini blinds are one of the best window coverings because they can be altered during the course of the day to eliminate the glare.
- Avoid using wax on the floor; use a flat finish.
- To make the television easier to see, simply turn the screen away from the sun or a lamp so the light source is behind the screen.

Eliminate Hazards

- Mark thermostats with brightly colored fluorescent tape at settings you typically use.
- Use nonskid, non-glare wax to polish floors.
- Close closet and cupboard doors and drawers completely as soon as you've taken out what you need.

- Pick up shoes, clothing, books, and other items that you could trip over. In fact, put away an object when you are through using it—for the sake of safety and so you can find it easily again.
- Mop up spills as soon as they occur.

Create Color Contrasts

- Put light colored objects against a dark background—a beige chair against a dark wood paneled wall, for example—and vice versa—a black switch plate on a white wall.
- Install doorknobs that contrast in color with the door for easy location.
- Avoid upholstery with patterns. Stripes, plaids, and checks can be visually confusing.

Organize and Label Items

- Keep items that are used together near each other—on the same shelf, in the same closet, or in the same box.
- Label each box using a broad-tipped black felt marker. Or write the contents on index cards and attach the cards to the boxes with rubber bands. Self-adhesive labels are also handy.

As you utilize each section of the IL Skills Training portion of the manual, you will find suggestions that will accomplish each of the 5 areas. Our suggestions, tips, and hints are a collection of information gathered at the focus groups, information learned at Texas Tech by Orientation and Mobility Specialist students, and researching various web based resources. This is by no means a conclusive list and the members of iKan urge you to be creative and think outside the box when assisting an individual who is blind or experiences low vision.

Clothing Care

Clothing care starts with shopping and ends with mending. The first step is to ask which areas the individual need assistance and ideas.

- ✓ Shopping
- ✓ Fold & Hang Clothes
- ✓ Organize
- ✓ Laundry
- ✓ Ironing
- ✓ Mend

Ways to Shop for Clothing:

- Hand Held Video Magnifier prices range from \$300 to \$2000
- Buy one or two colors of pants, jeans, or skirts that will match every shirt, jacket or sweater
- Shop with a friend or family member
- Call ahead for a personal shopper
- Shop on-line

Organizing clothes:

- Choose the most functional way to organize closet
 - by color
 - by type of garment (slacks, shirts, jackets)
 - by purpose (work, play, church)
 - by season
 - by pattern
- Develop and write down an identification system using some sort of clothing labeling system. (EX: Right corner of label cut means blue)
Places and ways to mark are:
 - Right corner marked
 - Left corner marked
 - Center marked
 - Number of safety pins
 - Type of buttons

- Type of beads
- Ways to identify clothing differences
 - Different types of hangers (wire for brown, wooden for blue)
 - Braille tags- prices starting at \$29.95 for 100 tags
 - Labels made on index cards, wide marker and hung on the hanger of the item.
 - Cut slits horizontal or vertically in clothing labels
 - Sew a number of long thread pieces into clothing labels (EX: 2 threads=blue)
 - Safety pins positioned on clothing labels
 - Different shapes and sized of buttons or beads sewn on clothing labels
 - Tactile marking liquid – safe for clothing prices range from \$3 to \$16
 - Audio labeler- prices starting at \$150
 - Color tester- prices range from \$175 to \$600

Laundry:

- Sorting clothes
 - Separate clothes hampers and baskets to sort by color
 - Sock sorters- starting at \$4
 - Safety pin socks together
 - Natural light lamps- prices range from \$50 to \$200
- Mark stains with a small non-rusting safety pin to treat before laundering and check after laundering.
 - Use a stain stick with overlapping strokes to pre-treat stains prior to washing.
- Identify and mark features most utilized on washer and dryer
 - Puff paint
 - Velcro dots
- Laundry supplies
 - Laundry Pods
 - Use measuring cups with large numbers
 - Use color catchers sheets to prevent color bleeding

Ironing:

Many individuals report they buy only garments that do not need to be ironed. However, for those who choose to iron, here are some safety precautions:

- Heat resistant iron rests
- Keep the electric cord away from the work area.
- Automatic shut-off irons
- To increase contrast ,choose a solid colored ironing board cover.
- Use a funnel to pour water in to the iron

Mend clothes or thread a needle:

- Use a seamstress
- Threading a needle
 - Use a needle-threader
 - Self threading needles
 - Needles with large eyes
 - Have family or friends thread several needles and store them in a pin cushion
- To mend, use double thickness of thread
 - Makes mending easier
 - Makes stitches last longer

COMMUNICATION

Phones:

Many people who are blind or visually impaired use a phone with large buttons or a mobile phone that has voice commands. All phones are made with a raised dot on the number 5 to use for orientation when dialing. Other options:

- ✓ Talking/ Large button phone prices range from \$30 to \$70
- ✓ TAP program can assist with accessible phones at no charge to the consumer if they qualify.
 - Individuals who have a hearing, vision, speech, cognitive or mobility disability or impairment, or a combination of these disabilities/impairments can apply and receive equipment if the following eligibility requirements are met:
 - Have residency in the state of Kansas
 - Have telephone service in the home/residence
 - Have a disability or impairment in which a specialized telephone would be more helpful
 - Have a household gross income of less than \$55,000 per year (\$3,000 may be added for each dependent claimed).
- ✓ Pre –setting phone numbers and using speed dial
- ✓ BING-411: Free audio service that gives you directions, traffic conditions, and weather reports — on any phone (1-800-246-4411)

Phone numbers:

- ✓ Program numbers into their phone to be voice activated
- ✓ Large print address book with dark lines
- ✓ Card file- Names and numbers written in dark marker on recipe cards
- ✓ Tape recorder to note numbers to be transferred into preferred system
- ✓ CCTV prices range from \$1,000 to \$3,000

Keeping Appointments:

- ✓ Use family or direct service workers to help track appointments
- ✓ Sticky notes with large writing
- ✓ Large print calendars prices range from \$10 to \$20
- ✓ Ask for reminder phone calls from doctors, dentists, hair dressers, etc.
- ✓ Ask family or friends to give reminder phone calls

- ✓ Electronic equipment: iPads, iPhones, Computer software, talking PDAs, cell phones
- ✓ Email calendars such as Outlook
- ✓ Video and handheld magnifiers prices range from \$600 to \$1200
 - It is important to consult a Low Vision Doctor for a prescription before obtaining magnifying equipment
- ✓ Use a large print timer to remind of appointments
- ✓ Use yellow paper with black lines.

Remotes & Appliances:

To enjoy television programs, listen to the radio or use any appliance in the house that may have buttons, switches or knobs many of the people relied on memory to know where the button was at. Other options available:

- ✓ Lock dots
- ✓ Braille dots
- ✓ Add color
- ✓ Large print remote
- ✓ Place Velcro buttons
- ✓ Puff paint to mark items prices range from \$1 to \$2
- ✓ Bump dots prices range from \$5 to \$12

COOKING

Cooking is not only a hobby for many people, but it is also necessary for us all to survive. While it is true that pre-packaged food have come a long way and most people love a burger occasionally, nothing is better than a home-cooked meal. If individuals enjoyed cooking before they lost some of their sight, loss of vision doesn't have to change that. While vision may have been one sense used to cook, they have always used the other senses as well and will continue to do so as they learn to cook with vision loss. That being said, if individuals didn't like to cook before vision loss, losing their sight probably won't make them suddenly want to become a chef. Hopefully, these tips will help people be as independent in the kitchen as they want to be.

Lighting:

- Mat or dull sheen finishes will eliminate glare.
- In most cases, direct light on the working surface is more useful
- Use gooseneck lamps to position light directly on the work surface

Appliances:

- Mark appliances such as stoves and microwaves with puff paint, Elmer's glue, or sticky dots
- Many manufacturers will provide Braille or large print dials or overlays for kitchen appliances. Ask the sales representative before purchasing.

Cookbooks:

- Use talking Cookbooks from the national library service talking book program.
- Large print cookbooks are available at many websites.
- Recipes can be printed from a computer using large font
- Recipes can be saved on cassette tapes or a digital recorder
- Recipes can be written by hand with a thick tipped pen.

Measuring cups, spoons & bowls:

- Different colored bowls allow for contrast to what is being mixed
- Using contrasting measuring cup and ingredient colors might allow an individual to see if the correct amount has been poured
- Label measuring cups with puff paint or a permanent marker.
- Large print measuring cups are available at many websites starting under \$4
- Bend measuring spoons to a 90 degree angle then the liquid can be dipped from the container.

Cut & Slice:

- Palm-Peelers and triangle peelers start at \$4.95
- Use a fork to hold an item you are slicing in place and the prongs can be used as a guide
- Slicing guides prices range from \$7.95 to \$15.95
- Slice round items in half to get a flat surface for easier cutting.
- A black or white cutting board provides contrast
- Bend fingers at the knuckle, place on top of item to be sliced and use as a guide for safe knife placement
- Perfect Brownie Cutter starts at \$19.95 and includes a pan that bakes brownies individually

Pouring:

- When first learning to pour, use a tray or a cookie sheet to catch spills
- When pouring liquids, place a finger in the glass and pour until the liquid reaches your finger which tells you the glass is full
- Level indicators beep when the liquid reaches the top of the glass. Prices range from \$10.95 to \$19.95
- When pouring, place the rim of the jar or bottle against the cup or glass

Cooking:

- Use dark- or light-colored pans to contrast what is being cooked
- Oven Rack Guards reduce risk of getting burned. Prices start at \$18.00
- Meat springs back when touched with a spatula if it is done
- Push the item being cooked towards the edge of the pan, once the spatula is under the item return it to the center of the pan before flipping
- Use a second utensil to hold the item being cooked in place until the spatula is slipped under
- Water, when boiling, makes a hissing noise.
- Frying food usually sizzles less when it is ready to be turned
- Long sleeve oven mitts reduce the fear of getting burned

EMERGENCY PREPAREDNESS

Knowing what to do in an emergency is not only an individual's best protection but is also a personal responsibility.

Step One:

- Determine what disasters may occur in the individual's area from local office of emergency management.
 - Locate evacuation and storm shelters
 - Find out what warning signals the community uses.
 - Obtain an Emergency Alert System radio
 - Know which television stations offer verbal emergency alerts.
 - Find out if provisions are in place for individuals that are blind or visually impaired.
 - Regulations for guide dogs
 - Federal law allows for the individual to bring their guide dog or service animal to an evacuation shelter
 - Ask about the disaster plan for the workplace, church, community center, and other areas that are frequented.

Step Two:

- Complete a personal assessment.
 - What an individual is able to do before, during, and after a disaster
 - What assistance may be needed before, during, and after a disaster.

Step Three:

- Develop emergency evacuation routes from the home.
 - A minimum of two routes should be determined from each room of the home.
 - Practice evacuating by crawling on hands and knees to stay below the level of dangerous heat and smoke
 - Include service animal in all evacuation drills

- Determine a “safe place” that the individual will evacuate to in case of fire or home emergency.
- Purchase ABC type fire extinguishers and know how to use them.
- Know where the emergency shut off valves and electrical breakers are
- Place extra canes in strategic places
- Have high powered flashlights and extra batteries available
- Develop a personal support network
 - Make an emergency information list that the personal support network can use
 - Develop a medical information list that contains at least the following information:
 - The names and numbers of doctors
 - All medications (prescription and over the counter), dosages and times of administration
 - Existing medical conditions
 - Note the adaptive equipment used, disability, allergies,

Step Four:

- Build a disaster kit and consider the following items;
 - Seven day supply of medications
 - The medical information list
 - List of personal support persons
 - Service animal’s medical records
 - Three day supply of water for the individual and service animal
 - Pad of paper and pens or pencils for taking notes
 - Extra batteries for flashlight, tape recorder, portable TTYs, etc.
 - Extra pair of dark glasses, if used
 - Extra batteries for hearing aids
 - Food, medicine, and toy for service animal
 - Plastic bags, disposable gloves, and other items for animal’s care
 - Folding cane
 - Slate and stylus
 - Braille paper
 - Five days supply of non-perishable foods (check every 6 months and replace)
 - Manual can opener
 - Battery or crank operated radio
 - Plastic emergency whistle
 - First aid kit

- Blanket
- Toiletries and change of clothing
- Portable assistive devices
- Work gloves and sturdy shoes
- Photocopies of important documents
 - state or federal photo ID, passport, social security card, insurance card, Medicare and Medicaid cards, bank account numbers, and copies of local emergency numbers other than 911).

Step Five:

- Kansas Vulnerable Needs Planning System registry
 - The information collected for the registry includes: Name, location, age, language, gender, type of home, contact number, emergency contact, special equipment needs, transportation needs, service animal needs, health issues including limitations, caregiver requirements, mobility needs, oxygen dependency, electricity importance for medical equipment, and allergies.
 - If an Individual chooses they can register by filling the Individual System Information at helpmekansas.org or by contacting United Way 2-1-1 by dialing 211 and providing the information over the phone.

FINANCIAL SKILLS

Managing personal finances is an important part of independence for most people. These skills may take many forms, including writing checks, banking, bill paying and cash transactions. Suggestions for each of these areas are listed below.

Writing a check:

- ✓ Large print checks with dark and/or raised lines
 - Large print check register- prices range from \$6 to \$10
- ✓ Check guides can be hand made from card stock
 - Writing guides for specific purposes- prices start at \$2
- ✓ Debit cards
- ✓ Hand Held Video Magnifier prices range from \$600 to \$1200
 - Important to consult Low Vision Doctor for a prescription before obtaining magnifying equipment
- ✓ CCTV prices range from \$1,000 to \$6,000
- ✓ Quicken computer program will print checks

Banking/Bills:

- ✓ Online checking
- ✓ Use a payee
- ✓ Automatic bill paying bank service
- ✓ Receive bills in Braille
- ✓ Hand Held Video Magnifier prices range from \$600 to \$1200
 - Important to consult Low Vision Doctor for a prescription before obtaining magnifying equipment
- ✓ CCTV prices range from \$1,000 to \$6,000

Paper currency and coins:

- Identifying coins
 - ✓ Quarters and dimes are rough on edges
 - ✓ Dimes and pennies are smooth on the outside
 - ✓ Coin holders that have a separate place for each coin, Prices range from \$2 to \$10
- Identifying paper currency
 - ✓ Segregation

- Each type of bill in a different pocket
 - Divided Wallet: \$8 - \$25
- ✓ Fold each currency amount differently
 - \$1bills - not folded
 - \$5 bills- hot dog (lengthwise)
 - \$10 bills-hamburger (widthwise)
 - \$20 bills -hot dog & hamburger (length & width)
- ✓ Electronic Money identifier- prices start at \$250
- ✓ New currency identifier application for cell phone
<http://www.eyenote.gov/>
- ✓ Ask that the currency be identified as the change is given with the large bills first.

GROOMING

Hair Care:

- ✓ Use puff paint to identify shampoo/conditioners
- ✓ Use different size bottles to decipher which is shampoo/conditioner.
- ✓ Put rubber bands on shampoo bottles and keep conditioner bottles as is.
- ✓ Use a magnifying mirror to check your hair.
- ✓ Label shampoo with a large print #1 and conditioner with a large print #2.
- ✓ Simplicity. Keep your hair simple.

Makeup:

- ✓ Magnifying mirror to help apply makeup.
- ✓ Apply makeup by feel.
- ✓ Ask someone if makeup is applied correctly
- ✓ Use a halogen adjusting light to see more clearly. Prices start at \$18
- ✓ Label each cosmetic
 - Braille tags
 - Puff paint
 - Velcro dots
- ✓ Use facial landmarks to determine where to apply products.
 - Edge of the eyebrow is a good landmark for eye shadow
 - Bottom of the nose or the base of the cheekbone can form a boundary for applying blush
 - The hairline is a landmark for foundation

Shaving:

- ✓ Use electric razor.
- ✓ Apply shaving cream in one area at a time to make sure that area is done.
- ✓ Feel your face to see what has been shaved.
- ✓ Have someone check to make sure you are clean shaved
- ✓ Locating landmarks, such as a specific point on one's ear, with the hand that is not holding the razor can help in determining where to shave (or not shave).
- ✓ Use buffer pads to remove hair from legs

Nail Care:

- ✓ Get manicures and pedicures
- ✓ Use nail file
- ✓ Use a pair of safety clippers
- ✓ Contact your County Health Department regarding nail and foot care clinics.
- ✓ Some counties have a monthly toe nail clinic by RSVP. (\$15.00).
- ✓ After polishing fingernails, trace around the cuticles with a cotton swab dipped in nail polish remover to remove any excess polish from your skin.
- ✓ Cool the polish in the refrigerator to make it easier to feel where you are applying it.

Additional assistive technology for grooming:

- Magnified lighted mirrors. Prices range from \$15 to \$40
- Magnified nail and toenail clippers. Prices start at \$6
- Magnified tweezers. Prices start at \$4.15
- Talking scales. Prices start at \$59

HEALTH CARE

Eye Doctor Definitions:

Optometry –

Vision care specialty that deals with function and disorders of the eye, includes detection of disease and some types of management

Ophthalmology –

Medical specialty that deals with the eye its function and diseases, including diagnosis and medical/surgical management

Ophthalmologist –

Physician (MD) specializing in diagnosis and treatment of refractive, medical and surgical problems related to eye diseases and disorders

Optometrist –

Doctor of optometry (OD) specializing in vision problems, treating vision conditions with spectacles, contact lenses, low vision aids and vision therapy, and prescribing medications for certain eye diseases. They also provide training in the use of low vision aids.

Consult with a Low Vision Doctor when:

- Ordinary eyeglasses or contact lenses do not provide clear enough vision to perform tasks such as reading, writing, driving or television viewing, special eyeglasses or low vision aids are necessary to help perform these tasks.
- An individual's current eye doctor cannot surgically or medically improve their vision; a low vision examination by a low vision eye doctor is needed.

Prescription Medications:

- Set up assistance
 - ✓ Pour out on contrasting cloth or plate
 - ✓ Blister packages from pharmacy
 - ✓ Personal care attendant
 - ✓ Family or Friend
- Taking Medications: some individuals report keeping medication in a certain order on the shelf and it is easy to keep straight because each medication feels very different. Others use high and low tech assistive technology:
 - ✓ Divided pill boxes range in price from \$2 to \$12
 - ✓ Automated pill dispensers start at \$50
 - ✓ Talking pill reminders start at \$40
 - ✓ Talking prescription readers range in price from \$25 to \$30
 - ✓ Dial a dose, a sound indicates when a unit of glucose has entered the syringe, prices start \$50

Over the counter medications:

Many focus group participants reported keeping over the counter medications separate from the prescription medications. Identification was accomplished by:

- ✓ Where they store the medication on the shelf
- ✓ Size, shape or sound of pills in bottle
- ✓ Color or smell of the pills

Assistive technology for health care:

Talking scales: \$5 -- \$100

Talking thermometers: \$12 -- \$20

Talking glucose meter: \$30 -- \$100

Talking blood-pressure cuff: \$50 -- \$160

Talking calorie counter/pedometer: \$8 -- \$13

Eye-drop guide: \$6 -- \$10

HOME ORGANIZATION

Many people who are blind or visually impaired have said they know where items are because when finished with an item they put it in the same spot every time. This works great until a family member or friend uses the item and does not put it back.

Examples:

- ✓ Hanging their clothes in a certain order
- ✓ Placing canned vegetables on one shelf and canned fruit on another
- ✓ Putting the remote control in the same location

Prices for assistive technology for home organization:

- Remote caddy - \$10 to \$45
- Closet organizers - \$10 to \$700
- Braille labeler - \$35-\$50
- File cabinet - \$60-\$400

HOUSEKEEPING

Dusting

- Spray dust polish on a rag not directly on the table surface.
- Dust in an organized pattern.
- Concentrate on 1 area of the room at a time.

Sweeping:

- When sweeping, divide the room in to small sections using furniture as landmarks. Finish one section completely before moving to the next.
- After sweeping dirt in to a dustpan, a damp paper towel run over the area will pick up remaining dust.
- Use a vacuum or dust buster as it picks up dirt or dust and doesn't push it from place to place.

Windows & table tops

- When cleaning windows, always use vertical or horizontal patterns with overlapping strokes to avoid streaking.
- When cleaning tabletops use a pattern. For example, start at the far left and work your way to the front edge.
- Use a tray or cookie sheet at the front edge of the table to collect crumbs.

MOBILITY BASICS

Age-related Macular Degeneration (ARMD) is the number one cause of vision loss for individuals over the age of 65. ARMD affects central detailed vision which could cause an individual to run into objects, trip over rugs and not read hazard signs.

Diabetic Retinopathy is the leading cause of vision loss in the United States and the person is left with vision that has been described as looking through spots or holes. It affects the person's central and peripheral vision which could cause an individual to run into objects, run into door frames or people standing beside him/her.

Glaucoma is a group of diseases that affect the optic nerve resulting in a loss of peripheral vision that could lead to tunnel vision or complete vision loss. Retinitis Pigmentosa causes the same vision loss as Glaucoma both of which can cause mobility issues of the person missing important information to the sides of the body.

Hemianopia is an eye condition that an individual can be born with or obtain after a stroke. It causes the person to only have vision out of one side of the eye. This can cause mobility issues by the person not seeing objects to his/her right or left and in extreme cases the person will forget his/her right or left side of the body even exists.

Safe mobility is very important since falls are the leading cause of death by injury for individuals who are 65 years or older and people with vision loss are twice as likely to fall as people without a visual impairment.

To prevent falls a person should have regular eye exams, wear shoes with traction, increase lighting, and work on their balance.

If a person is at higher risk for a fall, he/she may consider an emergency response device that he/she is able to wear.

If you are unsure what to do, call your local Orientation and Mobility Specialist. Do not try to teach someone something you do not know.

Examples of what a non-certified specialist can assist with:

- ✓ Remove or move a throw rug

- ✓ Tape down electrical cords or move them to run along walls
- ✓ Mark steps with yellow paint or tape
- ✓ Install handrails
- ✓ Suggestions/ Increase lighting
- ✓ Clear pathways
- ✓ Arrange furniture
- ✓ Reduce glare
- ✓ Be a human guide

Tips for using human guide:

- The person who is visually impaired should lightly grasp the back of the arm of the guide at approximately the level of the elbow. The guide should hold their elbow in the natural position.
- The person who is visually impaired should try to stay at least 1 step behind the guide.
- The guide should walk at a normal pace unless requested to walk slower.
- The guide should give verbal cues. For example, the stair railing is on your right, approaching stairs, curb up/down, etc.
- When going through a narrow area the guide should move his arm behind him/her to let the person with the vision issue know that they need to move behind the guide as the opening is narrow.
- It is important for the guide to let the person know when things such as steps are coming. This can either be done by telling the person, or stopping for a brief second before starting the steps.
- Remember to watch for low tree limbs and other low hanging items that could hit the person who is visually impaired in the face.
- The guide should never try to send the person who is blind or visually impaired through a doorway first.
- When walking through a doorway the guide should let the person who is blind or visually impaired know which side the door is on so that they can hold it open while they walk through it.
- The guide should never allow people to address them about the person who is blind or visually impaired.

Orientation and Mobility

Orientation and Mobility Specialists use systematic techniques to teach people who are blind and visually impaired to orient themselves to their environments and move about independently.

Orientation is the process of using information received through the senses to know one's location and one's destination. It is also the knowledge of one's distance and direction relative to things in the surroundings and keeping track of these spatial relationships as they change during motion. Mobility is going from a present location to a desired destination safely, efficiently and as independently as possible.

A Certified Orientation and Mobility Specialist (COMS) is a professional who specializes in teaching travel skills to visually impaired people, including the use of canes, dog guides, and sophisticated electronic traveling aids, as well as the sighted guide technique.

Examples of skills taught by COMS:

- ✓ Crossing a street
- ✓ Becoming familiar in new surroundings
- ✓ Using routes to different locations

Assistive technology for mobility:

- White Cane
- Adaptive Mobility Device
- Electronic Travel Aid
- Smart Phone Apps

RECREATION

One of the most important parts of many people's lives is recreation and hobbies. Whether it is exercise and fitness to stay healthy, crafting for relaxation, or games for family time, many people believe that because of vision loss, they can no longer participate in activities for fun. With the proper equipment or accommodations, the activities they loved before they lost their vision are usually possible afterward as well. The following is not an exhaustive list, and if an activity isn't listed here, a Google search will, in many cases, show information on how people who are blind or have low vision can participate.

Exercise and fitness:

- ✓ Before beginning any exercise program consult both a medical and eye doctor as some eye conditions can be affected by bending straining or rapid movements.
- ✓ Exercise equipment with dials can be marked with large print, raised dots, tape, or puff paint to allow for them to be set independently.
- ✓ Exercise cassettes or CDs can be used instead of videos as the movements are described instead of shown.
- ✓ When walking, create a route that you use consistently so that you are aware of anything that could be an issue such as sudden drop-offs, tree limbs, or animals.
- ✓ Tandem bicycles can be used with a family member or friend for people who like to ride bikes.
- ✓ The National center on physical activity with a disability website (<http://www.ncpad.org/trainers/index.php?PHPSESSID=8d7b9>) has a searchable database of personal trainers.

Crafting:

- ✓ Use direct on the working surface
- ✓ Gooseneck lamps make it easy to position light directly on the work surface
- ✓ A tray with a raised lip might make it easier to organize and keep track of crafting materials.
- ✓ Use a refrigerator magnet to locate dropped pins.
- ✓ Use a magnetic pincushion for holding pins and needles.
- ✓ Place scissors on a chain or ribbon around one's neck
- ✓ Use thread locks, available at most sewing stores, to keep thread from tangling.
- ✓ Use self-threading needles, available at most sewing stores, as it makes threading needles easier.
- ✓ When quilting, embroidery needles can be used as threading them is usually easier although the stitches will not be as small.
- ✓ Use quilting pins to make a straight line which can be followed to guarantee straight stitches.
- ✓ When knitting work with your fingers at the front of the needle so you are more aware of stitches being dropped off of the needle.
- ✓ When knitting, use needles that contrast with the color of the yarn.
- ✓ A cloth which contrasts with the yarn color can be draped over one's lap
- ✓ Start with larger needles and thicker yarn and then move to smaller ones.
- ✓ When finishing your project for the day push the yarn to the back of the needle and place a rubber band around it so stitches won't drop off.
- ✓ Patterns can be enlarged on a computer or copier.
- ✓ Many patterns are available on the internet and read with screen readers or screen magnification
- ✓ Instructions can also be recorded on cassette tapes or digital recorders.
- ✓ Braille pattern books are also available by searching on the internet.

Cards and board games:

- ✓ Many card games are available in both Braille and large print at most websites that sell products for people with vision loss. Prices range from \$2.95 for a standard deck of playing cards with large print to \$17.95 for the game Uno with both print and Braille.
- ✓ Using a card holder will allow hands to be free which will allow the use of a magnifier if necessary.
- ✓ Use solid colors for table coverings to make the cards stand out.
- ✓ Board games such as Monopoly and Scrabble are also available at many websites selling products for people with vision loss. Prices start at \$49.95
- ✓ Many websites such as www.kitchensinc.net and <http://zanosoft.net/rsgames/> have free self voicing games for the computer. Some of the games are football, baseball, Monopoly, poker, and Yahtzee.

Television and movies:

- ✓ Many current and classic movies with audio description, which gives a person with low or no vision an audio explanation of what is happening on the screen, are available for purchase from Amazon.com and other sites.
- ✓ Audio described movies may also be available for loan from the state talking book library. Please contact them to find out.
- ✓ Some television channels such as turner classic Movies (TCM) and Public Broadcasting services (PBS) provide audio description for some of their programs through the second Audio program (SAP)
- ✓ A few audio described movies are also available to watch at www.narrativetv.com.

Gardening:

- ✓ Using landscaping fabric, corrugated cardboard or mulch can reduce the necessity of weeding.
- ✓ Use long boards or bricks to establish where one area ends and another begins.
- ✓ Paint existing fencing with contrasting colors such as yellow to contrast with the green grass.
- ✓ Container gardening or raised plant beds will give a solid boundary to maintain.
- ✓ Use yogurt cartons with the bottom cut out to outline young seedlings.
- ✓ A fishing line or cane can be used to make straight rows.
- ✓ Look for commercially available tools with brightly colored handles that will contrast with plants.
- ✓ Use an egg carton with the bottom of each circle cut off as a spacing guide for seeds.
- ✓ When mowing use landmarks such as trees or shrubs for orientation.

Reading:

- ✓ Books and magazines are available to people who are blind or have low vision through the National Library Service (NLS). For more information in Kansas go to <http://www.kslib.info/talking/or> contact the state talking book library at 1-800-362-0699. Nationwide go to <http://www.loc.gov/nls> or call [1-888-658-7323](http://www.loc.gov/nls).
- ✓ Audio books can also be purchased at many stores where books or CDs are purchased.
- ✓ Audio books are also available for checkout at many public libraries.

SHOPPING

Most people who are blind or visually impaired use a personal assistant and/or assistive technology to do grocery, clothing, or household shopping independently.

There are basically four types of personal assistants

- ✓ Informal: a relative or friend
- ✓ Formal: HCBS Waiver or private pay Personal Care Attendant
- ✓ Commercial: Personal shopper provided by retail store
 - needs to be requested 24 hours in advance
 - My name is... I'm blind, I would like some assistance, I'll be there at this time
- ✓ Computer: Online shopping

Help the individual explore the potential of each option. Once they have made their choice the next step is to determine a method of labeling the shopping items.

Labeling:

Groceries

- Rubber bands on cans
- Different shaped stickers
- Different textured stickers/ letters
- Organization: Select a spot in cabinet or refrigerator for each item
- Touch to See Letters- prices starting at \$15.95 for 176 pieces
 - Raised Large Print & Braille letters and numbers

Clothing

- Small safety pins in clothing label
 - Ex: Left corner means black, right corner means blue
- Cuts in clothing label
- Thread in clothing label
- Organizing closet by color
- Braille Clothing tags- prices starting at 29.95 for 100 tags
 - Sewn onto clothing to identify color and patterns

Low Tech to High Tech assistive technology for shopping:

- ✓ Magnifier prices range from \$25 to \$150
- ✓ Hand Held Video Magnifier prices range from \$600 to \$1200
 - Important to consult Low Vision Doctor for a prescription before obtaining magnifying equipment
- ✓ Bar code reader prices range from \$1,000 to \$7, 000
 - Important to consult ATK Access site for funding assistance

SOCIALIZATION

Whether it's a networking opportunity with colleagues, a family gathering, church function or a chance meeting with an old friend, socialization for someone experiencing vision loss presents certain challenges. These will differ depending upon the individual's usable vision. Some of the challenges are listed below with tips to deal with these challenges.

Lonely and Blue - While others mingle, those with little or no usable vision are left sitting and waiting for people to interact with them. This individual often feels alone, trapped and very bored.

Tip: Don't be afraid to make people aware that this is an issue. Sometimes using assistive technology such as a talking watch to check the time or talking cell phone can start a conversation.

Stuck in the middle - Sometimes the individual and a companion are chatting with some folks and the companion sees someone else he/she wishes to talk to and leaves the individual to continue the conversation. After the conversation ends, others move on to mingle stranding the individual in the middle of nowhere. At this point, he/she is stuck not knowing where he/she is in relationship to the room. This is a very uncomfortable feeling, almost as if he/she is incompetent.

Tip: Discuss this with a companion making them aware of the issue. Sometimes, if you have a picture of the room, you can at least get out of the middle so you aren't so conspicuous.

Who am I? – One of the most uncomfortable social situations occurs when the person with vision loss is out and about and someone from the past stops them and says, "Do you know who I am?" It's rather uncomfortable to admit you've forgotten this person's voice after 30 years!

Tip: Though it is uncomfortable, the best response to this question is “no, I don’t know who you are”. Voices change over the years and so it is unlikely that the voice is the same as it was years ago.

You Talkin’ to Me? – Often the person is out in the community and he/she is unsure if someone is speaking to him/her. This is due to cell phone use or other individuals involved in the conversation. For example “You look really nice today.” The question then becomes, who looks really nice today? Me? My friend? Someone walking down the street? Do I say, “thank you”?

Tip: It is ok to ask “are you talking to me?” It is also absolutely imperative to look at things with a sense of humor. Sometimes, it is that humor that gets us through these uncomfortable situations.

I Ain’t Got No Body! – Because of using a cane and keeping it in front or because the individual is feeling out of place and crossing his/her arms in front of the body, people’s body language is closed and sometimes has a “keep away from me” message.

Tip: A smile can go a long way toward making you seem friendly. Always try to smile even when you may not really want to. You never know when someone is looking at you. If it isn’t necessary for the cane to be in front of the person, move it to the side.

Let’s Shake on It! – Another challenge in a social situation is knowing when to or not to shake hands. Offering to shake hands when the other individual is not in a position to shake is rather embarrassing. It’s also very uncomfortable to learn someone wanted to shake hands but the person with vision loss was unaware until it was too late. These situations also put the sighted person in an uncomfortable spot.

Tip: It is ok to verbalize one’s desire to shake hands.

Just a Touch Away – Touching, such as hugging or putting a hand on someone’s shoulder is a natural part of mingling. However, if someone has some vision loss it becomes a guessing game. Does the other person’s body

language indicate they don't want touched? Do they have food or drink in their hands that might be spilled if they were hugged? If I reach out to touch them on the shoulder, will I accidentally put my hand somewhere inappropriate? These fears often make people with vision loss appear unfriendly, rude, stiff or snobbish.

Tip: If unsure ask “can I give you a hug?” or “is it ok if I put my hand on your shoulder?” That allows the person with vision loss to still show the feelings shown through touching, without the awkwardness.

Let's Eat – Networking events frequently have a buffet set up for people to enjoy. Well, if you have visual disabilities the enjoyment level goes down. If he/she isn't with a companion, food probably won't happen. If the individual has a companion, does the person with vision loss go through the line or sit, like a lump on a log, and wait to be served? What kind of food is being served? Do I have a choice? At other times there might be finger foods, but how does the person know this?

Tip: If attending an event alone, it is ok and necessary to inform the host of the meeting that assistance will be needed through the food line. If a companion is assisting the person, it is important that a discussion on how to handle this situation is had.

Pass Me By – It is a myth that people with visual disabilities cannot pass food, handouts or other materials. It is the eyes that do not work, not the hands/arms!

Tip: Pretty much self explanatory.

TRANSPORTATION

One of the most difficult parts of losing one's sight is the realization that driving may no longer be possible. It becomes much more difficult to make plans if you don't have transportation. Especially in rural areas, it may be difficult to find rides for even the most basic things like going to medical appointments or grocery shopping. The below tips, while they won't provide transportation, may give ideas that can be used to solve the transportation issue.

Bus & Taxi:

- ✓ Many cities and counties provide either a fixed route or a Para transit bus system.

When using Para transit buses, the ride will usually have to be scheduled at least 24 hours in advance.

- ✓ Apps such as Uber, Lyft, etc

Medical Transportation:

- ✓ If receiving Medicaid, medical transportation may be paid for through the Medicaid card. In Kansas, Medical transportation management is the transportation provider. For more information call 888-240-6497 or consult your Medicaid provider.

Air & Train Travel:

- ✓ When traveling by airplane, the airline must provide assistance both on and off of the plane and during any connecting flights.
- ✓ It is advisable to let the airline know you will need assistance a week or so in advance, and then confirm with them 24 hours before your flight.
- ✓ If traveling on Amtrak, a person with a vision disability, who uses a personal care attendant, may ask for a reduced price for their ticket.

PEER COUNSELING

The federal definition of peer counseling: Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other individuals with disabilities. Peer counseling may take place by phone or in person. This activity **MUST** be provided by an individual with a disability.

EXAMPLES

- Peer support to assist an individual in coping with a disability
- Peer support to assist with problem solving
- Peer Employment Mentoring

Peer counseling can come in different forms: groups of people, online groups or one-on-one.

- Group counseling includes low vision support groups that can be found in most local communities. Support groups usually blossom from a few people who find a common issue (i.e. low vision) and get together and talk about it.
- Online groups are very popular because they allow people to connect from different cities, states and even countries.
- One-on-one counseling can be very rewarding for both individuals. Sometimes the two are paired as a mentor and mentee to have one person lead the other and give examples of what he/she went through. Other times the pair may be going through the same phases of a disease or disability at the same time and use each other for support. Once a person realizes his/her barrier(s) a Center for Independent Living can help find another person with the same barrier(s) or an individual who has already overcome those same barrier(s).

Peer counseling provides the individual with a comfort knowing that someone else has been through what he/she is going through and who really knows how he/she feels and can sympathize with him/her.

A consumer at a focus group overheard another consumer and her hardships and later on called the Center for Independent Living and offered to mentor her since he has been blind for over 15 years. When told that another person who has no vision is able to live at home and independently, the consumer's spirits lifted and she said she would call him.

There are also several associations a person who has low vision can join.

Kansas associations include:

Kansas Association for the Blind and Visually Impaired

Northwest Kansas Low Vision Association

Southwest Kansas Association for the Blind and Visually Impaired

National associations include:

American Association for the Deaf-Blind – www.aadb.org

American Council of the Blind – www.acb.org

American Foundation for the Blind – www.afb.org

National Association of Blind Students – www.nabslink.org

National Association for the Blind Veterans – www.nabv.org

National Federation of the Blind – www.nfb.org

Low vision support groups in Kansas:

There are some local low vision support groups that meeting monthly in different locations around the state. Check with the older blind program for that area to find out what groups are available.

DEINSTITUTIONALIZATION

The federal regulations that define “Relocation from a Nursing Home or Institution” describes the service we in Kansas have termed “deinstitutionalization”. Deinstitutionalization is moving into a community based setting from a nursing home or other institutional setting. It is unlike the Community-Based Living life area, which includes any consumer regardless of his/her living situation prior to receiving IL services.

During the iKan focus group discussions, there were several individuals who reported feeling threatened that family or significant persons in their lives see nursing homes as the main living option. Focus group participants reported that many time other people involved in their lives rationalized that moving into a nursing home or remaining in a nursing home would ensure the individual’s safety. The following are comments and tips gathered from participants:

Housing

- Consumers have the option to remain at home and stay as independent as possible
- Consumers need to find out what options are available locally.
- Consumers may need help finding Section 8 housing. Financial changes “wreak havoc”.
- Consumers generally don’t want to be in “rehab” houses.
- Consumers don’t want to be ‘hallway sitters’ in nursing facilities.
- Consumers can live independently if their housing remains consistent and pathways remain clear.

Education

- For the consumer to stay in the community, service providers need to be educated about the variety of needs the consumer may have.
- Family members need to be educated about the options for the consumer.

- Consumers and their families should be educated about emerging providers such as iKan .
- The general public needs to be taught that an individual with a severe visual impairment does not need to live in an institution.
- Consumers may to be taught to use other senses (touch, hearing, smell, taste).
- There is a need for Orientation & Mobility training.

Transportation

- A shuttle bus for public transportation is available in numerous counties. Consumers may not be aware of how this service works.
- The shuttle buses don't run on weekends, holidays, and over lunch in most areas. Often, it closes at 5:00 p.m.
- Consumers must call to make arrangements the day before because most offices stop taking calls at 4:30pm.
- Some city taxi programs offer discount coupons for individuals with vision impairments

Social

- Some consumers acknowledge the use of peer groups and advocacy groups as providing more information than what they would receive in one to one training.
- Activities are important. People need things to do.
- Social and recreational resources are needed.
- Senior Companions are available in some communities through Area Agency on Aging.
- IL trainers will be able to reach more people with information
- VA provides 911 life-line services to veterans.

Assistive Technology

- Places in the community that have CCTVs available to use would be important. Training in the use of CCTVs would also be good.

ASSISTIVE TECHNOLOGY

Assistive Technology (AT) devices and services are used by individuals with disabilities and/or chronic health conditions to complete tasks that might be otherwise difficult or impossible to do. Universal design is a term that refers to devices that were developed so they can be used by a wide variety of people with different abilities. For example, an individual may decide to use a phone with large buttons to dial or may choose to use a cell phone that allows them to voice dial numbers. The first device was designed for people with physical or vision disabilities while the phone with voice dialing was developed for people who want to be “hands free.”

Categories of assistive technology include:

Vision

Hearing

Speech Communication

Learning, Cognition, Developmental

Mobility, Seating, Positioning

Daily Living

Home and Worksite Modifications

Vehicle Modifications

Computers and Related (hardware & software)

Recreation, Sports, Leisure

An individual with a vision disability may need an assistive technology solution from more than one category depending on his needs. Most individuals are interested in devices that help them read and write, but AT devices can help individuals organize their schedules, manage their medication, find a nearby restaurant in a new neighborhood, manage their money, and much more.

Of course, individuals who are blind or have low vision do benefit from AT devices designed specifically for their needs. Some examples of common AT solutions for vision loss and blindness include:

- Reading - video magnifiers, screen magnification software, screen reader software, CCTVs, DAISY books and readers
- Writing – bold writing pens, bold lined paper, writing guides, CCTVs, Braille writers (electronic, typewriter style, slate and stylus)
- Cooking – hot shot pot, splatter guards, large print measuring cups, safe slice, over rack covers, color contrast cutting boards
- Personal Care – talking blood pressure cuff, talking scales, talking glucometer, pill boxes
- Travel –Victor Trekker , BrailleNote GPS
- Organization – BrailleNote, Pen Friend, Voxcom
- Recreation – textured dominoes, brailled games, beep balls, large print playing cards

Here is a small list of apps that can also be helpful for many areas of life:

Be my eyes	Blind Square	Blindfold games
Seeing AI	Nearby Explorer	LookTel
Aira	KNFB	Google Maps
Tap Tap See	Color ID Free	BARD
Way Around	QE Code Reader and Barcode	Uber/Lyft

An AT Specialist with experience in the area of vision-related AT devices will listen to what the individual wants to do, demonstrate a range of devices that might meet his needs, and may arrange a short-term loan of a device to help make a decision. Some AT devices may require a prescription to be sure that person gets a device that meets his needs.

Individuals with vision disabilities, independent living counselors, case managers, family members and others can get help from their regional AT Access Site. Assistive Technology for Kansans (ATK) has five AT Sites. ATK staff are happy to help you learn more AT devices that might meet the needs of individuals with any disability, of any age, and who live anywhere in Kansas. AT devices continually change as technology develops. You can learn about current AT devices and prices by contacting your regional AT Access Site.

Call 800-KAN DO IT (800-526-3648) to get information about AT devices or to schedule a demonstration. You can go to the ATK website at www.atk.ku.edu for more information about AT device demonstrations, short-term loans, and other services available from the AT Access Sites.

INFORMATION & REFERRAL SERVICE

This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. A Consumer Service Record (CSR) is not required for Information and Referral Services. Information may be provided in a variety of ways: brochure or other printed information, fax, phone, or meeting directly with an individual. The information may relate to an unlimited variety of issues.

In the following pages, you will find resources that will assist you as you work with people who have low or no vision. This is not an all inclusive list and the fact that a resource is listed here in no way implies that IKAN endorses any resource on these pages. This is for informational purposes only. There is a lot of information on these sites. It is recommended that you spend the time getting familiar with these sites prior to directing a customer to them as a source of information.

Associations:

American Association of People with Disabilities

www.aapd.com

AAPD provides its members with a newsletter to keep them abreast of current news of interest to the disability community.

American Council of the Blind

www.acb.org

The Council strives to improve the well-being of all blind and visually impaired people.

American Foundation for the Blind

www.afb.org

The mission of the American Foundation for the Blind is to enable people who are blind or visually impaired to achieve equality of access and opportunity that will ensure freedom of choice in their lives.

The Blind Veterans Association

www.bva.org

BVA is an organization established to promote the welfare of blinded veterans. .

The Foundation Fighting Blindness

www.blindness.org

Information and research on retinal blindness conditions.

International Blind Sports Federation

www.ibsasport.org

The International Blind Sports Federation (IBSA) encourages blind and visually impaired people to play sports.

Macular Degeneration Foundation Eyesight

www.eyesight.org

The Macular Degeneration Foundation shares information on the condition.

National Federation of the Blind

www.nfb.org

The National Federation of the Blind (NFB) is the nation's largest and most influential membership organization of blind persons.

National Organization of Albinism and Hypopigmentation

www.albinism.org

NOAH offers information and support to people with albinism, their families and the professionals who work with them.

NFB National Organization of Parents of Blind Children Division

www.nopbc.org

National Federation of the Blind's organization for parents of children who are blind

Books/Newspaper:

Bookshare

[Http://www.bookshare.org](http://www.bookshare.org)

If you are someone who can't read a printed book, or you know a person who has difficulty reading printed text, the Bookshare.org community is here to serve you. This site does require a membership.

The Braille Bible Foundation

www.braillebibles.org

The Braille Bible Foundation publishes the King James Version of the Bible in Grade Two English Braille. The Braille Bible is contained in 18 volumes and requires 60 inches of shelf space, twelve inches high, to store. The Braille Bible volumes are sent free of charge to blind individuals who request them.

NFB-NEWSLINE®

<http://www.nfb.org/nfb/Newspapers>

This is a free service to those who cannot read regular newsprint, over 300 newspapers

National Library Service

NLS administers a free library program of braille and audio materials circulated to eligible borrowers in the United States by postage-free mail.

Kansas <http://www.kslib.info/talking/>

National <http://www.loc.gov/nls>

Overdrive

<http://kansas.lib.overdrive.com>

Libraries come together to provide audio and other formats of books for download.

Audible

www.audible.com

Audible books powered by Amazon

Communication

Telecommunication Access Program TAP

<http://atk.ku.edu/ks-tap>

The telecommunications access program of Kansas will provide vouchers for specialized telephone equipment for people with certified disabilities who have difficulty using the phone.

Equal Access to Software and Information EASI

www.easi.cc

EASI is a not-for-profit organization that collects and disseminates information on uses of technology by persons with visual and other disabilities. Of particular interest is the organization's electronic journal, Information Technology and Disabilities, which is made available free-of-charge on the website.

Financial:

Consumer Action

<http://www.consumer-action.org/>

Through multilingual financial education materials, community outreach, and grassroots "make your voice heard" advocacy, Consumer Action empowers underrepresented consumers nationwide to assert their rights in the marketplace and financially prosper.

National Industries for the Blind

www.nib.org

NIB's mission is to enhance the opportunities for economic and personal independence of persons who are blind, primarily through creating, sustaining and improving employment.

Funding Options:

Friends of Man

<http://www.friendsofman.org>

Referring Professionals submit applications on behalf of people in need of assistance.

United Cerebral Palsy of Kansas

www.ucp.org

Financial assistance is entirely dependent upon the availability of funding at the time of application. Typically, UCP-K does not fund medical services, evaluations, therapy, transportation or items that are required on an ongoing basis (such as incontinence supplies). UCP-K has a graduated, financial eligibility criteria beginning at an annual income of \$50,000. Persons with a variety of disabilities may apply; however, applicants must be established Kansas residents. A recommendation by a physician, therapist, or other specialist may be required.

Health Care and Vision:

Eye Care America

<http://www.eyecareamerica.org/>

This award winning organization provides eye exams and up to 1 year of care to US citizens and legal residents through volunteer ophthalmologists often at no out of pocket cost to those who qualify.

Independent Living:

Daily Living Skills

Get ideas to complete tasks of daily living from the following websites

<http://www.visionaware.org>

<http://www.cookinginthedark.libsyn.com>

<http://www.afb.org/seniorsitehome.asp>

Recreation & Leisure:

Movies for the blind

<http://www.moviesfortheblind.com>

Enjoy Films without looking at the screen.

Discovery blind sports

<http://www.discoveryblindsports.org/>

Discovery is dedicated to fostering self-sufficiency in blind and visually impaired children and adults by improving their mobility, confidence, independence, and social skills through involvement in physical activities.

Gamevial

<http://accessiblewebgames.com/>

Gamevial audio games use rich sounds, sound imagery, live speech, and in game audio, in game instructions and some pioneering online sound techniques in game such as audio pan which allows us to place sound objects in both 2D and 3D game engines we have developed. Some of the free games on this website will have you running about in 3D mazes and shooting the bad guys.

U.S. Blind Golf Association

<http://www.blindgolf.com/>

The United States Blind Golf Association is organized and operated for the purposes of benefiting blind and vision-impaired persons and promoting the public good through programs that advance, and increase public awareness of golf among the blind and vision-impaired throughout the United States.

Shopping:

American Printing House for the Blind

<http://www.aph.org/>

A source for adapted educational and daily living products

The Braille Superstore

<http://www.braillebookstore.com/>

Here at The Braille Superstore, we're never standing still - we've always got a million exciting new product ideas on the go.

Independent Living Aids

<http://www.independentliving.com/>

Independent living aids, inc. is the oldest privately-held, mail-order company in the United States of products for individuals who are visually impaired or blind. Almost thirty years of providing essential aids with superb service has made us a trusted source of products for the blind and visually impaired.

Maxi Aids

<http://www.maxiaids.com>

Products for independent living and products designed to enhance your lifestyle simply by making your every-day tasks easier. Look to Maxi-Aids when you're in need of any special needs item.

Social Networking:

Easy Chirp

www.easychirp.com

Accessible Twitter has canted it name to Easy Chirp. It is an alternative to the Twitter.com website. It is designed to be easier to use and is optimized for disabled users.

Out of sight

<http://out-of-sight.net/>

Enjoy courtesy, calm, and great conversation while creating comfort and camaraderie with class! Come and celebrate while making new friends, meeting up with old ones, and developing new skills with classes, fun, and more! Again, welcome from all of us here at Out-of-Sight.net!

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