

THE
CHICAGO
COMMUNITY
TRUST

AND AFFILIATES

RENEWING THE COMMITMENT

AN ADA COMPLIANCE GUIDE FOR NONPROFITS



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ADA One, LLC

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| PREFACE | i |
| INTRODUCTION | iii |
| HOW TO USE THIS GUIDE | iv |
| SECTION 1. OVERVIEW: LAWS AND ACCOMMODATIONS FOR PEOPLE WITH DISABILITIES | 1 |
| A. Disability and the social environment | 2 |
| B. The ADA “at a glance” | 3 |
| C. Other disability-related laws that may apply to nonprofit organizations | 6 |
| 1. Section 504 of the Rehabilitation Act | 6 |
| 2. State and local laws | 6 |
| 3. Employment laws | 7 |
| D. Accommodating people with various types of disabilities | 7 |
| SECTION 2. BUILDING BLOCKS | 9 |
| The hallmark of nondiscrimination: equal opportunity | 10 |
| A. Policy and operations: Make reasonable modifications | 11 |
| B. Physical access: Meet accessibility standards and remove barriers to access | 11 |
| 1. New construction | 11 |
| 2. Alterations | 12 |
| 3. Architectural barriers in existing facilities | 12 |
| C. Communication: Provide effective means of communication | 13 |
| D. Integration: Provide services in the most integrated setting | 14 |
| SECTION 3. TAKING STOCK: AN ADA QUICK-CHECK TOOL FOR NONPROFITS | 15 |
| SECTION 4. SERVING WITH SENSITIVITY AND COURTESY | 21 |
| A. People who have mobility disabilities | 22 |
| B. People who are deaf or hard of hearing | 23 |
| C. People who are blind or have low vision | 23 |
| D. People who have speech disabilities | 23 |
| E. People with cognitive disabilities | 23 |
| F. People with psychiatric disabilities | 23 |
| SECTION 5. FACILITIES | 24 |
| Highlights | 25 |
| A. New construction | 25 |
| B. Alterations | 28 |
| C. Removing architectural barriers in existing facilities | 30 |
| D. Services housed in buildings leased from others | 33 |
| 1. Barrier removal and alterations | 33 |
| 2. Leasing new space or renewing a lease | 34 |
| E. Maintenance of accessible features | 34 |
| Next steps | 36 |
| SECTION 6. COMMUNICATION | 37 |
| Highlights | 38 |
| A. Overview | 38 |
| B. Different people, different needs: types of auxiliary aids and services | 39 |
| C. Approaches to effective communication for most nonprofits | 41 |
| D. Factors in determining whether a particular means is effective or required | 43 |
| Next steps | 46 |

| | |
|---|-----|
| SECTION 7. GENERAL POLICY CONSIDERATIONS FOR NONPROFITS | 47 |
| Highlights | 48 |
| A. Eligibility, admission and participation requirements | 48 |
| B. Volunteer and internship opportunities and advisory boards | 50 |
| C. Integration vs. separate programs | 51 |
| D. Service animals | 51 |
| E. Emergencies: procedures and notice | 53 |
| 1. Evacuation from buildings | 53 |
| 2. Notice about changes in service during an emergency | 54 |
| F. Person-to-person contact at your service locations | 54 |
| Next steps | 56 |
| SECTION 8. MEETINGS, CLASSES, TRAINING AND SPECIAL EVENTS | 57 |
| Highlights | 58 |
| A. Physical access | 58 |
| B. Effective communication | 59 |
| C. Policies | 61 |
| D. Special events | 61 |
| Next steps | 63 |
| SECTION 9. SPECIFIC TYPES OF SERVICES, ACTIVITIES AND PROGRAMS | 64 |
| A. The performing arts: plays, concerts, shows | 65 |
| 1. Facility access | 65 |
| 2. Effective communication | 65 |
| 3. Policies and training | 65 |
| B. Museums and exhibits | 66 |
| 1. Physical access | 67 |
| 2. Effective communication | 69 |
| 3. Maintenance of accessible features | 70 |
| C. Health care | 70 |
| 1. Physical access to facilities and equipment | 71 |
| 2. Communications access | 72 |
| 3. Services for people who use drugs or alcohol | 74 |
| D. Shelters | 74 |
| 1. Policy modifications | 75 |
| 2. Effective communication | 76 |
| 3. Access to facilities | 77 |
| E. Other human services | 78 |
| F. Child care | 78 |
| G. Recreation | 82 |
| H. Transportation | 82 |
| I. Websites and electronic communication | 84 |
| J. Religious organizations | 85 |
| SECTION 10. AN AGENDA FOR ACTION | 87 |
| A. Make the commitment | 88 |
| B. Collaborate with people with disabilities | 88 |
| C. Do a client path analysis | 88 |
| D. Put it in a plan | 89 |
| 1. Physical access | 90 |
| 2. Communication | 90 |
| 3. Policies and practices | 90 |
| 4. The internet | 90 |
| E. Make it known | 90 |
| F. Treat people with disabilities with respect | 91 |
| G. Put it into action and keep it going | 91 |
| SECTION 11. CONCLUSION | 92 |
| GLOSSARY OF COMMUNICATION TERMS | 94 |
| RESOURCES | 98 |
| ENDNOTES | 108 |
| ACKNOWLEDGEMENTS | 110 |

PREFACE

2010 marks the 20th anniversary of the Americans with Disabilities Act. The ADA embodies—and makes enforceable—this nation’s promise of full access to nonprofit organizations, businesses that serve the public, state and local governments, transportation, employment, and telecommunications. This anniversary brings new, expanded ADA regulations and prompts us to reflect on whether we are meeting our responsibilities to people with disabilities.

People with disabilities comprise more than 19 percent of the people living in the United States¹—an even larger percentage than Hispanics and Latinos, who are the largest ethnic, racial or cultural minority group in the United States, making up 15 percent of the population.² Those who have disabilities include people of all races, ethnic backgrounds, religious beliefs, ages and sexual orientations.

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Nonprofits are committed to serving the needs of the community in a variety of areas: the arts, education, recreation, human services, health, advocacy, community development and housing. In greater Chicago, as elsewhere, people with disabilities are more likely than their peers to be unemployed, undereducated or living in poverty—and thus more likely to be served by nonprofits carrying out community development programs or delivering services focusing on basic human needs. At the same time, individuals with disabilities are among those seeking other types of opportunities offered by nonprofits: access to education, recreation, arts and culture, as well as physical and mental health care.



The Americans with Disabilities Act has been vital to the disability rights movement.



The first major revisions to the original Department of Justice regulations, which were issued in 1991, are in place as of September 2010. They include new accessibility standards as well as new and more detailed guidance in several policy arenas. All nonprofits should review and evaluate their obligations and renew their efforts to offer full and equal access to people with disabilities in light of the new requirements.

This guide is for all nonprofit organizations that share The Chicago Community Trust's commitment to diversity:

- > We believe that the diversity of our community is a fundamental strength of our region.
- > Our mission is best fulfilled when we embrace diversity as a value and a practice.
- > We maintain that achieving diversity requires an enduring commitment to inclusion that must find full expression in our organizational culture, values, norms and behaviors.
- > Leading by example, we aspire to make diversity a core and abiding strength of the nonprofit sector.³

The Trust expects its grantees to show a renewed commitment to these principles, serve all members of the public, and take steps to ensure that they are complying with the act. This manual will assist nonprofits of all types and sizes—whether in Chicago or other metropolitan areas, smaller cities and towns, or rural areas—to understand the basic principles of the ADA and to develop their own plans for compliance. It is our hope that every nonprofit, with its own original, individual and effective approach to compliance, will welcome with equal dignity all people they serve and offer equal opportunity to those within their reach.

Terry Mazany
President and CEO
The Chicago Community Trust

INTRODUCTION

The Americans with Disabilities Act of 1990 has been hailed as one of the most significant civil rights laws since the Civil Rights Act of 1964. Its intent is to ensure that people with physical and mental disabilities have equal access to, and equal opportunity to enjoy, the services and activities of state and local governments, as well as most private entities including most nonprofit organizations.

Almost one in five people living in the United States—a total of about 54 million—have one or more disabilities,⁴ including those related to sight, hearing and mobility, as well as mental disabilities and learning disabilities. Of people living in Chicago in 2000, 22 percent identified themselves as having a disability. Disabilities are most frequently related to mobility, followed by limitations in hearing and vision. Others experience speech disabilities, intellectual disabilities, learning disabilities, mental illness, disorders such as epilepsy and Parkinson's, HIV/AIDS, asthma and diabetes.⁵

People with disabilities live below the poverty line at twice the rate of those without disabilities: 20 percent vs. 10 percent. Compared to those without disabilities, individuals with disabilities are about half as likely to have a college degree or to be in the workforce. Once they do enter the workforce, they experience a significant earnings gap.⁶

The ADA seeks to address the causes of these disparities with broad and wide-ranging prohibitions of discrimination. It requires reasonable changes to policies, effective communication with people with disabilities, and physical access to buildings and facilities. Almost all of the Trust's grantees are subject to the ADA because they are government entities or groups providing "public accommodations."

The ADA requires most nonprofits to provide equal access to services. It applies to your organization whether it offers performing arts programs to the public, works to prevent homelessness and hunger, or provides shelter for those who are homeless or have survived domestic violence. It applies to you whether you provide mental or physical health care or promote wellness or community development. It applies whether your group strives to improve the quality of education or offers a food pantry or thrift shop open to the public.

The ADA applies to nonprofits of all sizes, whether they work with generous funding or on a shoestring budget. But the law is flexible: It accounts for differences in the ways public and private groups deliver services or carry out activities and has built-in limitations on what is required. It takes into account cost, difficulty and the nature of particular programs.

This guide is just that—a guide. It does not set standards for grantees of The Chicago Community Trust. It is not intended as legal advice.⁷ At times, this guide states the ADA's explicit requirements and identifies them as such. At other times, it makes suggestions that go beyond the minimum requirements of the ADA, providing guidance for improving access and adopting best practices. It is intended to give your organization information about compliance, along with tools that make compliance possible—tools that you can use and adapt according to your size, activities and resources.

HOW TO USE THIS GUIDE

OVERVIEW OF SECTIONS

Section 1 offers background information. It casts disability discrimination issues against the backdrop of our social environment. It then describes the types of disabilities that individuals may experience. Finally, it sets out the ADA “at a glance,” along with other disability rights laws that may apply.

Section 2 describes the hallmarks that underlie almost all the requirements of the ADA.

Section 3 helps you take stock of where you are — whether you’re just starting to consider ADA issues or have incorporated the law’s principles into some of your activities. See what steps you can take immediately with little or no cost or difficulty.

Section 4 offers suggestions for interacting in ways that are effective and not condescending.

Sections 5 through 8 explore some issues almost all nonprofits will face including facility access, communication and other interactions, common policy issues, and public gatherings such as meetings. Each section ends with a list of next steps to take.

Section 9 will give you specific ideas about how to make the ADA work for your particular organization’s services and activities such as health care, human services and recreation.

Section 10 sets out seven steps to put your nonprofit on the road to full compliance.

Section 11 expresses the Trust’s hopes for your success.

OTHER AIDS IN THE BODY OF THE GUIDE

References to links, resources and checklists are dispersed throughout the text, as are some short checklists and sample policies.

ADDITIONAL RESOURCES

At the back of the guide is more assistance:

- > One-page Tip Sheets with practical guidance on issues staff may confront such as how to place or receive a telecommunications relay service call, how to work with an interpreter, how to make a document in large-font format and how to make a meeting accessible.
- > A glossary of communication terms that may not be familiar.
- > An extensive list of resources and links sorted by topics in the guide.
- > Templates for you to customize for your organization such as accessible meeting notices, service animal policies and information about accessible features.

RESOURCE FOR CLIENTS

You are also encouraged to use this information as a resource for your clients with disabilities when you inform them of their rights under the ADA, advocate for their greater access to services other than your own or empower them to advocate for themselves.

**Accessibility cannot be guaranteed for external websites. The Chicago Community Trust provides links as a courtesy and does not endorse, take responsibility for or exercise control of the organizations to which it links nor does it vouch for the accuracy of the contents of the destination links.*

SYMBOLS USED IN THE GUIDE



A Department of Justice requirement, guidance or proposal from January 2008 or later, or a provision of DOJ’s 2010 regulations that was not in the original 1991 regulations.



A mouse click that will lead to resources.*



Relatively easy steps you may be able to take right away.



“Thumbs down” on an example of what **NOT** to do.



Information particularly pertinent to Chicago, greater Chicago or Illinois

Automatic doors offer accessible entrances for people with disabilities.

SECTION 1. OVERVIEW

Laws and
Accommodations
for People with
Disabilities



The terms “handicap” and “handicapped” are outdated and no longer used because they are stigmatizing and inappropriate. The terms “disability” or “person with a disability” (not “disabled”) are used in the ADA and by most advocacy groups.

A. DISABILITY AND THE SOCIAL ENVIRONMENT

In passing the Americans with Disabilities Act, Congress recognized that people with disabilities have traditionally occupied a position of inferior status in our society and experienced discrimination including disadvantages in transportation, communication, policies, employment and access to public facilities—and outright exclusion.⁸

But disability is not just about a limited and specific group of people. Many of us will have a temporary or permanent activity limitation or disability at some point during our lives. Half of the U.S. population have or will have a disability or have an immediate family member who has or will have a disability. (You can read more about types of disabilities in Section 1.d and find more suggestions in Section 4 and Tip Sheet 1: Interacting with People with Disabilities.)

Under the ADA, a disability is a physical or mental limitation that substantially impairs a major life activity such as seeing, hearing, walking, breathing, performing manual tasks, standing, lifting, working or thinking.⁹ The ADA recognizes that a person’s disability does not make that person incapable of



Without curb cuts, people in wheelchairs have difficulty traversing streets.

carrying out personal, social, employment or family responsibilities. Whether an individual can do so is determined by the interaction of physical and mental limitations with social and environmental factors.

People who use wheelchairs aren’t prevented from traveling on sidewalks, riding on buses or

SOCIETY CREATES BARRIERS TO FULL PARTICIPATION

People who are deaf or hard of hearing aren’t prevented from enjoying or participating in a play or presentation because they can’t hear; they’re shut out because there are no interpreters or assistive listening devices.

People who are blind or have low vision aren’t limited in reading play bills or tax bills because they can’t see; they’re left without that information because the information isn’t available in alternate formats such as Braille or large print.

People with cognitive disabilities don’t have trouble filling out applications for services or benefits just because their minds process information differently; sometimes the words are too complicated to understand, the environment is too noisy for concentration, or time limitations are unreasonable.

By neglecting to make changes to their normal way of doing business, businesses and nonprofits have placed barriers—even though they’re not visible “architectural barriers”—in the way of people with disabilities.

visiting some buildings because they have mobility disabilities; they're prevented from doing so because sidewalks lack curb cuts, buses don't have working lifts or some buildings have only stairs at the entrance. These are barriers that society has placed.

These restrictions are based on characteristics that are generally beyond the individuals' control. The restrictions result from stereotypes, assumptions that are not true indications of individuals' abilities to participate in and contribute to society, and others' lack of awareness about how policies affect people with disabilities.

People with disabilities are losing an opportunity and a choice if they:

- > Can't find your front door.
- > Can't open it because it's too heavy or too narrow.
- > Have problems using your building's restrooms.
- > Can't understand the information or activities you offer.

As a result, people with disabilities may not enjoy or participate in your performance or volunteer with you, and they may not return. But your organization is losing, too. Welcoming diverse populations not only extends your reach but also enhances your experience. Failing to serve people with disabilities also means you are not reaching a large part of the population.

Accessibility features also benefit those who don't have disabilities. If you have clear, easily visible signs and instructions, you're helping everyone find his or her way. If your building has a ramp or level entrance with an accessible door and hardware, that makes it easier for someone pushing a stroller, pulling a suitcase or carrying a heavy load. If you caption a video, DVD or website for people who are deaf or hard of hearing, you're also helping many people who can hear because they will be better able to comprehend and retain content when they both hear and see it.

B. THE ADA "AT A GLANCE"

The battle for disability rights has been a long one—and not an easy one. The disability rights era began with the independent living movement in the 1960s. The movement's slogan, "Nothing about us without us," heralded a shift away from society's view that people with disabilities should be shunned, institutionalized, pitied, taken care of

PERSONAL INTERACTIONS



Here are some simple ideas to remember in almost any in-person contact, but especially with people with disabilities.

- > Maintain eye contact without staring.
- > Listen to the individual.
- > Talk directly to the person with a disability, not through any companion or interpreter who may be present.
- > Treat the individual with courtesy, dignity and respect.
- > Offer assistance, but do not insist. Don't "help" by leading a blind person or pushing a person's wheelchair until you have permission.
- > Ask the client or participant to tell you the best way to help.
- > Be ready to deal with unexpected or unfamiliar situations: Relax and be courteous, calm and flexible.

by others or cured. An effort began to "fix" society's treatment of people with disabilities by moving our laws and views to a civil rights model from a medical model. As a result, the government enacted section 504 of the Rehabilitation Act of 1973, the first federal law to ban discrimination against people with disabilities. But section 504 covered only those programs receiving federal financial assistance. And more than three years after the law's passage, it had not been implemented because the government had not issued regulations. Advocates mounted lawsuits and protests. They took over federal buildings in 10 cities at great sacrifice, as many people with disabilities went without food, water and other basic needs for days. After 29 days, the regulations were issued and the protests ended.

But even in the late 1980s, many people with disabilities still could not exercise the basic rights others took for granted every day:

- > They couldn't vote if polling places were not accessible.
- > People with hearing or speech disabilities couldn't represent themselves in court or access nonprofit services if no interpreters were provided.



Before the Americans with Disabilities Act was passed in 1990, many public transportation systems were inaccessible to people with mobility disabilities. Photo courtesy of Tom Olin.

- > They couldn't understand the information in bank statements, menus, signs, paper ballots or other print material if it wasn't offered in an alternate format for people who were blind or had low vision.
- > They couldn't call 911 if the call system didn't accept calls from TTYs, devices people who are deaf use to transmit typed messages across phone lines.
- > Many people with disabilities were unemployed or underemployed.
- > People with mobility disabilities couldn't ride a bus if the bus had no lift.

Again, individuals with disabilities and other advocates mobilized, this time collecting stories from thousands of people in all 50 states about their personal experiences with discrimination. They presented the evidence to Congress. After extensive hearings and negotiations, Congress passed the Americans with Disabilities Act with an almost unanimous vote.

The Americans with Disabilities Act has five sections, or "titles."

> **Title I: Employment**

Title I requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to people without disabilities. Religious

entities with 15 or more employees are also covered by title I.

> **Title II: State and Local Government Activities**

Title II covers all activities of state and local governments regardless of the government entity's size or receipt of federal funding. It requires that state and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services and activities (e.g., public education, employment, recreation, health care, social services, courts, voting and town meetings).

> **Title II: Public Transportation**

The transportation provisions of title II ban discrimination in public transportation services such as city buses and public rail.

> **Title III: Public Accommodations**

Title III covers businesses and nonprofit service providers that are public accommodations, private entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities.

> **Title IV: Miscellaneous**

Title IV contains miscellaneous provisions including those banning retaliation against someone who files an ADA claim.

> **Title V: Telecommunications Relay Services**

Title V addresses telephone and television access for people with hearing and speech disabilities. It requires telephone companies

to provide telecommunications relay services 24 hours a day, seven days a week. See Glossary. Title V also requires closed captioning of federally funded public service announcements.

The part of the ADA that applies to private entities, including nonprofits, is title III. Title III bans discrimination by those who own, operate, lease or lease to “places of public accommodation” including:

- > **Child care centers, senior citizen centers, homeless shelters, food banks, adoption agencies** and other social service center establishments
- > **Offices of providers of legal services, hospitals, health care providers** or other service establishments
- > **Restaurants, shelters and food kitchens** (in the language of the ADA, “establishments serving food or drink”)
- > **Theaters and concert halls** (“places of exhibition or entertainment”)
- > **Auditoriums and lecture halls** (“places of public gathering”)
- > **Clothing stores, grocery stores** and other “sales establishments”
- > **Museums** or “other places of public display or collection”
- > **Parks, zoos or other places of recreation**
- > **Gymnasiums** and other “places of exercise or recreation”
- > **Private schools**, from nursery school through postgraduate school

Churches, synagogues and other religious organizations such as religious schools are not subject to the ADA, even if they operate a facility that falls into one or more of these categories. But they may have to comply with other laws. See Section 9.j.

The ADA is not triggered by federal funding. It applies regardless of the size of an entity. There are no “grandfather provisions” that exempt existing buildings, as are sometimes found in state laws or local building codes.

Individuals can sue in federal court to enforce the ADA or can file a complaint with the Department of Justice, which can bring an action on behalf of an individual or can sue without a complaint.

The ADA says that nonprofits should:

- > Welcome people with disabilities, and integrate them into their activities.
- > Ensure that they can communicate effectively with people who have difficulty seeing or hearing, have speech impairments or have intellectual disabilities.
- > Remove physical barriers to access to their facilities. If some barriers are too difficult or expensive to remove, organizations must take other steps to provide services to people with disabilities.
- > Make sure new construction and alterations meet federal accessibility standards. (But remember, you need to meet any local or state standards, too.)
- > Maintain access to accessible spaces and features.
- > Modify policies and practices if necessary to avoid discrimination.
- > Ensure equal opportunity in employment.
- > Make sure people with disabilities can benefit from transportation you offer.
- > Ensure people with disabilities are not charged extra for accommodations.
- > Integrate people with disabilities into “regular” programs. Provide “special” programs only if equal opportunity would require a separate program.
- > Make online activities and information accessible.

NOTE: This guide will walk you through the steps that you can take to comply with the ADA. What you are expected to do—and the level of detail at which you analyze your practices, policies and facilities—depends partly on the nature of your services and your resources.



Look for a revised ADA guide for small businesses, which will be helpful to many nonprofits as well, from the Department of Justice in the spring of 2011. It will update an existing guide, <http://www.ada.gov/smbustxt.htm> or <http://www.ada.gov/smbusgd.pdf>, to reflect DOJ’s 2010 regulations and standards.

Why should your nonprofit comply?

- > Equal opportunity for people with disabilities is an organizational asset. It enhances your access to the skills and contributions of more individuals.

OVERVIEW

- > Disability is an element of diversity, which the Trust envisions as a “core and abiding strength of the nonprofit sector.”¹⁰ People with and without disabilities can learn from each other and broaden their horizons and experiences when they participate in activities, volunteer, and live or work together. In doing so, they come to respect and celebrate their differences.
- > The ADA is a federal law.
- > The ADA gives people with disabilities enforceable civil rights.
- > Compliance is a cost of doing business (and the expenses should be absorbed into the organization’s overall budget).
- > Promoting inclusion ensures broader access to programs.
- > It’s common sense. People with disabilities make up a large part of the group served by nonprofits.
- > It makes business sense, too. People with disabilities are a large potential customer base. Some of their \$175 billion in discretionary spending¹¹ could go toward attendance at museums, performing arts shows and other types of experiences offered by nonprofits.

C. OTHER DISABILITY-RELATED LAWS THAT MAY APPLY TO NONPROFIT ORGANIZATIONS

The ADA applies to nonprofits whether or not they receive federal funds. But your organization may also be subject to other nondiscrimination laws.

1. Section 504 of the Rehabilitation Act

If your nonprofit organization receives federal financial assistance such as grants or loans, it is also subject to section 504. Its provisions are very similar to the ADA’s.

Generally section 504 applies to your organization if it:

- > receives a federal grant or loan.
- > receives funds from another agency such as a city agency that receives federal financial assistance.

Examples of nonprofits that may be subject to section 504 include:

- > An arts program or museum that receives a grant from the National Endowment for the Arts.
- > A school or preschool program (even one operated by a religious entity)¹² that receives

funding from state or local agencies that receive funds from the U.S. Department of Education.

- > Health clinics that operate with financial assistance from a state or local agency, in turn funded with dollars from the U.S. Department of Health and Human Services.

If your organization is covered by section 504, you should find out what the funding agency requires through its section 504 regulation and its guidance. Usually you must:

- > Submit assurances of nondiscrimination as a condition of receipt of federal assistance.
- > Do a self-evaluation of policies and procedures.
- > Create a transition plan if changes to buildings or facilities are necessary to prevent discrimination.



Many federal agencies offer technical assistance to help you comply with section 504. For example, the National Endowment for the Arts publishes excellent resources, workbooks and checklists at <http://www.arts.gov/resources/accessibility/index.html>.



Your local ADA Center, formerly the Disability and Business Technical Assistance Center, can help you understand what laws apply and how to comply. Ten centers offer training and guidance around the country. The one that serves you—including the Great Lakes ADA Center serving Illinois—can be reached by calling 800.949.4232 (voice or TTY) or visiting [www.adata.org](http://wwwadata.org).

2. State and local laws

Your organization may also be covered by state and local laws that prohibit discrimination against people with disabilities. These can include state or local accessibility standards or laws that address such areas as service animals or companion animals. For example, these laws may include a broader variety of assistance animals that must be allowed to accompany people with disabilities or may impose stricter requirements for new construction.



Examples of state and local laws that may affect nonprofits in the Chicago area include:

- > The Illinois Environmental Barriers Act, http://www.illinoisattorneygeneral.gov/rights/environmental_barriers.html, requires compliance with the accessible design



For people with vision disabilities, it is important to remove objects that cannot be detected by a cane or other means.

standards of the Illinois Accessibility Code in new construction, additions and alterations to many public and private facilities.

- > Chicago's Building Code, http://egov.cityofchicago.org/webportal/COCWebPortal/COC_ATTACH/cbc18-11.pdf, includes accessibility requirements that are mostly consistent with the ADA.

3. Employment laws

If your organization has more than 15 employees, it is probably covered by title I of the ADA, which requires employers to provide to qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. Title I is enforced by the Equal Employment Opportunity Commission and through private lawsuits. Section 504 also applies to employment, as do some state and local laws. This guide does not address employment practices.



For information about employment provisions, visit the Equal Employment Opportunity Commission website, <http://www.eeoc.gov/laws/types/disability.cfm>.

D. ACCOMMODATING PEOPLE WITH VARIOUS TYPES OF DISABILITIES

The ADA protects individuals with disabilities.¹³ Generally an individual with a disability is someone who has a physical or mental impairment that substantially limits one or more of his or her major life activities.¹⁴

Of the people with disabilities in the Chicago region, about one-third have mobility disabilities, approximately one-quarter have disabilities affecting their sight or hearing, and the remaining individuals have other disabilities.

There are many ways of categorizing and labeling disabilities. What is most important is to be prepared to interact with people with varying degrees of sensory awareness, limitations in mobility, and levels of intellectual and physical function. Some categories of disability include:

- > **Mobility disabilities.** People with mobility disabilities may use wheelchairs, walkers, scooters, braces, crutches, canes or no mobility device. They may have a prosthesis. They may have difficulty walking distances, opening doors or using stairs. They may need accessible transportation, parking spaces close to your building, level entrances, lowered service counters and accessible restrooms.
- > **Hearing disabilities.** This category includes people who are hard of hearing (and may use a hearing aid) and those who are deaf. They may or may not speak clearly. They may need interpreters, written communication, assistive listening devices, captioning, TTYs or relay systems. See Sections 2.c and 6 and the Glossary.
- > **Vision disabilities.** People who have disabilities affecting their sight may be blind or may have low vision. Sometimes the disability will be

DIFFERENT DISABILITIES

Be familiar with the types of disabilities that your clients and participants may have and the kinds of requests you may get for accommodations or modifications. But remember:

- > Many disabilities are not visible or otherwise apparent.
- > Each person is unique, and specific requests should be considered on an individual basis.

indicated by use of a white cane or service animal, or by the person positioning his or her face close to printed or written material in order to read it. These individuals may need alternate formats, audio description, website modifications or accessible signs. It is important to remove protruding objects that cannot be detected with a cane or through other means.

- > **Intellectual disabilities.** Individuals with intellectual disabilities (including what was formerly called “mental retardation”) may respond slowly to questions or have difficulty following instructions. They may not act as expected for their age or understand the consequences of situations. They may need assistance with filling out forms or following instructions or simply your patience during the extra time needed to perform a task.
- > **Psychiatric disabilities.** People who have psychiatric disabilities may be very socially competent or may vacillate between normal and irrational behavior (for example, if they are not taking their medication or the appropriate medication). They, too, may need your patience, your restrained response to them, and, at times, an opportunity to calm themselves.
- > **Cognitive disabilities.** These disabilities may result from traumatic brain injury or physical or mental conditions. They may not be noticeable in some people, but in others, they may be interpreted to be mental illness. They may be manifested in speech that is difficult to understand, irritability, inappropriate social interaction, poor eye contact, or difficulty understanding a particular situation or communication. People with cognitive disabilities may have difficulty relating to people and impaired communication skills. At times it may be useful to write things down for the person or to repeat instructions or information.
- > **Learning disabilities.** Learning disabilities are hidden and not indicated by outward appearances. A person may have difficulty following instructions, may process information differently from others or may have a short attention span.
- > **Speech disabilities.** If a person's speech is unclear or slow, it is important to be patient, without completing the person's words or phrases for him or her. When communicating one on one or in groups, pen and paper may be helpful. A person with a speech disability may use a TTY, communication board or other communication device.

- > **Other disabilities.** Other disabilities include seizure disorders, HIV/AIDS, allergies and a number of other less prominent conditions. The accommodation needs for individuals will vary. For example, people with multiple chemical sensitivity have severe reactions to low levels of everyday chemicals and products such as fresh paint, cologne and pesticides. They may need to avoid areas where those chemicals and products are present.



For more information about particular disabilities, see the Job Accommodation Network's “Accommodation Information by Disability: A to Z,” <http://askjan.org/media/atoz.htm>, which is geared towards employment, but has many helpful tips for modifications in services.



A WORD ABOUT OLDER AMERICANS

Older people do not necessarily have disabilities. But the aging process can reduce physical strength, stamina, balance, vision or hearing. Many of the suggestions in this guide may be helpful to older people, even if they do not have disabilities.

As of the 2000 census, more than 42 percent of people 65 and older had one or more disabilities. U.S. Census Bureau, “Disability Status 2000.” March 2003. www.census.gov/prod/2003pubs/c2kbr-17.pdf.

Integrating people with disabilities into mainstream society is a fundamental goal of the Americans with Disabilities Act. Photo by Kira Kurka.

SECTION 2. BUILDING BLOCKS



If your nonprofit is an established, large organization with solid resources, it is probably far along toward the goal of compliance with the ADA because the law has been in place for almost two decades. But if that's not the case, you can comply with the law's minimum requirements by taking some simple, immediate steps. (For some specific suggestions, see the quick-check tool in Section 3.) In the long term, you will want to ensure that all your services and facilities are fully accessible as your resources allow. Your nonprofit should aim to welcome everyone with disabilities: beneficiaries, participants, volunteers, employees and the public.

This section summarizes the four basic principles of the ADA.

THE HALLMARK OF NONDISCRIMINATION: EQUAL OPPORTUNITY

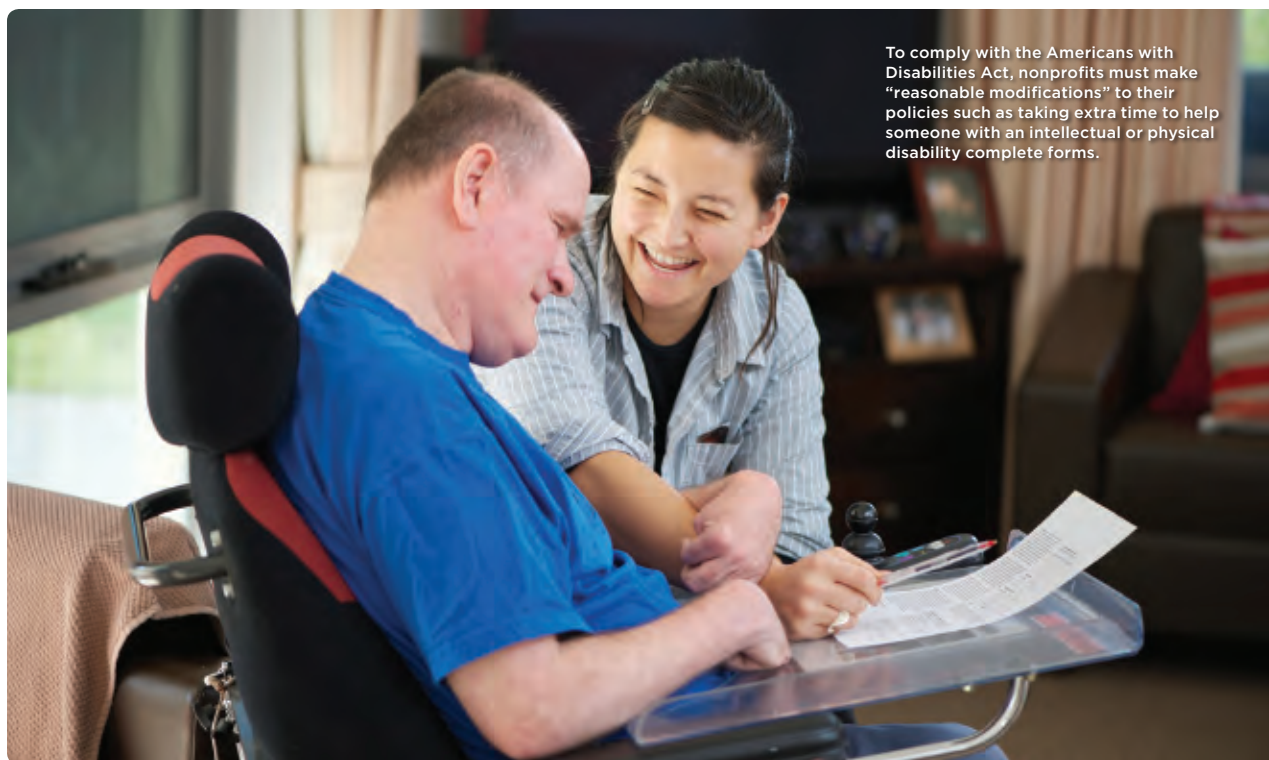
Equal opportunity underlies all the principles and requirements of the ADA. The law doesn't require equal treatment or an equal outcome. In fact, "equal treatment" is often what leads to discrimination against people with disabilities. This civil rights law requires that modifications and accommodations be made for people with disabilities if reasonable, that buildings be altered if necessary, and that new construction be accessible. These steps allow people with disabilities to have an equal opportunity

to have access to, and benefit from, your organization's services and offerings.

The statute says individuals with disabilities may not be denied the full and equal enjoyment of the "goods, services, facilities, privileges, advantages or accommodations" that a business or public accommodation provides—in other words, whatever services a nonprofit organization, in this case, offers to its clients, participants or beneficiaries. The ADA does not tell organizations exactly how to accomplish these goals. Rather, the law and regulations allow as much flexibility as possible in light of financial and practical limitations. By following some best practices, you can maximize your opportunity for serving people with disabilities while maintaining the integrity of your programs.



The Department of Justice issues regulations for title III. The regulations detail how to comply with the ADA, and compliance is mandatory. The original regulations, which you can view at <http://www.ada.gov/reg3a.html>, were published in 1991. On Sept. 15, 2010, DOJ published the first major changes to the regulations (DOJ 2010 regulations or 2010 revisions): <http://www.ada.gov/regs2010/ADAREgs2010.htm>



To comply with the Americans with Disabilities Act, nonprofits must make "reasonable modifications" to their policies such as taking extra time to help someone with an intellectual or physical disability complete forms.

They become effective on March 15, 2011. New accessibility standards—more detailed and in some ways stricter than the 1991 standards—must be followed starting March 15, 2012. Details of the new requirements and how to make the transition are included in this guide. See Sections 5.a, b and c.

A. POLICY AND OPERATIONS: MAKE REASONABLE MODIFICATIONS

Every organization has a certain way of doing things. Your policies, practices and routines help your group operate as smoothly as possible. But the way you've "always done things" may make it difficult for people with disabilities to take full advantage of your services. The ADA requires title III entities to make "reasonable modifications" to their policies and practices if doing so is necessary to avoid discrimination and accommodate people with disabilities. This means you may need to make minor adjustments to your policies or procedures (or your informal practices), or offer some extra assistance to a client or participant. You are expected to do only what is reasonable.

What's reasonable?

You decide what changes are reasonable on a case-by-case basis in light of how your nonprofit operates and what an individual needs or requests. The bottom line is that you don't want to exclude a person by neglecting to make an accommodation that is fairly easy to make. For example, you may need to:

- > Help someone carry goods in a thrift shop.
- > Carry food for a person in a shelter or cut up the food for them.
- > Help someone with an intellectual disability understand instructions or a form.

This principle of making reasonable modifications also applies to such policies as the admission of service animals (see Section 7.d) and maintaining accessibility of spaces and features (see Section 5.e).

Limits: Your organization is not expected to make changes to policies and procedures in a way that would cause a "fundamental alteration" to the nature of your services or activities, undermine safe operation of the organization, or cause a "direct threat" to the health or safety of others.

Examples: It would be a fundamental alteration to the nature of a play or showing of a movie to allow

a dog that is a service animal to bark during the event. The nonprofit could require the handler to control the dog or leave.

If you sponsor a spelling bee for students, you would have to modify any policy that excludes people who are deaf or hard of hearing from entering the spelling bee or from using an interpreter. But you would not have to allow an interpreter to fingerspell or to sign the initial letters of test words for a deaf competitor, which is sometimes the only way to express some words in a type of sign language called Signed Exact English. That would defeat the purpose of testing the ability to spell because it would amount to spelling all or part of a word.

If you take a group of teenagers on a rafting trip that requires the ability to swim, you cannot have a policy of refusing to let teens with disabilities go on the trip or requiring only teens with disabilities to take a swim test. One reasonable way to modify the policy would be to require everyone to pass a swim test first. To allow everyone to go on the trip without demonstrating that they can swim would undermine the safety of the operation because of the risk of harm to people who would not be able to swim to safety if the raft capsized.

B. PHYSICAL ACCESS: MEET ACCESSIBILITY STANDARDS AND REMOVE BARRIERS TO ACCESS

The ADA requires that new or altered buildings follow accessibility standards. But it takes into account that some small businesses and nonprofits cannot afford to make significant physical changes to their existing buildings or stores to provide accessibility to people who use wheelchairs and other people with disabilities. The law has requirements for existing facilities that are less strict than the standards for ones built or altered after the law went into effect. (Sometimes both sets of requirements may apply to one building.)

1. New construction

The strictest requirements apply to new construction. New buildings and facilities must be readily accessible to and usable by individuals with disabilities. They must comply strictly with the ADA standards included in the Department of Justice regulations. The 1991 standards can be found at <http://www.ada.gov/stdspdf.htm>.

**NEW**

DOJ's 2010 regulations include new accessibility standards:

- > <http://www.ada.gov/regs2010/ADAregs2010.htm> (the regulations)
- > http://www.ada.gov/2010ADASTandards_index.htm (DOJ's useful "OneBook" of the standards and DOJ guidance)
- > <http://access-board.gov/ada-aba/ada-standards-doj.cfm> (Access Board guide to the ADA standards including 2004 ADA Guidelines for Accessible Design with notes to reader)

NEW

DOJ's new 2010 standards will be enforceable starting March 15, 2012. In the meantime, you can follow either the 1991 standards or the 2010 standards for new construction and alterations.

Limits: Elevators are usually not required in a building that has only two stories, with some exceptions. See more at Section 5.a.

2. Alterations

An alteration that begins after Jan. 26, 1992, must meet the ADA standards to the maximum extent feasible. The alterations standards allow some deviations from new construction requirements for restrooms, ramps and some other features where it is not feasible to comply with those requirements.

In addition, if an alteration is made to a "primary function area" (a place where a major activity takes place, such as a room for holding interviews or serving food, and other areas where the public is served), you must also provide an accessible route to that area, with accessible phones, restrooms and drinking fountains (if those features are provided) serving that area. However, you don't have to spend more than 20 percent of the original cost of the alteration on those features. There is more about this "path of travel" obligation in Section 5.b.

NEW

Remember, if an alteration begins on or after March 15, 2012, you must follow the 2010 standards. In the meantime, you can choose to follow the 1991 standards or the 2010 standards.

3. Architectural barriers in existing facilities

In order to ensure full and equal enjoyment of your services, you must remove physical barriers to access if doing so is "readily achievable."



Examples: Replace round door knobs with lever hardware or other hardware that is easier to grasp. Install a ramp at an entrance that has only steps.

Limits: "Readily achievable" means easily accomplishable without much difficulty or expense. That measure is based on factors such as your organi-

zation's size and resources and how difficult it is to remove a particular barrier. The nature of the obligation will change as resources change, and it is a continuing obligation.

If your organization is not able to remove physical barriers to access, you are still required to provide access to your services through alternate means. For example, if you usually meet with clients on the second floor of your building and the only way to get to the second floor is by steps, you would need to find another way to provide services to a person who uses crutches. Possibilities would include meeting the client at an accessible location (the first floor of your building, if that floor is accessible) or at the client's home.

There are more details about barrier removal in Section 5.c.

C. COMMUNICATION: PROVIDE EFFECTIVE MEANS OF COMMUNICATION

With some exceptions, the ADA requires that organizations provide auxiliary aids and services to people whose disabilities affect their hearing, sight or speech. Nonprofits must ensure effective communication with people with disabilities, whether receiving or sending communication.

Auxiliary aids are devices, services and other methods used to ensure effective communication with individuals with disabilities.

Auxiliary aids for people who are deaf or hard of hearing may include qualified interpreters on-site or through video remote interpreting services, assistive listening systems, television or video captioning, text telephones (TTYs), videotext displays, video interpreting, accessible electronic and information technology, and the exchange of written notes.

People who are blind or have low vision may request such assistance as readers, taped texts, Braille materials, large-print materials, Braille displays, screen-reader software, magnification software, optical readers, and accessible electronic and information technology.

People who have disabilities that affect speech may benefit from some of the same aids that benefit people who are deaf or hard of hearing such as TTYs, interpreters who can understand their speech, and the exchange of notes. A person

with speech disabilities may require extra time to complete his or her message or even some extra attention from staff so that staff can understand the words.

Determining when communication is "effective"

The decision as to what type of auxiliary aid or service is needed and appropriate is made on a case-by-case basis. It depends on the length, complexity and importance of the communication, and the language skills and communication practices of the person making the request. For example, handwritten notes may suffice for an exchange with a person who is hard of hearing about an appointment time or simple directions. But handwritten notes will not communicate information effectively if that person cannot read.



Auxiliary aids such as qualified interpreters on-site help organizations to communicate effectively with people with disabilities. Photo by Kira Kurka.

SURCHARGES

A nonprofit may not place special charges on individuals with disabilities to cover the costs of necessary measures. These would include making modifications to provide physical access, qualified interpreters or print information in electronic format.



The Americans with Disabilities Act requires that organizations use auxiliary aids such as text telephones, or TTYs, to effectively communicate with people who are deaf or hard of hearing.

For a more complex situation, an interpreter may be necessary for a person who uses sign language. See Section 6.

Limits: You do not have to provide auxiliary aids that would result in a fundamental alteration in the nature of a service, program or activity, or undue financial or administrative burdens.

It is also important to make sure your organization's websites and accessible electronic and information technology have accessible features for people with disabilities. Web accessibility means that people with disabilities can perceive, understand, navigate and interact with the web. This requires an evaluation of several factors, including web page content, web browsers, media players, screen readers and other assistive technology, and the software that creates websites. See Section 9.i.

See Section 6 for more on communication.

D. INTEGRATION: PROVIDE SERVICES IN THE MOST INTEGRATED SETTING

Integration of individuals with disabilities into the mainstream of society is a fundamental purpose of the ADA. Activities must be provided in the most inclusive setting appropriate to the person's level of need.

Your organization must provide programs and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity or equally effective benefits and services.

Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. For example, you may offer a special tour of a museum for people who are blind, but those same people can choose to go on the "regular" tour. See section 7.c.

Details about how the four principles in this section apply to nonprofits generally are found in Sections 5 through 8. Applications to specific types of nonprofits and activities are in Section 9. First, though, use the quick-check tool in the next section to "take stock" of where you are now.

ENSURE ADA COMPLIANCE WITH YOUR PARTNERS

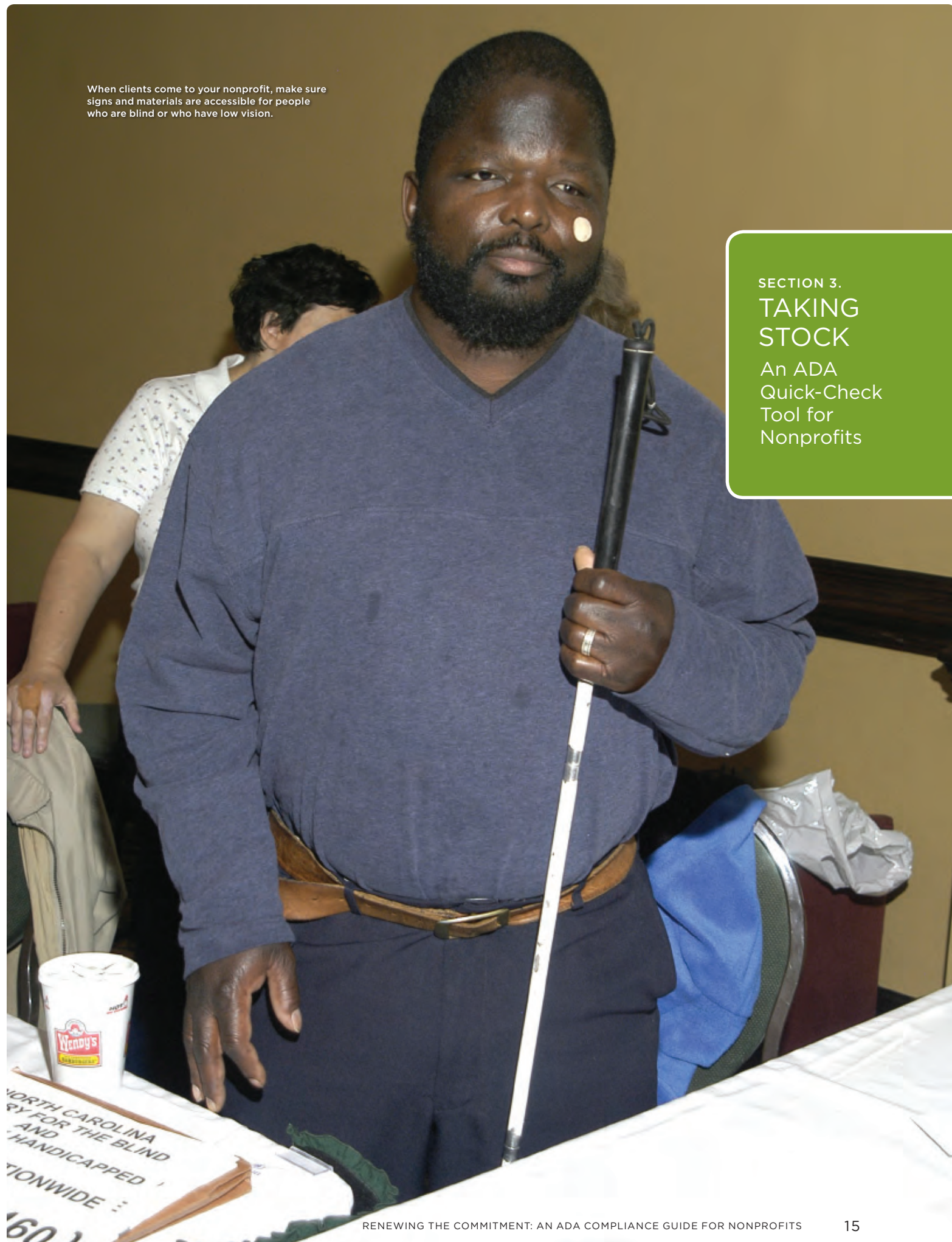
Be sure anyone who contracts or partners with you complies with the ADA as they carry out your services. You are responsible for ensuring that your programs and services are compliant, whether you perform them directly or through vendors, contractors, grant recipients, partners, volunteers or others. You cannot "contract away" your duties.

When clients come to your nonprofit, make sure signs and materials are accessible for people who are blind or who have low vision.

SECTION 3.

TAKING STOCK

An ADA Quick-Check Tool for Nonprofits



ADA compliance issues can be complex, but there are some relatively simple steps that nonprofits can take to enhance access to their services. You can use this checklist to assess where you are and the areas where you need to improve. Simple compliance steps are highlighted in blue.

The last column refers you to sections of this guide for information about each item. “Access” or “accessibility” includes physical access as well as access to services and programs.

This is not a complete or detailed guide to compliance. More detailed checklists for specific areas, along with specific action steps, are found later in this guide. An agenda for action is in Section 10.

| PLANNING AND POLICIES MANAGEMENT | | Y | N | See these sections in guide |
|-------------------------------------|--|---|---|--|
| 1 | Have you informed your staff that they cannot deny individuals with disabilities the opportunity to participate in your services and activities or afford an opportunity that isn't equal to that provided to others? | | | 2, 7.a, 7.b |
| 2 | Do you emphasize accessibility in ads, programs, notices and newsletters, and on your website? | | | 6.c, 8.b, 10.e |
| 3 | As part of long-range and annual planning, grant proposals and fundraising efforts, do you address accessibility issues with regard to facilities and/or services and include them as a cost of your operations? | | | 10.a, 10.g |
| 4 | If you receive federal funding, have you done a self-evaluation and transition plan and followed the funding agencies' section 504 requirements? | | | 1.c.1 |
| 5 | Has your leadership made a commitment to compliance and articulated it to management, staff and the public? | | | 10.a |
| 6 | Do you have a process for responding to requests for communication assistance such as interpreters or Braille or recorded materials? | | | 6, 10.d.2, Tip Sheets 2 and 5, Template B |
| 7 | Do you have a process for responding to requests for policy modifications (e.g., assistance with forms, leeway in deadlines or participation requirements) if disability related? | | | 2.a, 7, Template C |
| 8 | Do you make sure any vendors or contractors who work with you carry out your services in compliance with the ADA? | | | 2.c (text box), 5.a (text box), 9.e |
| 9 | Have you ensured that you do not impose surcharges on people with disabilities for services or auxiliary aids like interpreters? | | | 2.c (text box), 6.a (text box) |
| 10 | Do you make sure your services are carried out in an integrated way, that any separate programs for people with disabilities are separate because of necessity, and that there is a choice of participating in “regular” programs? | | | 2.d, 7.c |
| 11 | Do you stay current with proposed and new regulations that affect your obligations? Have you reviewed DOJ's 2010 regulations? | | | 2, 2.b, 5.a, 5.b, 5.c, 6.c, 7.d, 9.f, 9.g, 9.i, 10.g |

| PLANNING AND POLICIES STAFF | | Y | N | See these sections in guide |
|---|--|---|---|--|
| 12 | Is your staff aware of how to interact with individuals with disabilities, and does staff treat them with courtesy and dignity? | | | 1.a, 1.d, 4, 10.f, Tip Sheet 1 |
| 13 | Is your staff aware of your accessibility policies? | | | 2.a, 5.e, 8.c, 10.d.3, 10.g, Templates B and C |
| 14 | Does your staff know how to locate interpreters and obtain materials in accessible formats? | | | 6, 10.d.2, Resources Section D, Tip Sheets 2 and 5 |
| 15 | Does your staff know how to use telecommunications relay services? | | | 6.c, Glossary, Tip Sheet 4 |
| 16 | Does your staff know the only two questions it can ask an individual about an animal that may be a service animal? | | | 7.d, Tip Sheet 3 |
| 17 | If people come to your office or another location for appointments or on a walk-in basis, do you accommodate those who cannot stand while waiting or have difficulty filling out forms, and notify visitors aurally and visually of their turn to meet with staff? | | | 7.f |
| 18 | Does your staff know how to alert people with disabilities of an emergency in the area and how to assist them in leaving the building or sheltering? | | | 7.e |
| 19 | Does your staff know how to obtain accessible transportation when providing or arranging transportation for individuals or groups? | | | 9.h |
| FACILITIES EXISTING BUILDINGS AND FACILITIES | | | | |
| 1 | Have you evaluated your facilities for physical accessibility within the last two years? Do you have a process for doing so regularly? | | | 5, 10.c.1, 10.d.1 |
| 2 | Do you ensure that places where you carry out your services and activities are accessible? If they are not, do you move the services to accessible locations or make other modifications to ensure participation by those who have disabilities? | | | 2.b, 5, 8, 10.c.1 |
| 3 | At locations where people come for your services, do you ensure the following: | | | 5 (for all subsets of question 3) |
| | a. There is an accessible route to an accessible entrance from parking, drop-off points, public transportation and public sidewalks. | | | |
| | b. The accessible route is kept clear of obstructions and snow. | | | 5.e |
| | c. At least one entrance is accessible (e.g., with a level entrance or ramp). | | | |
| | d. If there is more than one floor or level, each is connected by an elevator or lift with accessible controls. (See Section 5.a, exemptions.) | | | |

| FACILITIES (Continued) | | Y | N | See these sections in guide |
|--|---|---|---|-----------------------------|
| EXISTING BUILDINGS AND FACILITIES | | | | |
| | e. Signs are accessible to people who are blind or have low vision. | | | |
| | f. Accessible restrooms are provided with accessible stalls and lavatories and directional signage. | | | |
| | g. At least one service counter is lowered and kept uncluttered. | | | 5.e |
| | h. Doors have a 32-inch clearance and usable hardware (e.g., lever handles). | | | |
| | i. Meeting areas and at least one drinking fountain and public phone, if provided, are accessible. | | | |
| | j. Printed materials (e.g., brochures) are within easy reach of someone using a wheelchair or a person of short stature. | | | |
| | k. Other spaces and equipment are accessible (theaters, seating, showers, food service, medical equipment). | | | |
| | l. Interior routes and spaces are kept free of obstructions (boxes, trash receptacles, plants). | | | 5.e |
| 4 | Do you ensure that staff and volunteers accurately inform clients and visitors of accessible features of your building? | | | Template D |
| 5 | Do you ensure through maintenance contracts and follow-up that accessible equipment (elevators, lifts, automatic door openers) is maintained in working order and repaired promptly? | | | 5.e |
| FACILITIES | | | | |
| NEW CONSTRUCTION AND ALTERATIONS | | | | |
| 6 | Do you require compliance with federal, state and local accessibility requirements by architects, contractors and others involved in new construction and attach the standards to the contract? | | | 5.a |
| FACILITIES | | | | |
| OTHER BUILDINGS (LEASES, ETC.) | | | | |
| 7 | When you look for new space to lease or use, do you make every effort to find space that meets accessibility requirements or can be altered to meet them? | | | 5.d |
| 8 | If you lease your current building, have you made accessibility changes to the parts over which you have authority and requested accessibility changes from your landlord? | | | 5.d |

| COMMUNICATION | | Y | N | See these sections in guide |
|---------------|--|---|---|--|
| 1 | Have you reviewed any materials you distribute to see if they are welcoming to people with disabilities and reflect a diverse population? | | | 1.a, 4 |
| 2 | If you distribute print materials (e.g., brochures, forms, exhibits, handbooks) or have displays of print information, do you have those that are frequently used available in large print or other alternate formats such as Braille, electronic format, recorded tape or disk? | | | 2.c, 6, Glossary, Tip Sheet 5, Template B |
| 3 | Do you make those materials and others available in alternate formats (including those listed and by oral description or providing a person who is a reader) as appropriate to the individual and the situation on request? | | | See box above. |
| 4 | If you communicate through oral means (spoken or recorded), e.g., by phone, in person or over the phone, do you make the communications accessible, or are you prepared to make them accessible, through all these means, when each is appropriate? | | | 2.c, 6, Glossary, Tip Sheets 2 and 4, Template B |
| | a. through interpreters (sign language, oral, video remote interpreting) | | | Tip Sheet 2 |
| | b. with CART or captioning | | | 6.b, 6.d |
| | c. through writing notes | | | 6.d |
| | d. through electronic means such as UbiDuo or other keyboard devices | | | 6.b, 6.c, 6.d |
| | e. with TTYs or telecommunications relay service | | | 6.b, 6.c, Tip Sheet 4 |
| | f. for people with speech disabilities, with a communication board | | | 6.b |
| | g. by taking extra time to communicate or understand | | | 6.b |
| 5 | If you produce or use videos, DVDs or television broadcasts, or make audio-visual presentations, do you make them accessible: | | | 6.a, 6.b, 6.c, Glossary |
| | a. through captioning, closed or open? | | | |
| | b. if at a presentation, with interpreters? | | | |
| | c. to people with disabilities? | | | |
| 6 | If you use automated phone menus, is there a way to skip the menu and talk directly with a staff person? | | | 6.c |

| MEETINGS AND EVENTS | | Y | N | See these sections in guide |
|-----------------------|--|---|---|---|
| 1 | Do you hold public meetings and events only in accessible facilities or have a way to give notice and move the meeting to an accessible location, depending on the circumstances and attendees? | | | 8, Tip Sheets 6-10 for all of this section of the quick check |
| 2 | Are accessible entrances clearly marked? | | | |
| 3 | Is information provided in advance about how to make requests for modifications or auxiliary aids and the accessibility of the meeting? | | | |
| 4 | Are accessible restrooms, seating, stages, speaker platforms and microphones provided? | | | |
| 5 | Are assistive listening devices provided? | | | |
| 6 | Are interpreters for people who are deaf or hard of hearing available upon request? | | | Tip Sheet 2 |
| 7 | Are materials provided in alternate formats such as large-print, electronic format? | | | Tip Sheet 5 |
| 8 | Is accessibility at the meetings maintained? | | | Tip Sheet 9 |
| WEBSITES | | | | |
| 1 | Have you evaluated your website for accessibility? | | | 9.i, 10.d.4 |
| 2 | Do you ensure that new content is accessible? | | | 9.i, 10.d.4 |
| VOLUNTEERS AND BOARDS | | | | |
| 1 | Do you ensure that volunteers with disabilities have an equal opportunity to participate? | | | 7.a, 7.b |
| 2 | Do you make efforts to include people with disabilities on your advisory boards and committees? | | | 7.b |
| 3 | Have you identified people with disabilities who can provide input about access to your services, programs and facilities? | | | 10.b |
| 4 | Do you ensure an equal opportunity for participation by artists, performers and potential interns with disabilities? | | | 7.a, 7.b, 9.a.3 |
| TRANSPORTATION | | | | |
| 1 | If transportation (or a voucher for transportation) is provided as a service to, from or within an event, as part of an event or service, or in any other way, is equivalent accessible transportation provided? | | | 9.h |

Before assisting someone with a disability, ask for his or her permission first.

SECTION 4.
SERVING
WITH
SENSITIVITY
AND
COURTESY

As your nonprofit organization dedicates itself to greater inclusion of people with disabilities and continuing improvement of services, success will turn in part on courteous communication. Above all, remember that those you serve and those who participate in your services and activities are individuals. Your clients and stakeholders come with diverse and varied abilities, needs, interests, preferences and personalities.

“Disability etiquette” is based on respect and common courtesy. Generally you should listen, be welcoming and learn from people with disabilities. The best way to know how best to interact with and accommodate individuals with disabilities is simply to ask them. For example, you could say, “What can we do to make our place more accessible for you?” or “Will you need any accommodations when you come in such as large print?” Don’t refer to accommodations, assistance or people as “special.”

Be sure to speak directly to the individual, not to a companion, assistant or interpreter who may be present.

Don’t refer to a person’s disability unless it is relevant to the conversation. Always use “person

first” language: “A woman who is blind,” not “a blind woman.” Avoid negative or outdated terms. For example, say, “a person who uses a wheelchair,” not “a wheelchair-bound person” or “a person confined to a wheelchair.”

A. PEOPLE WHO HAVE MOBILITY DISABILITIES

When speaking with a person who uses a wheelchair, you should try to be at his or her eye level by sitting or otherwise positioning yourself at the other person’s height.

Never lean on an individual’s wheelchair or other device.

Offer assistance and wait for permission before “helping.” This is true for:

- > Pushing a wheelchair.
- > Opening doors (unless you would naturally open the door in other circumstances).
- > Providing a chair for someone who may have difficulty standing for long periods.
- > Assisting a person who uses crutches, a walker or other devices with coats, bags or other items.



B. PEOPLE WHO ARE DEAF OR HARD OF HEARING

Gain the person's attention before starting a conversation. For example, tap his or her shoulder. Look directly at the person, not an interpreter. Face the light, speak clearly and in a normal tone of voice (unless you are asked to speak more loudly), and keep your hands away from your face.

If no interpreter is present, ask if it would be helpful to get an interpreter or to communicate in writing or with a computer terminal. Keep in mind that written communication may not be appropriate or useful for some people and is not effective for complex situations.

C. PEOPLE WHO ARE BLIND OR HAVE LOW VISION

Speak to the individual when you approach, and state clearly who you are.

Talk naturally and directly, without shouting.

Do not start to lead a person who is blind without asking. If he or she wants the assistance, the person may want to hold your arm and control his or her own movements.

Remember that a service animal is not a pet. Never touch, pet, distract or feed a service dog without first asking the owner.

Tell the person when you are leaving.

D. PEOPLE WHO HAVE SPEECH DISABILITIES

Be prepared to spend a little extra time to understand what the person is saying.

Listen carefully. Repeat what you think you understand and ask for clarification of what you don't understand.

If you don't understand something, don't pretend that you do, and don't complete the person's thoughts or sentences on your own. Ask questions, preferably those that can be answered with brief responses or nodding of the head.

If you're having trouble communicating, consider using writing or a computer terminal, but only if the individual agrees that it would be useful.

E. PEOPLE WITH COGNITIVE DISABILITIES

Use short sentences and concrete, simple words.

Offer assistance with and extra time for completing forms, understanding instructions or making decisions. But don't "over-assist" or be patronizing.

Be patient, flexible and supportive. You may need to allow some extra time for the person to process what you're saying and respond.

Consider moving to a quieter or more private location if you are in an area with many distractions.

F. PEOPLE WITH PSYCHIATRIC DISABILITIES

Provide information with respectful, clear, calm language and tone.

If a person is confused, don't give multiple directions or ask multiple questions. Ask or state one thing at a time.

Be empathetic and reassuring. Show that you have heard the person and care about what they have told you.

If the person becomes agitated, help him or her find a quiet corner away from the confusion.

Don't talk down to the person, and don't yell or shout.

Have a forward-leaning body position, which shows interest and concern.



When talking with someone with a speech disability, repeat what you think you understand and ask for clarification, if necessary.

A photograph showing a man in a black wheelchair with a purple frame being lifted into the back of a white van. The van's rear doors are open, and a hydraulic lift platform is extended. The man is wearing a light blue button-down shirt and is looking towards the van's interior. The lift has a red and white circular warning sign. The van is parked on a dark asphalt surface. In the background, there are bare trees and a cloudy sky. A purple text box is overlaid on the left side of the image.

SECTION 5. FACILITIES

Flat spaces and enough room to accommodate a lift are key to van-accessible parking.

HIGHLIGHTS

- Under the ADA, new construction and alterations must meet the accessibility standards of the Department of Justice. New standards—more extensive and in some ways stricter than the original ones from 1991—were issued in September 2010 and must be followed starting in 2012. Both the 1991 and 2010 standards address access for people with mobility or dexterity disabilities, those who are blind or have low vision, and those who are deaf or hard of hearing.
- If a nonprofit alters a space that serves a “primary function” such as a reception area or a room where classes or counseling sessions are held, not only does that space have to meet the standards, but the “path of travel” to it also has to be made accessible. This includes, for example, access from the parking lot to the entrance and the restrooms and drinking fountains serving the area. The path-of-travel work can be capped at 20 percent of the alteration.
- In addition, nonprofits must remove architectural barriers where it is readily achievable to do so. It is most important to ensure access from approach points such as parking into the building, to the areas where services or activities are offered, and to restrooms.
- Nonprofits that lease space should attempt to find accessible space or to arrange for space to be made accessible before they lease it. They share responsibilities with landlords to ensure that the space they already occupy is accessible.
- The regulations also say that accessible features must be maintained in operable condition. For example, broken elevators or lifts must be repaired promptly, snow must be removed from approach walks quickly, and boxes and other items should not block accessible doors, elevator buttons and accessible toilet stalls.
- If a building or part of a building is not accessible or cannot be made accessible, a nonprofit still has an obligation to deliver services to those who don’t have access. Alternate means of providing services should emphasize ways that promote integration and dignity.

As outlined in Section 2.b, the ADA has specific requirements for new, altered and existing buildings. If your organization builds or alters a facility or if alterations are made to a space that you use, you must follow the ADA’s new construction and alterations requirements for all areas of the building or facility, even those areas in which the public is not served and those that are used only by employees.

In addition, you must remove architectural barriers to the extent doing so is “readily achievable” in those areas that are open to the public.¹⁵ The requirements for barrier removal are more lenient than those for new construction and alterations.

A. NEW CONSTRUCTION

The ADA standards for new construction apply to buildings and facilities constructed and first occupied after the ADA was in effect. The standards are included as part of the DOJ regulation, and they address access for people with a variety of disabilities such as those affecting mobility, hearing and vision.



For almost 20 years, the original DOJ regulations issued in 1991 applied under title III of the ADA. As to new construction, the 1991 regulations and standards (<http://www.ada.gov/stdspdf.htm>) governed all buildings that were subject to the ADA and constructed since

Jan. 26, 1993. On Sept. 15, 2010, the Department of Justice updated its regulations and finalized its new accessibility standards (2010 regulations or 2010 standards: <http://edocket.access.gpo.gov/2010/2010-21824.htm>, <http://edocket.access.gpo.gov/2010/pdf/2010-21824.pdf> and <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm>). The new standards require a higher level of accessibility than the 1991 standards. Starting 18 months after the new regulations' publication, on March 15, 2012 ("compliance date"), new construction must comply with the new standards. Until then, a nonprofit can choose whether to comply with the 1991 standards or the 2010 standards in new construction. (The same choice applies to alterations, discussed in Section 5.b.)



Revised standards for new construction, issued in 2010, bring significant changes in areas such as reach

ranges, single-user toilet rooms, accessible parking, entrances, employee work areas, urinals, and service and sales counters. They also extend coverage to exercise facilities; play areas; fishing, golf and miniature golf facilities; swimming pools; and wading pools. The DOJ website summarizes the changes at http://www.ada.gov/regs2010/factsheets/2010_Standards_factsheet.html and offers a more detailed discussion of the changes at http://www.ada.gov/regs2010/titleIII_2010/reg3_2010_appendix_b.htm.

The standards affect almost all areas and elements of a building including parking spaces, accessible routes (interior and exterior), entrances, signage, elevators, doors, toilet rooms, controls and operating mechanisms, alarms, seating, protruding objects, telephones, ATMs, dining areas, medical care facilities, counters, libraries and transient lodging (sleeping areas).

HOW DOES A NONPROFIT CHOOSE WHICH STANDARD TO FOLLOW (THE 1991 OR 2010 STANDARDS) FOR NEW CONSTRUCTION AND ALTERATIONS FROM SEPTEMBER 2010 TO MARCH 2012?

Consider several factors carefully.

- > As of March 15, 2012, you must comply with the 2010 standards for new construction and alterations (for more about alterations, see Section 5.b).
- > Until then, you have a choice of the two standards.
- > During the transition, you can't choose to follow one standard for part of a building and another standard for another part. All alterations to a building during the transition must follow the one standard you choose.
- > One purpose of the 2010 standards was to harmonize the federal requirements with state requirements. In about half the states, new construction and alterations already have to comply with a state code that is very similar to the 2010 standards. If you are in a state that has adopted the 2003 or 2006 International Building Code (including the accessibility standards of the American National Standards Institute, A117.1-2003), then when you build to your state requirements, you will be following most of the federal requirements already.
- > You may want to consider the type of building and the types of alterations you contemplate before the compliance date.
 - An auditorium or theater with tiered seating would have to follow more stringent requirements under the 2010 standards (in most respects) than under the 1991 standards.
 - If you alter a single-user toilet room, in many cases the 2010 standards would require increased floor space compared to the 1991 standards.
 - Both the 1991 and 2010 standards generally require that when existing elements and spaces of a facility are altered, the alterations must comply with new construction requirements. But the 2010 standards include a new exception to the scoping requirement for visible alarms in existing facilities: Visible alarms must be installed only when an existing fire alarm system is upgraded or replaced or a new fire alarm system is installed.



The City of Chicago building code is generally consistent with the new standards.

Some examples of accessible spaces, elements and features that would typically be needed in buildings that house nonprofits include:¹⁶

- > Accessible parking: with spaces that are close to the building and are relatively flat, with enough space to open the car doors and exit (including van-accessible spaces that accommodate a lift on a van). Sec. 4.6 (1991), sec. 208 (2010). Generally 2 percent to 4 percent of the spaces provided must be accessible. Sec. 4.1.2(5) (1991), sec. 208 (2010).
- > Accessible routes: at least 36 inches wide with a smooth surface, with at least one accessible route connecting all accessible spaces in the facility, from the outdoor walks and parking (including gently sloped curb ramps). People who use wheelchairs or other mobility aids or walk with difficulty need a wide, level surface. People who are blind or have low vision need a path free from low-hanging (under 80 inches) signs or other obstructions and free of protruding objects that canes cannot detect. Secs. 4.1.2(1) – 4.1.2(4), secs. 204, 206, Chapter 4 (2010).
- > Accessible entrances and interior doors: with a 32-inch clear opening (36-inch wide door) and adequate maneuvering space on the side of the door next to the door hardware (so that people with mobility disabilities can be out of the way of the swing of the door), and lever hardware or other hardware that doesn't require tight grasping or twisting of the wrist. Sec. 4.1.3(7-9) (1991), secs. 206.4, 206.5, 207, 404 (2010).



The Access Board's website has a detailed comparison of its 2004 ADA Accessibility Guidelines, which were adopted as part of the 2010 standards, and the 1991 standards: <http://www.access-board.gov/ada-aba/comparison/>.

- > Accessible warning signals: If audible emergency alarms are provided, visible ones should be provided for people who are deaf or hard of hearing. If visible warning systems are provided, audible alarms should be provided for people who are blind or have low vision. Sec. 4.1.3(14) (1991), sec. 215 (2010).
- > Accessible restrooms: with turning space for a person in a wheelchair (60-inch diameter), at least one stall with appropriately placed grab bars, a toilet and other features (toilet paper, coat hook, etc.) in accessible locations; and with



Accessible bathrooms offer enough room for a person in a wheelchair to turn easily.

accessible lavatories, paper towel dispensers, mirrors, etc. Sec. 4.1.3(11) (1991), sec. 213 (2010).

- > Directional signs and signs indicating accessible features such as restrooms and phones (including in large print and Braille). Sec. 4.1.3(16) (1991), sec. 216 (2010).
- > In "assembly areas," accessible seating and assistive listening devices. Sec. 4.1.3(19) (1991), secs. 36.406(f), 216.10, 219, 221 (2010).
- > Lowered counters at places where clients are greeted or assisted, in reach of people of short stature or those who use wheelchairs or similar devices. Sec. 7.2 (1991), sec. 227.3 (2010).
- > In shelters, accessible sleeping areas, food service areas, toilets and lockers. Sec. 9 (1991), secs. 36.406(d), 233, 809 (2010).
- > Accessible displays of information such as pamphlets or brochures or exhibits, e.g., within reach of people using wheelchairs or walkers or who are of short stature. Secs. 4.1.3(12) and 4.1.3(16) (1991), secs. 216 and 225 (2010).
- > Accessible drinking fountains and phones (lowered and with clear floor space, phones with TTYs). Secs. 4.1.3(10) and 4.1.3(17) (1991), secs. 211 and 217 (2010),

If the space that you use is in a building that was constructed after January 1993 and before September 2010, it is recommended that you verify that it conforms to the 1991 standards for new construction. (See the text box on page 26 about how to choose a standard between September 2010 and March 2012.) Depending partly on the nature of the building and your resources, you can use a checklist that covers the highlights of the 1991 standards or the more detailed and extensive checklist from the U.S. Access Board. Remember that state and local codes may also apply. You must comply with

the strictest provisions of all applicable codes. Remember that buildings constructed on or after March 15, 2012, must comply with the Department of Justice's 2010 standards. The Access Board and DOJ can be expected to develop new checklists for measuring compliance with the 2010 standards.



Recommended checklists for new construction under the 1991 standards:

- > Accessibility Checklist from the ADA Center (DBTAC)—Northwest, Revised January 2008: http://www.dbtacnorthwest.org/_public/site/files/Checklist_FullPage_IHDI_MSPub2003_DBTAC.pdf
- > Americans with Disabilities Act Accessibility Guidelines Checklist for Buildings and Facilities, 1992: <http://www.access-board.gov/adaag/checklist/a16.html>.

Exemptions: Elevators are the most common way to provide access in multistory buildings, and generally, elevators are required between stories. However, title III exempts most buildings used by public accommodations from that requirement if they have only two stories. The “elevator exemption” is not available for certain buildings including those that have 3,000 square feet or

more per floor and those that house an office of a health care provider such as a clinic or hospital. The only other exemption—a very narrow one—is for “structural impracticability,” which can be invoked only in rare and unusual circumstances.

If a nonprofit uses either of these exemptions, it must still:

- > Meet the standards in all other respects.
- > Make services available and accessible to people with disabilities according to other ADA principles.

For example, a nonprofit group may build a two-story building without an elevator, with its only meeting room on the second floor and with restrooms on both floors. In that case, it must ensure that it has meetings with people with mobility disabilities at a location on the accessible first floor or in another accessible location and that all the restrooms—even those on the inaccessible second floor—meet the standards.

B. ALTERATIONS

The ADA alterations standards apply to alterations undertaken after the effective date of the ADA. The original regulations, issued in 1991, including the 1991 standards, applied to alterations undertaken after Jan. 26, 1992 (<http://www.ada.gov/stdspdf.htm>). Starting March 15, 2012,

IF YOU ARE BUILDING A NEW BUILDING OR ALTERING AN EXISTING SPACE:

- > Put language in your contracts requiring architects, builders and contractors to comply with the ADA standards.
- > Specify whether you require the 1991 standards or the 2010 standards, which MUST be followed starting March 15, 2012. (See beginning of Section 5.a.)
- > Attach the standards to the contracts.
- > If your budget allows, arrange for an accessibility specialist (preferably an architect) to review your plans.
- > Check after construction, preferably using an accessibility consultant or architect, to be sure that the building complies.

Remember that receiving plan approval, a building permit or a certificate of occupancy from a code official does not constitute “certification” of ADA compliance.



The Mayor's Office for People with Disabilities for the City of Chicago reviews plans for compliance with the accessibility chapter of the Chicago Building Code prior to granting building permits. Reviews are by appointment and for a charge. For more information on plan reviews or MOPD's technical-assistance efforts, visit <http://www.cityofchicago.org/city/en/depts/mopd/provdrs/comply.html> or call 312.744.4441. The city has made every effort to ensure that the CBC is consistent with the ADA.

alterations subject to title III must comply with DOJ's new standards, which you can view at <http://edocket.access.gpo.gov/2010/2010-21824.htm> and <http://edocket.access.gpo.gov/2010/pdf/2010-21824.pdf>. Until then, a nonprofit can choose whether to comply with the 1991 standards or the 2010 standards when undertaking alterations. See the text box in Section 5.a on page 26 for guidance in making that choice.

Under both standards, each element or space that is altered must follow the ADA standards to the maximum extent feasible. Where alterations are undertaken and it is not “feasible” to comply with the new construction requirements for restrooms, ramps and some other features, the standards afford some flexibility.

- > Platform lifts can be used as part of an accessible route without having to meet the conditions applicable in new construction.
- > Ramps can be somewhat steeper (within limits, and only where space limitations dictate).
- > Where it is not possible to make toilet rooms for both sexes accessible in alterations, an accessible unisex bathroom in the same area can be provided.

An additional requirement kicks in if you alter a “primary function area,” which is any space where a major activity takes place such as classes or meetings, counseling sessions, recreation programs, child care and other services to the public. If you alter one of these areas, you must make it accessible, but you must also provide an accessible “path of travel” to that area. The path of travel includes:

- > a route connecting the altered space to the entrance and approaches to the building.
- > the restrooms serving the altered space.
- > the drinking fountains and public phones serving that area.



PATH OF TRAVEL

Don't forget the path-of-travel requirement. It is sometimes overlooked because many state and local codes don't include it.

Q AND A

If only the first floor of a building is accessible, why are accessible bathrooms and drinking fountains required on the second floor when there is no way that an individual using a wheelchair can get to the second floor?

There are many individuals who can walk up stairs by using crutches, but then use wheelchairs to get around once they reach the upper floor. Also, since the ground floor is being designed to be accessible, there is little additional cost involved in designing the second floor to be accessible as well. In addition, [the standards contain] accessibility features for individuals with disabilities other than those who use wheelchairs, and those features should be incorporated in building design. Finally, an elevator may be installed at a future date, or an addition with an elevator may be added later on. In addition, accessible design of bathroom facilities will foster ease of use by all people.

Answer from DOJ's Title III Technical Assistance Manual, 1993, section III-5.4000, <http://www.ada.gov/taman3.html>.

Limits: You're not required to spend more than 20 percent of the cost of the original alteration on the path-of-travel requirements.

NEW Under the 2010 standards, there is a path of travel “safe harbor” for buildings when the path-of-travel requirements are triggered by an alteration. It applies when the facility that is altered was in compliance with the 1991 standards before alterations. In that case, the entity does not have to retrofit elements of the path of travel to reflect incremental changes in the 2010 standards. In other words, in most cases, the path-of-travel requirements won't require further changes to a building that complies with the 1991 standards. Consult the standards about which elements can benefit from the safe harbor. See DOJ 2010 standards, sec. 36.403, at <http://edocket.access.gpo.gov/2010/2010-21824.htm>.

C. REMOVING ARCHITECTURAL BARRIERS IN EXISTING FACILITIES

The ADA requires removal of physical barriers to access when doing so is “readily achievable,” which means easily accomplishable without much difficulty or expense.

A building or space that you use or own probably has some architectural barriers, particularly if it was built before 1993. These may include narrow doors, steps at entrances and round door knobs that are difficult to grasp. To ensure equal opportunity for people with disabilities, it is often essential to remove barriers by, for example, installing an entrance ramp or automatic doors, ramping a curb, designating accessible parking spaces, installing signs usable by people with vision disabilities, insulating lavatory pipes under sinks or lowering counters. The diagram on page 31, from DOJ’s “Common Questions: Readily Achievable Barrier Removal,” shows some examples that would be readily achievable for most nonprofits.

DOJ recommends developing an implementation plan for compliance with the barrier-removal provisions and an ongoing method of assessing compliance. As a matter of good practice, and to the extent your resources allow, the plan should include a list of significant access barriers (created after a survey of the building), a schedule for removing them, and a description of the methods used to identify and prioritize barriers.

An element that does not comply with the alterations provisions of the standards for that element is considered a “barrier.” For example, a typical round knob on a door that should be accessible would be a barrier because it requires tight grasping, pinching or twisting of the wrist to operate, contrary to the provisions of the standards. Changes undertaken as part of a barrier-removal effort should comply with the standards.

According to the 2010 regulations, between Sept. 15, 2010, and March 14, 2012, nonprofits must remove barriers (to the extent readily achievable) so that elements in existing facilities that do not comply with the requirements for those elements in the 1991 standards meet either the 1991 standards or the 2010 standards. After that date, barriers must be removed to comply with the 2010 standards.



The 2010 regulations provide a “safe harbor” for elements that comply with the

Q AND A

What if I’m not able to remove barriers at this time due to my financial situation? Does that mean I’m relieved of current responsibilities?

No. When you can demonstrate that the removal of barriers is not readily achievable, you must make your goods and services available through alternative methods, if undertaking such methods is readily achievable. Examples of alternative methods include having clerks retrieve merchandise located on inaccessible shelves or delivering goods or services to the customers at curbside or in their homes.

I have a portable ramp that we use for deliveries. Can’t I just use that?

Yes, you could, but only if the installation of a permanent ramp is not readily achievable. To promote safety, a portable ramp should have railings and a firm, stable, nonslip surface. The slope should not exceed 1 to 12 (one unit of rise for every 12 units horizontal distance). It should also be properly secured, and staff should be trained in its safe use.

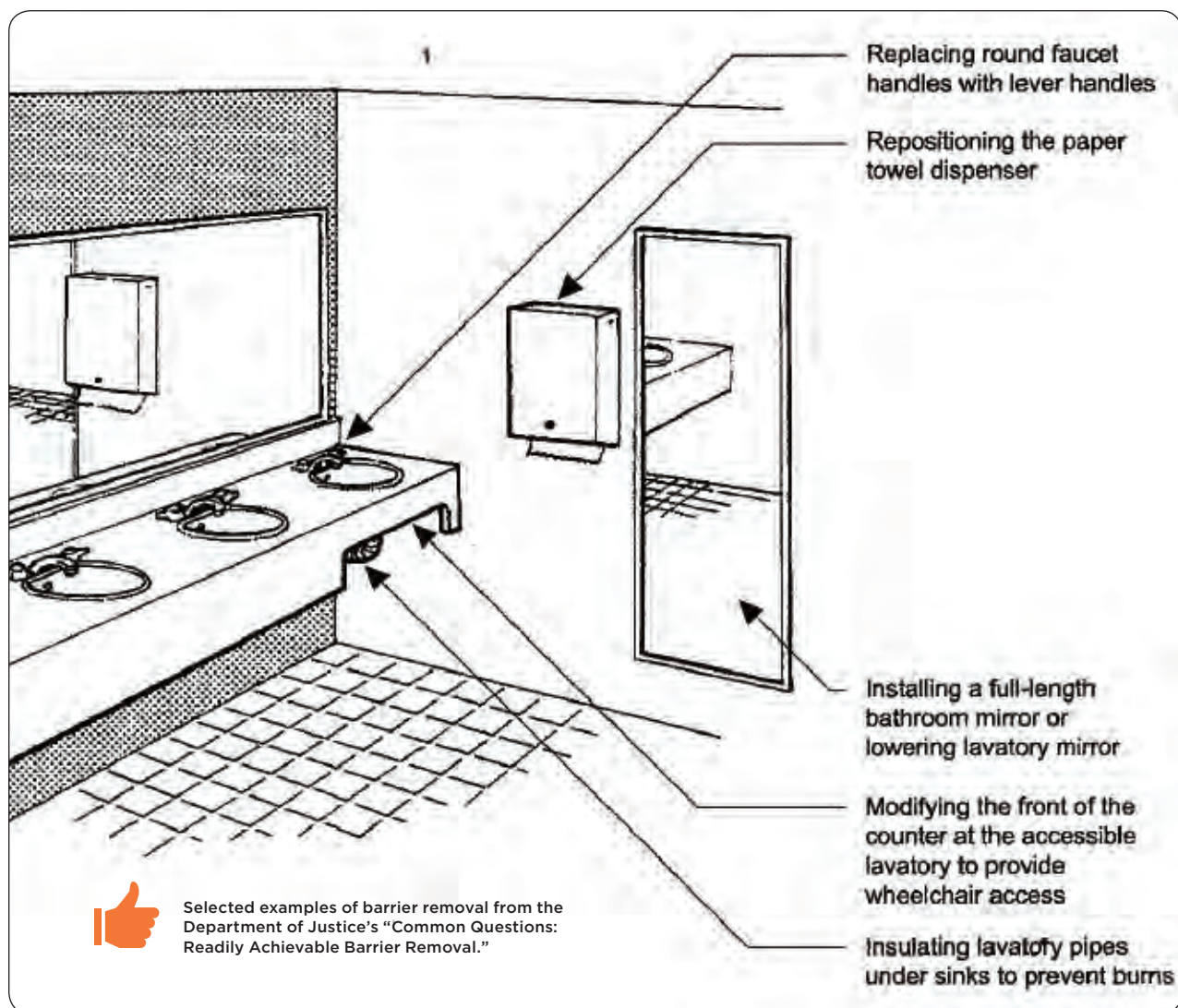
Answers from DOJ’s ADATA Technical Assistance Update, Questions and Answers: Readily Achievable Barrier Removal, <http://www.ada.gov/adata1.pdf>.

Where can I rent or buy a portable ramp?

In Chicago, try Handi-ramp at 847.816.7525. One national company is Amramp at 800.649.5215. Your local Center for Independent Living may also have suggestions.

1991 standards. If those elements comply with the 1991 standards, they do not have to be modified to meet the 2010 standards just for the sake of barrier removal.

For example, both standards set maximum reach ranges for controls and operating mechanisms, light switches, electrical outlets, thermostats, fire alarm pull stations, card readers, and keypads, so that the controls can be used and operated by people in wheelchairs or other mobility devices and people of short stature. With some exceptions,



the 1991 standards set the maximum height for controls that can be reached by a side reach at 54 inches above the floor or ground; the 2010 standards, at section 308.3, lower that maximum height to 48 inches. Starting on March 15, 2012, you will have to measure whether something is a barrier or not by the 2010 standards. Those controls, if they haven't been modified, would have to then be modified to the 2010 standards, if doing so is readily achievable.

This probably makes it advisable to lower any such controls to 54 inches or less, if reachable from a side approach, before March 15, 2012. If a control remains beyond reach after that date, it will have to be lowered to 48 inches, according to the new regulations. Controls that are already at 54 inches and subject to side reach do not have to be lowered to 48 inches before that date, and benefit from the safe harbor after that date.

Note that this safe harbor does not apply to elements for which there are no standards in the 1991 standards such as residential facilities, dwelling units and play areas. DOJ lists these in the 2010 regulation at section 36.304(d)(2)(iii).

Remember that you have only until March 2012 to remove barriers under the 1991 standards. You should start now to assess barriers under those standards, and remove any that are readily achievable to remove.

Recognizing that you may not have adequate resources to remove all barriers at once, the Department of Justice regulation recommends that you address the following priorities in order:

- > Get people "in the door," providing access from public sidewalks, public transportation, or parking to and through the entrance.

FURNITURE AND EQUIPMENT



Barrier removal also applies to furniture and equipment, even to features that aren't covered by the new construction and alterations standards, which include specific provisions only for certain types of fixed equipment. The appropriate standards for similar items should be followed for barrier removal (e.g., standards for fixed tables could be used as guidance for movable tables). In July 2010, the Department of Justice announced its intention to regulate equipment and furniture under the ADA and asked for comment on an advance notice of proposed rulemaking (http://www.ada.gov/anprm2010/equipment_anprm_2010.htm). It mentioned certain areas of concern including medical equipment and furniture, as well as electronic and information technology including point-of-sale devices, kiosks and ATMs.



The City of Chicago is committed to providing accessible curb cuts throughout the city. If you have any concerns about curb cuts serving your building, you can call 311, the city's phone number for non-emergency services, to request that curb cuts be altered.

- > Provide access to areas where you serve the public such as your service counter, rooms where you counsel clients, sleeping areas in shelters, and rooms where meetings or classes are held. Keep in mind barrier removal covers movable objects like furniture (chairs, dining tables), equipment and other items that may not be addressed in the standards.
- > Improve access to restrooms if provided for public or client use even if they are not usually open to the public or clients and are used by them only occasionally.
- > Remove barriers in remaining areas and elements. For example, lower telephones so that they can be used by persons in wheelchairs.

One excellent barrier-removal checklist was developed for the Department of Justice's

technical-assistance program and is available on its ADA website at <http://www.ada.gov/checkweb.htm>. Remember that the checklist applies to barrier removal under the 1991 standards, and nonprofit organizations should not use the checklist after the compliance date of March 15, 2012.

The Institute for Human Centered Design (formerly Adaptive Environments Center, which developed this checklist) is developing a barrier-removal checklist based on the 2010 standards with a grant from the National Institute on Disability and Rehabilitation Research. A sample page from the draft checklist, which is still under development, is on the next page. The checklist will be available by March 1, 2011, at <http://www.new-englandada.org>.

When you have resources to remove barriers, you are expected to do so. If your income dips or demand for services increases, barrier removal may be reduced or delayed. But barrier removal is a continuing obligation, so barrier removal that was not at one time readily achievable may become so if your financial circumstances improve.

If you are not able to remove all barriers, you must find an alternate way of delivering services. For example, you may have volunteers in a food pantry or thrift shop retrieve merchandise located on inaccessible shelves or deliver goods or services to clients in their homes (for example, to assist a person in applying for benefits). Of course, getting into a facility is generally preferable to any alternative arrangements for efficiency of service delivery and to maintain the dignity of people with disabilities.

When you undertake to remove a barrier, you should follow the alterations provisions of the ADA standards. (See the discussion earlier in this section about how barrier removal is affected by the 2010 standards.) You may deviate from the standards when full compliance is not "readily achievable," but not if the measures you plan to take would pose a risk to anyone's health or safety.

If not all entrances or restrooms are accessible, post signs at the inaccessible entrances or restrooms directing visitors to the closest accessible ones.

Physical access is not just about mobility disabilities. Also check for protruding objects, which can be hazards to people who are blind as well as others. Provide visual alarms for people who are deaf or

| Priority 3 - Restrooms | | Comments | Possible Solutions |
|--|---|--|---|
| 3.1 | If restrooms are available to the public, is at least one restroom accessible? (Either one for each sex, or one unisex.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div>Photo #:</div> <ul style="list-style-type: none"> • Reconfigure restrooms • Combine restrooms to create one unisex accessible restroom |
| 3.2 | Are there signs at inaccessible restrooms that give directions to accessible restrooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div>Photo #:</div> <ul style="list-style-type: none"> • Install signs |
| Accessible Route (2010 Standards – Chapter 4) | | | |
| 3.3 | Is there a route to the accessible restroom(s) that does not include the use of stairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div>Photo #:</div> <ul style="list-style-type: none"> • • |
| Signs at Restroom (2010 Standards – 703) | | | |
| 3.4 | Do text characters contrast with their background, i.e. light text on dark background or dark text on light background? Are text characters raised? Is there Braille? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <div>Photo #:</div> <ul style="list-style-type: none"> • • |

hard of hearing and signs that can be understood by people who are blind or have low vision.

D. SERVICES HOUSED IN BUILDINGS LEASED FROM OTHERS

1. Barrier removal and alterations

As a nonprofit, you might not own the building or buildings in which you operate. But you are still subject to the barrier-removal and alterations requirements.

You and your landlord share responsibilities for barrier removal. Your lease may allocate those responsibilities, but remember that the lease will

not relieve either of you from your liability under the ADA, according to DOJ. Also keep in mind that you, as a tenant, will most likely have responsibility for handling those things that aren't addressed in the standards such as adapting or moving furniture or equipment including nonfixed shelves, tables, desks, chairs and vending machines.

A tenant and a landlord also share responsibilities for complying with the alterations standards. Again, the lease may indicate who can alter which spaces. Usually, the landlord alters the areas shared by all tenants, and the tenant alters the space it exclusively uses, sometimes with the landlord's permission required. Generally, if a

IF YOU DON'T OWN YOUR BUILDING:

- > You should still make changes to the portions over which you have authority.
- > Ask the landlord to make changes to other areas.
- > Document the response and keep the documentation.
- > If you can't make your current space accessible, consider locating to a different space when the lease is up, but take steps to do so well in advance of the lease expiration.
- > If you use more than one location and some of those locations are not accessible, be prepared to let your clients know which are accessible.

IF YOU'RE LOOKING FOR NEW SPACE TO RENT:

- > Start the process as far as possible in advance to increase the likelihood that you'll find accessible space and/or have time to ensure accessibility changes before occupancy.
- > Use a barrier-removal checklist in advance to assess the building.
- > Take into account anticipated expenses for barrier removal that you'll face once you're in the space.
- > Clarify responsibilities (yours and the owner's) in the lease for alterations and barrier-removal compliance.
- > Get a commitment from the owner to provide at least an accessible entrance and, if possible, automatic door openers.
- > Include provisions in the lease agreement specifically requiring the owner to maintain accessible features in areas the owner controls such as parking (keeping accessible parking and curb cuts free of snow), accessible routes, automatic door openers and elevators.
- > If you can't find accessible space, consider how you will provide services in an alternate way.

tenant alters a space or element, it is responsible for complying with the alterations standards for that space, as well as the path-of-travel requirements.¹⁷ See Section 5.b.

2. Leasing new space or renewing a lease

You also need to consider ADA requirements if you are looking for new space to rent. Although there is no mandate to search for and lease only accessible space, you will have responsibilities to follow the barrier-removal and alterations requirements in the new space. It makes sense then to try to find accessible space or a facility that would not require extensive changes to make it accessible, so that you will have fewer barrier-removal obligations in the new location.

Some guidance on the extent of the site-selection obligation can be gleaned from recent DOJ settlement agreements that have imposed specific requirements on businesses. They require an advance evaluation of a new site for compliance with the standards. That assessment includes evaluation of (1) the parking and accessible routes to and through the entrance, and (2) the interior portions of the building or facility to be used by the entity including the areas where the primary functions are carried out, accessible routes and toilet rooms. See <http://www.ada.gov/subwayrest.htm>, which is an agreement with a restaurant franchise, but lays out general principles that apply here.

You can also facilitate barrier removal when negotiating a new lease or renewal of a lease. Try to get the landlord's agreement in the lease to modify, at the landlord's expense, the area over which the landlord has exclusive authority and control for ADA compliance. These areas commonly encompass many of those listed earlier as priorities for barrier removal: the entrance, parking, exterior and interior routes, and rest rooms. If you, as a tenant, have authority and control over any of those areas, you should make good-faith efforts to seek lease provisions allowing you to make modifications if the landlord fails to do so and stating that for any physical changes the landlord will not withhold consent unreasonably. (See the same agreement.)

E. MAINTENANCE OF ACCESSIBLE FEATURES

Once you make sure that your building and service areas are accessible, you have a responsibility to make sure that they stay that way, and that they don't become blocked or restricted

because equipment becomes inoperable or obstructions are placed in the way. You must maintain accessible equipment and features such as elevators, lifts and automatic doors. Isolated instances of access due to maintenance or repair are acceptable, but those instances should be monitored and of short duration.

The same diligence should be paid to outside routes and parking spaces. In the winter, be sure to clear sidewalks and curb cuts of snow as quickly as possible, and if snow is dumped onto the accessible routes or curb cuts, take action promptly to report and remedy the problem. If construction is planned or under way at the exterior of your building, you should make every effort to ensure that access routes are not blocked and to let visitors know (in advance, if possible) if there will be any temporary interruptions to access and the locations of any temporary accessible entrances or parking.



Post signs directing visitors to accessible features such as entrances and bathrooms.



DOJ has an excellent checklist for maintenance of accessible features developed for retail establishments, with 25 questions with “yes or no” answers. Visit Expanding Your Market: Maintaining Accessible Features in Retail Establishments at http://www.ada.gov/business/retail_access.htm.



In your maintenance contracts for elevators and lifts, include time frames for repair. For example, require that requests for repair, which you should place promptly, are answered within 12 hours. Relocate services or deliver them in alternate ways in the meantime.



It is important to keep accessible routes clear of boxes, chairs, waste baskets and other objects. This same caution applies to elevator buttons, which should not have trash receptacles or potted plants in front of them, and accessible toilet stalls, lavatories and counters, which should not be used for storage. If you close some entrances at certain hours, be sure to keep the accessible entrance open.

NEXT STEPS TO FACILITY ACCESS

STEP 1. Incorporate accessibility into your long-range planning and as a line item in your budget because it is a cost of doing business.

STEP 2. Regularly assess the buildings and facilities you use to determine whether there are barriers to access.

STEP 3. Develop a barrier-removal plan with details about which barriers you will remove, and how and when you will remove them. Document the process you used to reach your decisions, and include the cost of removal as well as any reasons for not removing all barriers (cost or other factors).

STEP 4. Implement the plan promptly. Remove barriers where it is readily achievable. It's best to do this before March 15, 2012, when new accessibility standards become effective.

STEP 5. Reassess barrier removal periodically because the space you occupy, the way you use it or your resources may change. Again, document and implement.

STEP 6. If you lease space or when you renew your lease, work with the landlord to do a similar evaluation.

STEP 7. Become familiar with the new accessibility standards from the Department of Justice (2010 regulations and 2010 standards) issued in 2010. They apply to new construction and alterations and are a reference point for barrier removal as well. Consider carefully which ones to use and when for new construction, alterations and barrier removal.

STEP 8. Make sure any new construction or alteration you do before March 15, 2012, meets the 1991 standards (or choose the 2010 standards between now and that date). Make sure any new construction or alterations after that date comply with the 2010 standards. State that requirement in your contracts. If possible, have an ADA consultant review your plans and the completed work. Some city agencies including the City of Chicago may do a pre-permit plan review upon request for a fee.

STEP 9. If you do any alterations, be sure to keep the path-of-travel requirements in mind. In many instances, they require that you make alterations beyond the space that you alter.

STEP 10. Closely monitor the working condition of elevators and lifts, and report breakdowns promptly. Include specific time frames for response in service contracts.

STEP 11. If you can't make your space accessible or haven't yet implemented your plan to do so, you must find alternate ways of delivering services. An inaccessible building or space should not stand in the way of an individual's access to your activities or services.

Step 12. Be sure your staff and volunteers who interact with the public at your building are familiar with the building's accessible features and can convey accurate information to visitors and clients. Use Template D: Accessible Features of _____ Building.

There are a number of sign languages used in the United States. The most common are American Sign Language and Signed English.

SECTION 6. COMMUNICATION

HIGHLIGHTS

- The ADA requires that nonprofits ensure “effective communication” with people who have disabilities relating to vision, hearing and speech. This means that, when necessary and not an undue burden, you must provide appropriate “auxiliary aids and services.” These include interpreters or exchange of notes for people who are deaf, alternate formats such as Braille, large-print or electronic documents for people who are blind or have low vision, and the use of speech communication boards or relay services for people who have speech disabilities. Some of these can also benefit people with cognitive disabilities.
- The appropriate auxiliary aid or service is determined by a number of factors including the setting such as a small meeting or large event, a face-to-face interview, a phone call, a video, a website or a mailing. If no reservation is required for a meeting or event, you should generally have alternate formats and interpreters and/or CART available. In other cases, the individual should make a request and you can decide whether the particular aid requested is appropriate. The choice of auxiliary aid will depend on the situation: its content, duration and complexity; the individual’s preference; and the cost and difficulty of various alternatives.
- A nonprofit cannot charge for an auxiliary aid or service.
- This section explores various types of communication and auxiliary aids. It should be read together with the Glossary, which includes more details about most of the auxiliary aids covered. The Resources section can help you implement the recommendations.

You’ve heard it before: Communication is the key to success. Under the ADA, effective communication with people with disabilities is one key to providing successful and equal access to services.

A. OVERVIEW

The ADA requires that nonprofits and other public accommodations ensure that communication is effective and that “auxiliary aids and services” (summarized in Section 6.b, on the next page) be provided to people with vision, hearing or speech impairments, as necessary.

One purpose of this requirement is to ensure that widely distributed, general information is available to people with all types of disabilities. This means, for example, that:

- > Nonprofits should ensure that brochures and mailings about programs are available in alternate formats (large print, audio recording, Braille, electronic format) for people who are blind or have low vision.

- > At a meeting or other event open to the public without reservations, interpreters should be available for people who are deaf or hard of hearing (with notice by the person with a disability required in some situations).
- > Information on bulletin boards or in handouts at your location should be available to people who are blind through alternate formats or by having staff read the information aloud if it is not lengthy or complex.
- > DVDs and video tapes that you produce should be captioned for people who are deaf or hard of hearing.

Example: A nonprofit prints a brochure with information about summer art and recreation classes. It mails the brochure to local addresses and posts it at libraries and other community locations. This information should be available in formats that are accessible to people who are blind or have low vision including large print and accessible electronic format. A Braille version should be provided on request.

INTERPRETERS

Don't assume that someone who accompanies a person who is deaf or hard of hearing will interpret for that person. Avoid using companions or family members as interpreters except in an emergency of short duration or at the request of the individual.

SURCHARGES

The ADA prohibits charging an individual for interpreter services, alternate formats for documents and other auxiliary aids.

In other situations, the means of communicating will need to be more precisely tailored to the individual and the setting. Sometimes you will not need to have auxiliary aids available or ready, but will need to provide them on request. For example:

- > For a scheduled face-to-face communication, you should find out the needs of an individual in advance and provide appropriate means of communication such as large-print materials for a person who has low vision and is applying for benefits.
- > A weekly one-on-one mental health counseling session with a person who is deaf and uses sign language will require either a counselor who uses sign language or a qualified interpreter who is comfortable with the situation. The interpreter should be scheduled in advance.
- > For unscheduled drop-in visits to your location or unexpected face-to-face communication, you may need both a short-term and longer-term approach. For example, it may be acceptable to write notes or use a keyboard for communicating with a deaf person who needs immediate information that isn't complex (and who agrees to this approach) and to schedule a later appointment to discuss more detailed information when an interpreter is present.

Electronic communication is also covered by the ADA. If you communicate using a website or e-mail, that communication must also be effective and accessible to everyone. See Section 9.i about the web and electronic communication.

IMPORTANT NOTE: As you read this section on communication, please consult the Glossary at the end of the guide. Many of the terms used here are defined and explained in detail in the Glossary.

The Resources section at the end of the guide also contains numerous resources that can be helpful in obtaining auxiliary aids and services.

B. DIFFERENT PEOPLE, DIFFERENT NEEDS: TYPES OF AUXILIARY AIDS AND SERVICES

There are many varieties of services, equipment and devices, and materials that are considered auxiliary aids and services. Determining what is appropriate in a particular situation will depend on a number of factors such as the needs of the person, the setting and the complexity of the information exchanged. Each individual communicates differently, so devices that work for one person who is blind, for example, will not work for another blind person.

Blind or low vision

Examples of auxiliary aids or assistance for people who are blind or have low vision include:

- > Information in large print, in Braille, on a computer disk or in an audio format, so that the client can read or listen to it.
- > Screen-reader software, magnification software and optical readers.



Magnification software is a useful auxiliary aid for people with low vision.

- > Assistance to the client in locating items or finding his or her way through your facility.

Deaf or hard of hearing

Types of auxiliary aids for individuals who are deaf or hard of hearing include:

- > For in-person communication: qualified interpreters (including through video remote interpreting, as highlighted in a text box on page 43), note-takers, gestures, printed information, exchange of written notes and keyboard systems such as a UbiDuo.
- > For telephone communication: handset amplifiers, telephones compatible with hearing aids, TTYs, videotext displays and TRS. See Section 6.c about telecommunications relay service.
- > For meetings and events: assistive listening devices and systems and CART (Communication Access Real-time Translation).
- > For videos and DVDs: closed-caption decoder on TVs, and open and closed captioning.



A communication board allows people with cognitive or intellectual disabilities to communicate through photos and symbols.

COMMUNICATION ACCESS REAL-TIME TRANSLATION

Communication Access Real-time Translation, or CART, is a service that can be helpful at hearings or meetings. An operator types what is said into a computer, and the typed words are displayed or projected on a screen. This approach benefits many people who are deaf or hard of hearing including those who don't use sign language or rely on lip-reading.

Speech disabilities

Means of communicating with individuals who have speech disabilities include:

- > Exchanging written notes.
- > Listening to words produced by speech synthesizers.
- > Reading words communicated by the client's communication board.
- > Using TTYs or computer terminals.
- > Using a telephone relay service called speech to speech, with an operator who is trained to assist in understanding someone with a speech impairment.

Cognitive or intellectual disabilities

Steps that can be taken to improve communication with people with cognitive disabilities or intellectual disabilities such as developmental disabilities or traumatic brain injury include:

- > Focus on providing clear information through photographs, graphic symbols, color and other supplements to words and repetition.
- > Train staff and volunteers to provide information clearly and to have patience with people who might not understand information in the way it is first presented.
- > Decrease noise or activity levels in the environment, as some people who have developmental or cognitive disabilities may be extremely sensitive to them.
- > Rephrase, simplify or break down concepts into smaller components.
- > Focus on one topic at a time.
- > Keep remarks short.
- > Show or demonstrate to reinforce information.

C. APPROACHES TO EFFECTIVE COMMUNICATION FOR MOST NONPROFITS

The type of auxiliary aid or service necessary in a particular situation will depend on the nature of the communication including its length and complexity. It will also depend on whether the communication is in writing, at an event such as a meeting or hearing, face to face, or by phone.

Here are some approaches that should work for most nonprofits:

- > Make basic written materials that are prepared for public distribution, including on bulletin boards and in brochures, available in accessible formats such as large print, Braille, audiotape and digital formats, i.e., via e-mail or screen-readable format (see the Glossary) on computer disk. Depending on the situation (e.g., if materials are distributed on a one-time basis or are lengthy and difficult to put into a particular format), you may require advance notice.



Consider making large-print documents in-house. See Tip Sheet 5: Making Information Accessible to People Who Are Blind or Have Low Vision.

- > For large public meetings, hearings and events that don't require registration, you should consider providing assistive listening devices, interpreters, real-time transcription services, and materials in large print and electronic format without requiring a request for these. For details on ensuring that meetings are accessible, see Section 8.

Q AND A



Where can I hire a sign language interpreter?

In the Chicago region, one source of information is the Chicago Area Interpreter Referral Services, 312.895.4300. Other resources are listed in the Resources section.

- > For smaller meetings or events that require reservations such as your organization's annual awards gala, you should be prepared to provide similar accommodations, but you may state in the publicity for the event that you will provide them on advance request (e.g., 72 hours' notice).
- > For scheduled client appointments, be prepared to offer similar accommodations on request. It generally is the individual's responsibility to request them.



If you have the resources, you might consider buying or sharing with another nonprofit or business nearby a keyboard communication device such as a UbiDuo. The device resembles two small basic computers. It is portable, easy to set up and use, battery operated, and wireless. The communication mimics text messaging or instant messaging. It allows a person who is deaf or hard of hearing to use written language to communicate without an interpreter. It is useful in a one-on-one situation, but with two sets of devices, up to



UbiDuos consist of two keyboards and monitors that allow people who are deaf or hard of hearing to communicate via written messages. Photo courtesy of sComm.

A text telephone, or TTY, helps people with hearing and speech disabilities to communicate by phone.



four people can participate. It can be used for walk-ins or for emergencies when an interpreter is not present or when note-writing would otherwise be acceptable but too slow. The UbiDuo is available from www.scomm.com.

- > Consider the ways in which you communicate by phone.
 - A TTY (see text box on this page) facilitates communication between people who are deaf or hard of hearing or have speech impairments and others, using a keyboard at each end of a phone line to type messages. Most nonprofits are not required to have a TTY, but if you communicate on an urgent basis by phone such as through a hotline or crisis line or do emergency intake by phone, you should have a TTY so that communication is immediate and in real time.
- Train your staff to treat all incoming silent calls as potential TTY calls, rather than hanging up. Sometimes there is a several-second delay before the connection is made, and you may have to hit the space bar on your TTY.
- All states offer free telecommunications relay services, or TRS. See Glossary. Train staff about how to use TRS, and emphasize that staff must be patient and receive and complete the call in a courteous way. Conducting a conversation by relay requires



A TTY is a text telephone (formerly called telecommunications device for the deaf or TDD) that some people with hearing or speech disabilities use instead of a standard telephone. This device has a keyboard for entering messages and a visual display to view text being entered by another person using a TTY.



TRS enables people who use telephones to communicate with people who use TTYs, video phones or similar technology. The variety of technologies is set out in the Glossary under TRS. See Tip Sheet 4: Communicating with TTYs and Telecommunication Relay Services.

- If you have an automated phone menu for accessing your services, provide a way to skip the menu so that a person with a disability that affects manual dexterity or the ability to respond quickly can talk directly with a staff person or volunteer.



DOJ's 2010 revisions require that voice mail or interactive response systems used by public accommodations

provide effective real-time communication with individuals using auxiliary aids or services.

- > If you use or produce videos, films or public service announcements, be sure that they are also provided in an alternate format (e.g., transcript, captions).

ONLINE ACCESSIBILITY

Remember the web. See Section 9.i for guidance on making internet and other electronic communication accessible.

D. FACTORS IN DETERMINING WHETHER A PARTICULAR MEANS IS EFFECTIVE OR REQUIRED

Several factors bear on whether a certain auxiliary aid or service is effective and/or required.

Context, duration and complexity

If you provide shelter and a meal at night for only a few people with no other services, only a limited amount of simple communication with your clients may be involved. You may be able to communicate with a woman who is deaf by using gestures, simple notes, or a board or card that has easily recognized symbols.

VIDEO REMOTE INTERPRETING

NEW

Through video remote interpreting, a sign language interpreter at another location appears via video conferencing technology on a computer screen or videophone.

Although this approach can be useful, especially when it is difficult in a particular area to find interpreters or there is only short notice of need such as in a medical emergency, it is only effective when properly configured and supported by a high-speed internet connection. The Department of Justice's 2010 revisions say that if VRI is used, a public accommodation must ensure it provides:

- > Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags; choppy, blurry or grainy images; or irregular pauses in communication.
- > A sharply delineated image that is large enough to display the interpreter's face, arms, hands and fingers, and the participating individual's face, arms, hands and fingers, regardless of his or her body position.
- > A clear, audible transmission of voices.
- > Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

Video remote interpreting helps people with hearing disabilities communicate. Photo by Mark Benjamin, National Technical Institute for the Deaf/Rochester Institute of Technology.



When more complex or lengthy communications are involved and the client uses sign language, it may be necessary to provide a sign language interpreter. In those cases, handwritten notes may not be adequate for a thorough, detailed exchange. These exchanges would include, for example, many health care situations (see Section 9.c) and mental health counseling sessions.

Some communications such as ones that have safety, health, legal or financial implications mandate that a nonprofit guard against misunderstandings, mistakes or omissions. In most cases, home visits for screening potential adoptive parents, intake at a domestic violence shelter or provision of legal services should not be conducted through written notes if the individual involved usually uses a sign language interpreter. A qualified interpreter should be provided.

The individual's preferred method of communication

Public accommodations should consult with individuals with disabilities whenever possible to determine what type of auxiliary aid is needed. You should take into account the individual's normal or preferred method of communication. For example:

- > Providing a sign language interpreter will not be effective for a person who became hard of hearing as an adult and does not understand sign language.
- > Providing a written transcript will not work for a person whose primary language is ASL (American Sign Language) if he or she doesn't read English well. See the Glossary regarding "interpreters" and "sign language."
- > Some people who are blind will require documents in Braille. Others do not use Braille and will need an electronic version of documents or will ask to have the documents read to them.

In many cases, more than one type of auxiliary aid or service may make effective communication possible. The organization can choose the accommodation as long as it is effective.

Example: A patient who is deaf makes an appointment at a clinic four days in advance for a routine visit. She brings a sign language interpreter to the appointment without prior consultation about the interpreter and says she will bill the clinic for the cost of the interpreter. The clinic is not obligated to comply with the unilateral determination by the

ABOUT INTERPRETERS

There are a number of sign languages (see Glossary) used in the United States. The most common are American Sign Language and Signed English. Individuals who use one type of sign language may not communicate effectively through an interpreter who uses another type. Although the ADA doesn't require that a sign language interpreter be certified (only that he or she be qualified for interpreting in a particular situation), Illinois, through the Interpreter for the Deaf Licensure Act of 2006, <http://www.idhhc.state.il.us/interpreter/licensure.htm>, requires that interpreters be licensed.

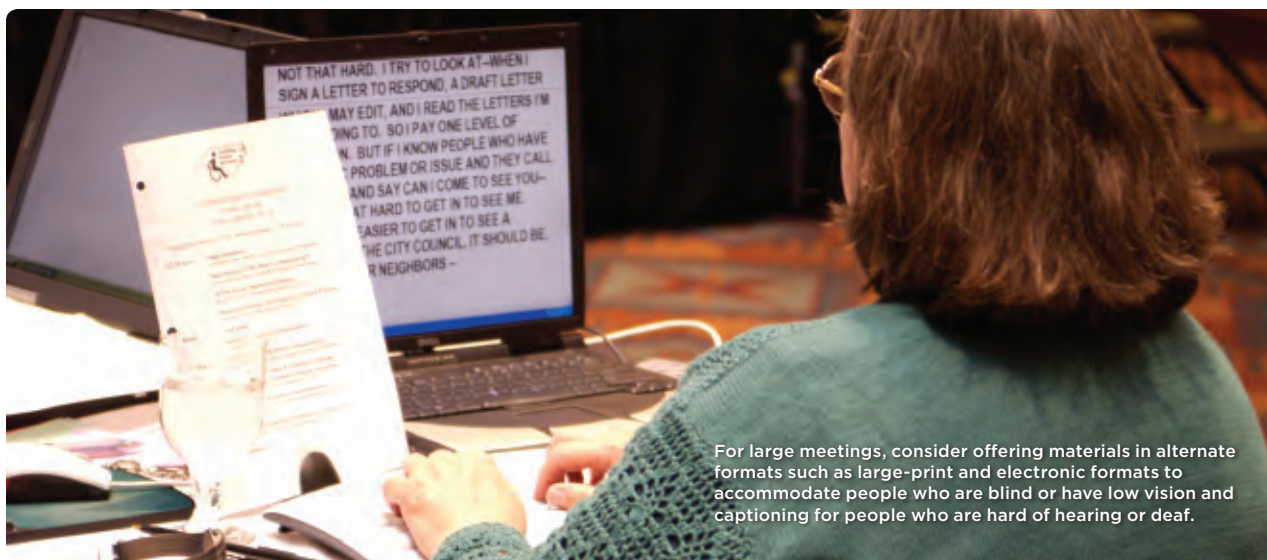
At times interpreters need particular competencies. For example, for a complex medical appointment, it may be critical to have an interpreter who is familiar with medical terminology and the need to maintain privacy. An individual who interprets during a counseling session should be comfortable with and skilled at interpreting communications that are personal, sensitive and confidential.

If a communication lasts more than one hour, you will generally need to have more than one interpreter because an interpreter cannot interpret efficiently and correctly without a break at that point.

See Tip Sheet 2: Choosing and Using Interpreters.

patient that an interpreter is necessary. The health care provider must be given an opportunity to consult with the patient and make an independent assessment of what type of auxiliary aid, if any, is necessary to ensure effective communication. In this case, the clinic has some choices.

- > If the appointment is for something as basic as giving a shot or medication, does not involve complex communication, and the deaf patient understands written English, the clinic could go ahead with the appointment and provide written information to the patient.
- > If the clinic determines at the time of the visit that an interpreter is appropriate because of the nature of the situation and the individual's use of sign language as her preferred means of



For large meetings, consider offering materials in alternate formats such as large-print and electronic formats to accommodate people who are blind or have low vision and captioning for people who are hard of hearing or deaf.

communication, the clinic can go ahead with the visit or reschedule the visit for a few days later with an interpreter of its choice.

Cost and difficulty

The ADA does not require auxiliary aids that would impose an undue burden (“significant difficulty or expense”) or cause a fundamental alteration to a nonprofit’s program. A fundamental alteration is a modification that is so significant that it alters the essential nature of the goods, services or accommodations offered.

However, if providing a particular auxiliary aid or service would result in a fundamental alteration or undue burden, a public accommodation must try to find other ways to ensure effective communication. In the statute’s words, “the public accommodation must still provide an alternative auxiliary aid or service that would not result in an undue burden or fundamental alteration but that would ensure effective communication to the maximum extent possible, if one is available.”

Example: A small historic house museum on a shoestring budget provides tours of the house and museum. It may be an undue financial burden to provide a sign language interpreter for a deaf individual wishing to participate in a tour. Providing a written script of the tour, however, would be an alternative that would be unlikely to result in an undue burden.

Example: A nonprofit announces it will hold a meeting for which registration is required and notifies the public in its announcements that it will provide interpreters if a request is submitted at

least 72 hours before the meeting. An individual registers for the meeting the day before and requests an interpreter. The cost of obtaining interpreter services with less than 24 hours’ notice is often twice as expensive as with 48 hours’ notice or more. If that is the case and the cost is high, the nonprofit’s staff should offer other means of communication such as using a keyboard device like a UbiDuo (see text box on page 41) or assistance from someone who can take notes or type them out during the meeting.

If a similar situation occurs for an appointment rather than a meeting, you should determine whether an interpreter is needed and, if so, consider postponing the meeting. If the situation is urgent, consider using notes or a UbiDuo.

Example: A person who has low vision enrolls through online registration in a CPR class offered by a nonprofit. The registration form states that materials in large print and other formats will be offered on request if the request is made one week prior to the start of the class. The person calls in a request for large print the afternoon before the class. The nonprofit is not able to produce large-print materials on such short notice, but offers to produce them within three days.

PLAN AHEAD

Advance planning can significantly reduce the costs and administrative difficulties of making interpreters and other auxiliary aids available.

NEXT STEPS TO EFFECTIVE COMMUNICATION

STEP 1. Identify the most frequent ways in which you communicate with others: one-on-one client interaction, mailings, phone calls, visits to homes, classes, recreation programs, meetings, performances, large events. Address the most frequent or most urgent interactions first.

STEP 2. Determine the types and amounts of auxiliary aids and services you're likely to need.

STEP 3. Decide whether some steps can be taken in-house such as producing large-print documents.

STEP 4. Identify local resources for interpreters, Braille documents and CART. (See Resources, Sections D or E.) Keep a list of those you can call upon, and let your staff know who they are and how to contact them. Enter contracts with interpreter services and other providers so that services will be available on short notice, especially if you're likely to need them on an urgent basis. See Tip Sheet 2: Choosing and Using Interpreters and Tip Sheet 5: Making Information Accessible to People Who are Blind or Have Low Vision..

STEP 5. Consider partnering with other nonprofits or with businesses to share an interpreter, an interpreting service or the costs of other auxiliary aids.

STEP 6. Include a line item in your budget and in grant applications for auxiliary aids and services.


STEP 7. Learn about the various telecommunications relay services (TRS, described in the Glossary), video remote interpreting and TTYs. Train staff on how to use them. See Tip Sheet 4: Communicating with TTYs and Telecommunication Relay Services.

STEP 8. Develop a standard notice of availability of accommodations and auxiliary aids that includes information about meetings, events and other gatherings. See Template A: Sample Meeting Notices. Post your policies on your website and in announcements. See Template B: How a Nonprofit Provides Communication Assistance for People with Disabilities.

STEP 9. If you have an automated phone menu, provide a way to talk directly with a person.

STEP 10. Keep resource lists (e.g., of interpreters) up to date.

STEP 11. Track the use of auxiliary aids and re-evaluate your progress in six months.



Nonprofits should offer opportunities for people with disabilities to volunteer at their organizations or serve on their advisory boards.

SECTION 7. GENERAL POLICY CONSIDERATIONS FOR NONPROFITS

HIGHLIGHTS

- The ADA’s mandate to make “reasonable modifications” to policies to ensure equal opportunity to people with disabilities can affect many areas of a nonprofit’s operations.
- Your organization must ensure that it doesn’t use eligibility requirements that screen out people with disabilities unless they are necessary. Safety can be taken into account, but any perceived risk posed by a person with a disability must be verified as a real risk and steps should be taken to minimize the risk of participation. Any written or oral tests or oral interviews may call for auxiliary aids.
- People with disabilities should be afforded opportunities to serve as volunteers, as well as on advisory or governing boards.
- You should hold people with disabilities including volunteers to the same levels of accountability to which you hold others, rather than excusing them from participation requirements.
- You should assess whether any separate or “special” program for people with disabilities results in exclusion or whether it is necessary for providing equal opportunity.
- Service dogs of the sort defined in the ADA regulations (not just those assisting people who are blind, as explained in detail in this section) should in most instances be allowed without intrusive questioning of the individual with a disability. In some cases, miniature horses should also be admitted with their handlers.
- If you have an emergency evacuation plan, it should address ways of providing information to people with disabilities and evacuating them safely from the building, especially from floors above or below ground level.
- You should also review your policies and practices in serving people with disabilities who visit your locations for appointments, so that you can address physical access and ensure effective communication.

Some people may assume that including people with disabilities in programs or making modifications to enhance their participation will be expensive. In reality, many modifications can be made at little or no cost.

The key to workable and usually inexpensive solutions is to communicate openly with individuals and to be flexible and creative. Many participants with disabilities own the devices and technology they need every day, may need only minimal assistance or will not require any “special” modifications. Keep in mind that each will have his or her own unique approach to living with a disability.

This section makes suggestions that could be helpful for many nonprofits as a supplement to the “Building Blocks” in Section 2 and the principles in the earlier sections.

A. ELIGIBILITY, ADMISSION AND PARTICIPATION REQUIREMENTS

In a discrimination-free and inclusive program, a nonprofit organization ensures the respect and dignity of people with disabilities. It communicates openly with them, demonstrates flexibility, and does not pry into their medical histories and diagnoses.

It is important not to use eligibility requirements or ask questions about physical or mental conditions that tend to screen out people with disabilities unless the criteria are necessary for the provision of the service.

- > If you have a class or other type of session that is limited to children, you should not apply that limitation across the board if it has the effect of excluding a child who because of his or her disability needs an adult personal assistant to be present.
- > On the other hand, a person who has a mobility disability or intellectual disability should not have to be accompanied by an attendant in a class as a general rule. You can assume that an individual can carry out the necessary activities independently with minimal assistance from the nonprofit or with some minor modifications, unless the individual lets you know otherwise. If you see concrete indications (without merely assuming and without asking intrusive questions) that an individual needs a higher level of assistance, interactive communication should lead to an outcome that works for everyone. The key is not to make assumptions or to ask questions about the individual's disability or condition, but to base your actions and decisions on legitimate considerations relating to the individual and the activity.

> You cannot require a driver's license as the only form of acceptable identification because people with certain disabilities such as blindness cannot drive. You can require a driver's license if it is an essential requirement for participation. For example:

- One of the responsibilities of a volunteer is to drive clients or program participants from place to place. You can require that volunteers have a driver's license.
- One of the responsibilities of a volunteer is to travel to three different locations to work with children after school. The individual should be able to arrange his or her transportation through a means other than driving if he or she wishes. In this situation, the essential requirement is not that a person is able to drive, but that he or she is able to get to different places. Requiring a driver's license for this position would unnecessarily screen out people with disabilities.

You can take safety into account, but if you have a concern about whether someone can safely participate or poses a risk, you need to:

- > Determine whether the risk is real (and not based on an assumption or stereotype).
- > If possible, take steps to minimize the risk of participation.



The Persons with Disabilities Fund at The Chicago Community Trust seeks to improve the quality of life for people with disabilities in Illinois.

If participants with disabilities need to fill out forms, be prepared to assist them if necessary.

If you require a written test for any program (e.g., a class), be sure to offer it in alternate formats and in an accessible location. If you conduct oral interviews or tests, you may need to provide interpreters or other auxiliary aids. If you administer tests on computers at a certain location, be sure that at least one station is accessible to people with mobility disabilities, allows for magnification, has text-to-speech software, and has adaptive equipment such as an adaptive mouse or keyboard.

People with disabilities that affect manual dexterity may need assistance or extra time to fill out forms or take written tests.

While you should be open and willing to make modifications to ensure full participation by individuals with disabilities, you should hold people with disabilities to the same level of accountability to which you hold others. Often excusing an individual from activities is a form of excluding them. Actions such as the following should be avoided because they minimize the importance of participation:

- > Giving “make work” assignments, rather than maximizing participation by an individual with disabilities.
- > Encouraging a person to “sit out” significant activities, rather than expecting that an individual with disabilities will take part in activities to the same extent others do.
- > Making statements such as “You can skip the meeting tomorrow because the building’s not accessible” or “It’s OK if you didn’t hear what the leader said because it’s not that important.” These statements send a message that the individual’s presence or contributions don’t count.
- > Excusing a person from completing paperwork or other tasks required of participants including volunteers. Individuals with disabilities should be held to the same standards as others, although sometimes accommodations will be required so that they can meet those standards. See Section 7.b.

B. VOLUNTEER AND INTERNSHIP OPPORTUNITIES AND ADVISORY BOARDS

It may not be obvious that volunteers, visiting professionals, interns and fellows are “participants”

in your program in the context of the prior section. Yet volunteer service is an opportunity a nonprofit offers, and one that benefits the nonprofit, the volunteer and those who are served. People with disabilities volunteer for the same reasons as anyone else: to meet the needs of the community, build character, develop personal interests, pursue passions and enhance skills. If you ensure a meaningful volunteer experience, your nonprofit gains, too, from the additional talent and resources of more volunteers.

You may wish to consult an attorney to determine if the employment provisions of the ADA or state or local law apply to particular volunteer positions. See Section 1.c.3. Generally they do not, but if the activities of an employee appear to amount to employment (with respect to compensation, application of employee rules, tasks similar to those of employees) and clearly benefit the volunteer, some provisions of those laws may apply.

As you would with all volunteers, consider people with disabilities first and foremost as individuals with specific talents and resources to offer your organization. Secondly, consider what types of modifications, if requested, should be provided to volunteers in the same way that you would provide them to other categories of participants. Some of them will be of the kind described in Section 7.a. Others will be similar to the “reasonable modifications” required of employers. They would include a change or adjustment to a volunteer position or “work” environment that enables a qualified individual with a disability to perform the essential functions of the position or to enjoy equal access to the benefits and privileges of service. See Section 1.c.3 for employment resources. These include interpreters, reader services and changes to workspace and common work areas. More than half of the modifications or accommodations made by employers under the employment provisions of the law cost nothing, according to the Job Accommodation Network.¹⁸

You will need to ensure that accessible locations are available for volunteer service, that you do not excuse volunteers from certain activities without good reason, and that you take other steps described in the prior section on participation in activities.

If there are no people with disabilities on your advisory boards or governing boards, consider

reaching out to them or whether there are steps you can take to make clear that you welcome people with disabilities in this role. Of course, keep in mind that many people have “invisible” disabilities.



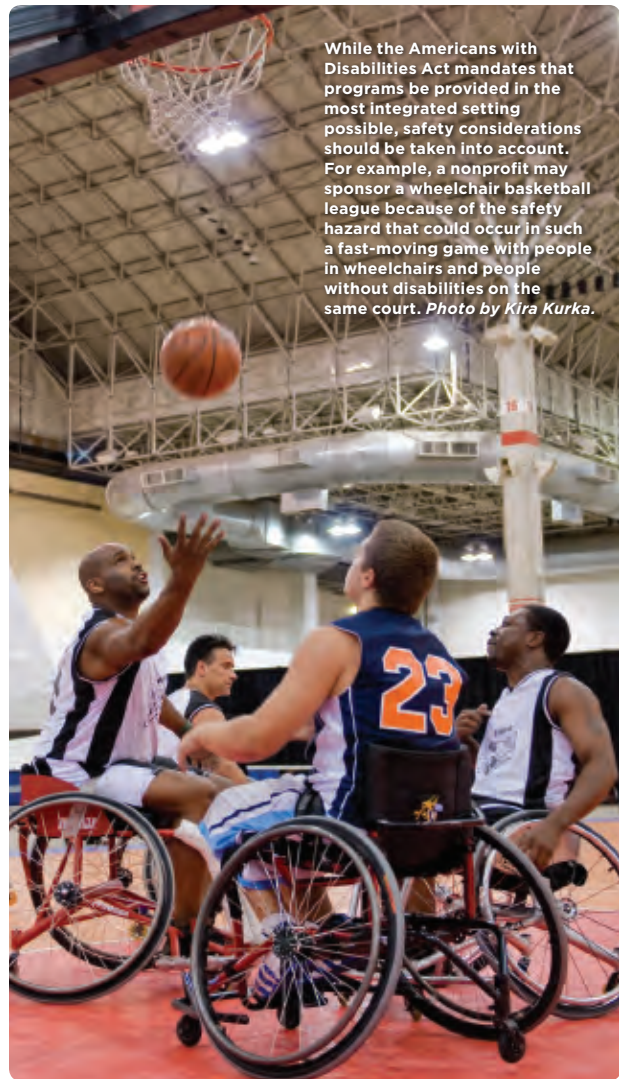
If people with disabilities are already serving on your boards or advisory groups, be sure to ask if they need accommodations, modifications or auxiliary aids such as interpreters or large-print agendas, and materials to participate fully in meetings, ceremonies and events.

C. INTEGRATION VS. SEPARATE PROGRAMS

Consistent with its theme of inclusion, the ADA mandates that programs and services be provided in the most integrated setting appropriate to the needs of an individual. This means that separate programs or different measures can be provided only if doing so is necessary to ensure equal opportunity in accessing benefits and services. The separate program must be specifically designed to meet the needs of the individuals with disabilities for whom they are intended. Even when separate programs are permitted such as an art class for children with certain disabilities, an individual should be able to choose to participate in the “regular” program like a general art class that most children of that age attend.

Of course, safety considerations can be taken into account. For example, a nonprofit may sponsor a wheelchair basketball league. This specialized program is acceptable because having people in wheelchairs and those who are highly mobile playing on the same court could create a safety hazard. And without this program, people who use wheelchairs would not be able to play with a basketball league. On the other hand, if a person with a different type of disability can play on a team without creating a safety hazard and without modifying the fundamental nature of the game, the nonprofit should allow that person to play.

Similarly, it may be appropriate to offer a class about how to use adaptive technology to access computers in a setting geared to people with disabilities and is “separate” from those classes that teach general computer skills. Again, however, an individual should have the choice of attending an integrated computer class unless there are other reasons that participation should be limited. The separate program cannot be used



While the Americans with Disabilities Act mandates that programs be provided in the most integrated setting possible, safety considerations should be taken into account. For example, a nonprofit may sponsor a wheelchair basketball league because of the safety hazard that could occur in such a fast-moving game with people in wheelchairs and people without disabilities on the same court. Photo by Kira Kurka.

as a substitute for providing auxiliary aids, accessible locations or policy modifications that would make participation in the mainstream programs and services possible.

A museum may offer a special tour for people who are blind or have low vision, which allows them to touch and handle specific objects on a limited basis that are usually off limits because of the harm that touching can cause to the objects. A person who is blind should still have the choice of taking the standard tour of the museum.

D. SERVICE ANIMALS

As our population of people with disabilities increases, so do the number and types of service animals they use and wish to bring into places and facilities used by nonprofits and businesses. For some people with disabilities, service animals are

essential to navigating their environment, maintaining their stability or balance, or being kept aware of sounds in the environment. Under the ADA, it is considered discriminatory to deny access to a person who uses a service animal in most circumstances.

NEW DOJ's 2010 revisions to the ADA regulations address service animals in much more detail than the original regulations. They limit service animals to dogs. Although they are not considered service animals, miniature horses that assist people with disabilities must sometimes be admitted as well.

Any policy that excludes all animals from a building or program should be changed to permit people who use service animals to enter your building with their animals.

SERVICE ANIMALS

Service animals do not require certification, identification cards or licenses, special equipment such as vests, or professional training. A service animal should, however, have a harness, leash or other tether unless the handler's disability or the nature of the task performed would prevent using one, in which case the animal must be under the handler's control through voice control or other means.

We may traditionally think of service animals as guide dogs accompanying an individual who is blind and having a vest or other indication that the dog is a service animal. But service animals encompass a broader category of dogs: A service animal is any guide dog, signal dog or other dog individually trained to do work or perform tasks for the benefit of an individual with a disability. Not only can service animals guide individuals with vision disabilities, they can also help people with other physical disabilities, as well as those with sensory, psychiatric, intellectual or other mental disabilities.

Here are some of the types of work service animals can perform:

- > Alert individuals who are deaf or hard of hearing to another person's presence or sounds.
- > Provide nonviolent protection or rescue work.
- > Pull a wheelchair.
- > Retrieve items such as medicine or telephones.
- > Provide a means of physical stability or balance for people with mobility disabilities.
- > Alert people with epilepsy and other disorders to an oncoming seizure.
- > Alert individuals to the presence of allergens.
- > Help people with psychiatric or neurological disabilities by preventing or interrupting impulsive or destructive behaviors.

An animal that provides emotional support, comfort or companionship is not classified as a service animal for purposes of the ADA and does not have to be allowed into your facility. You are free to allow them, however. Remember state or local laws may require you to allow animals that accompany individuals with disabilities with fewer



In most cases, it is discriminatory to deny someone with a service animal access under the Americans with Disabilities Act.

restrictions on the types of animals and the purposes they serve. (The sample policy for the Duluth, Minn., library in the text box at the end of this subsection on service animals addresses animals in addition to dogs.)

You may ask if an animal is required because of a disability and what work or tasks the animal is trained to perform. (You should not ask these questions, though, if the answers are readily apparent.) If the answers to these questions reveal that an animal has been trained to provide assistance to a person with a disability, that person should be able to access services and facilities while accompanied by the service animal.

It is important to inform employees, volunteers and others that people with disabilities should not be separated from their service animals, even in places where pets are typically not allowed. However, you may ask an individual to remove a service animal from your premises if the handler is not controlling the animal, it is not housebroken, its presence fundamentally alters the nature of your service, or it poses a direct threat to the health or safety of others that cannot be eliminated by reasonable modifications. The individual, not the public accommodation, is responsible for caring for his or her service animal.



Sample policy on animals developed for a library that addresses service animals as well as companion animals, which DOJ does not require be admitted to facilities under title III: <http://www.duluth.lib.mn.us/Policies/ServiceAnimals.html>

Guidance from DOJ:

- > ADA Business Brief: Service Animals: <http://www.usdoj.gov/crt/ada/svcanimb.htm>
- > Commonly Asked Questions About Service Animals in Places of Business: <http://www.usdoj.gov/crt/ada/qasrvc.htm>

The DOJ guidance is generally still applicable under the 2010 revisions, but does not address some details discussed here about animals other than dogs. DOJ is expected to update it in 2011.

E. EMERGENCIES: PROCEDURES AND NOTICE

1. Evacuation from buildings

If your building or site that houses your program

ALL STAFF SHOULD KNOW...



There are only two questions you can ask about a service dog:

1. Is this animal required because of a disability?
2. What work or tasks is the animal trained to perform?

You cannot require a license, certification, special clothing (such as a vest) or proof of training.

Miniature horses may be allowed to accompany people with disabilities if it is reasonable under the circumstances.

MINIATURE HORSES



Although DOJ does not consider them service animals, its 2010 revisions to the ADA rules require a business or nonprofit to admit a person with a miniature horse if it has been individually trained to perform tasks for an individual with a disability and its admission is otherwise reasonable under the circumstances. Miniature horses have longer life spans than dogs and can be viable alternatives to dogs for people with allergies or whose religious beliefs preclude the use of dogs. When deciding whether admitting a miniature horse is reasonable, consider factors such as the horse's type, size and weight; the handler's control of it; whether it is housebroken; and whether it compromises safety. There is more explanation in the DOJ analysis of the 2010 revisions in section 36.302(c)(9) at <http://edocket.access.gpo.gov/2010/2010-21824.htm> and <http://edocket.access.gpo.gov/2010/pdf/2010-21824.pdf>.

has an emergency evacuation plan, it should have specific provisions for safely evacuating everyone including people with disabilities affecting mobility, vision and hearing and people with cognitive or psychiatric disabilities. Seeking input from people with disabilities, and especially your clients, will help you ensure that everyone can exit the building safely and quickly.



Evacuation routes should be clearly marked.

Ensure that people with disabilities are notified of the evacuation plan and procedures using alternate formats for printed materials. If the building does not have visual alarms for people who are deaf or hard of hearing, have a way to notify them of an emergency evacuation or drill such as through pagers, other electronic communication or personal notification. It may also be helpful to work with first responders in advance to inform them of the needs of clients who regularly use services at your location.

One area of concern to people with mobility disabilities is evacuation from multistory buildings because elevators are typically shut down during an emergency. Many newer buildings have “areas of rescue assistance,” usually in a stairwell landing or near an elevator. These are places where people wait for assistance in going up or down stairs, if they are not able to use stairs when elevators are out of service. These areas of rescue assistance should be clearly identified and, ideally, have a means of informing responders that there is someone there who needs assistance.

But some people do not want to wait for responders, and they may want to transfer to and have someone assist them in using evacuation chairs. Other people may wish to use evacuation chairs only when assisted by responders or not at all because they do not feel safe in these chairs

(the chairs vary in quality) or because the individuals have conditions that make it difficult or dangerous for them to transfer to the chairs. The same considerations hold true for some individuals as to being carried without an evacuation chair.

Especially if an employee or volunteer requests that you provide an evacuation chair or if you have a large number of visitors, you may want to keep one or two evacuation chairs on every floor that is above or below ground level. A single chair can cost up to \$2,000, and some of them go only down stairs, not up them.



You may want to have a policy of announcing the location of emergency exits and areas of rescue assistance if the building has them at the beginning of any meeting in your building.

Above all, it is important to know and respect the preferences of people with disabilities because each one will be different.



For specific guidance in developing an emergency evacuation plan, see the National Fire Protection Association’s Emergency Evacuation Planning Guide for People with Disabilities at <http://www.nfpa.org/assets/files/PDF/Forms/EvacuationGuide.pdf>.



Evacuation chairs help people with mobility disabilities evacuate from multistory buildings in emergencies.

2. Notice about changes in service during an emergency


If you have a means of notifying those who receive your services that you are canceling or otherwise altering a planned event, be sure to make those means accessible to people with disabilities. For example, if you have automated emergency information lines or if you call people to inform them of cancellations or closings, you should have a way of notifying people with hearing disabilities such as text message or using a telecommunication relay service, or TRS. See Glossary and Section 6.c.

F. PERSON-TO-PERSON CONTACT AT YOUR SERVICE LOCATIONS

Individuals probably come to one or more of your locations for services. It is important to make people with disabilities feel as welcome as others and to communicate in ways that work for them.


Your front-line staff and volunteers represent your organization to clients and the public and are the primary—and sometimes sole—contact for them. They should be trained and retrained in how to interact sensitively and courteously with people with disabilities and how to determine and provide accommodations. Review with them periodically the suggestions in Section 4 and suggest that they keep Tip Sheet 1 on interacting with people with different types of disabilities close at hand. In addition, consider these tips:

Staff assistance

 Let staff know that they should assist those who have difficulty filling out forms or other papers. They may need to read some materials aloud to a person who is blind or has low vision.


Encourage staff to be alert to indications that a person may need assistance even if they don't ask. If a staff person thinks someone may need assistance, he or she can ask a general question in a polite, noncondescending way such as, "Is there any way in which we can accommodate you?" or "Do you need any further assistance?"

Communicating with people who are deaf or hard of hearing or have speech disabilities

 Be sure staff is aware of the communication principles in Section 6. They should know what to do if it appears someone needs an interpreter or states the need but has not made a request. Staff members should be ready and willing to use written notes or other means of communicating such as a UbiDuo with people who are deaf or hard of hearing when no interpreter is present and when one is not necessary. Staff should also know how to use any video interpreting service that you may provide. If an interpreter is present, staff should speak directly to the client and not to the interpreter.


Accessible waiting areas

Any waiting area should be accessible for people with mobility disabilities. There should be places for people in wheelchairs to wait, for example, integrated into the usual seating area, not segregated into a "special" section. Counters should be lowered for people of short stature or those using walkers, strollers or scooters. Alternatively, staff and volunteers should come from behind the counter to serve people when necessary.

 Provide seating for those who can't stand very long. If someone is not able to wait at

your location because of problems with crowds or other issues, you can move the person to the head of the line or accommodate their disability in some other way. Someone who becomes agitated by crowds might be seated away from others.

Announcements

 If you make oral announcements of a person's turn to be seen, also present the information in a visual way or personally notify an individual who has a disability that affects hearing.

If you announce that it is someone's turn by displaying a visual message, make an oral announcement or personally notify an individual who has a disability that affects vision.

Availability of information

If you have a bulletin board, display rack or other means of making brochures and information available, be sure at least one of each item is within reach of those who use wheelchairs or other mobility devices or can't easily reach.

Materials that are used regularly such as brochures, overviews of your programs or information sheets should be available in large print or other formats such as Braille or recording without requiring a request. Other materials should be provided in alternate formats upon reasonable advance request.



Materials on bulletin boards should be within reach of people who use wheelchairs.

Telephones

If you provide phones for people other than employees to use including pay phones, be sure that at least one is lowered and that a TTY is provided or available.

NEXT STEPS TO POLICY COMPLIANCE

STEP 1. Evaluate the requirements that you use to determine eligibility for services or participation to be sure you don't unnecessarily screen out people with disabilities.

STEP 2. Examine ways in which you offer written tests or conduct interviews. Determine whether you need to provide alternate formats, auxiliary aids or accessible locations.

STEP 3. Consider volunteering as a benefit both to you and the volunteers. Take steps to ensure inclusion of people with disabilities as volunteers and members of advisory or governing boards. Provide meaningful opportunities for participation.

STEP 4. List the programs that are offered separately for people with disabilities. For each, determine whether providing a separate program is necessary for safety reasons.

STEP 5. Consider whether there are times when a person with a disability should be able to participate in an integrated program, even when a separate one is offered.

STEP 6. Develop a service-animal policy that is consistent with the new ADA regulations. Train staff about what questions they can ask and under what circumstances they can exclude a service dog. Educate them about how to assess whether a miniature horse can be allowed entry. See Tip Sheet 3: Service Animals.


STEP 7. Look at any building evacuation policies you have and make sure they take people with disabilities into account. Work with individuals to determine what works best for them. Consider whether you should purchase any evacuation chairs.

STEP 8. At the beginning of meetings, make it a practice to announce the location of emergency exits and any areas of rescue assistance.

STEP 9. If you have a means of notifying clients or participants of cancellations of events or closing of your building, make sure you have means accessible to people who are blind or deaf.

STEP 10. Review the nature of your person-to-person contact with clients or participants at your locations. Offer a welcoming and accessible environment with lowered reception counters, accessible information, and staff who are trained and willing to assist people with disabilities.

STEP 11. Consider laying out for staff and volunteers a one-page list of the steps you take to modify policies based on Template C: How We Make Policy Modifications and Accommodations for People with Disabilities.

A photograph of an elderly Black woman wearing a dark blue suit and a straw hat with a white band. She is using a black four-wheeled walker with a woven basket on the back. The basket contains a black bag and a yellow tag that says "DO NOT TOUCH". She is walking on a light-colored carpeted floor. In the background, a large group of people are seated in bleachers, suggesting a community event or a large gathering. The lighting is bright, and the overall atmosphere is one of a formal or semi-formal event.

Accessible routes at special events should be at least 36 inches wide and free of obstructions.

SECTION 8.
MEETINGS,
CLASSES,
TRAINING
AND SPECIAL
EVENTS

HIGHLIGHTS

- Your organization probably interacts with groups of individuals including those with disabilities in a number of ways. You may offer classes, training, meetings or orientations for volunteers and participants, or you may hold special events such as outdoor festivals, annual galas or award luncheons. Whether these are by invitation or reservation or open to the public, and whether they are held at your own locations or those operated by others, one goal should be to ensure inclusion of those with disabilities. Inclusion means that people with mobility disabilities have convenient access without encountering barriers, that people with disabilities affecting hearing, vision or speech can receive information and participate, and that service animals are permitted.
- This section of the guide offers suggestions in four areas: physical access, communication, policy and special events. It distinguishes between events that are open to all and those that require notice of attendance because your obligations for these will vary.
- Much of the guidance in the earlier sections about physical access and communication will also apply to meetings and events. In addition, this section refers you to a checklist for assessing barriers in advance at a potential meeting place and to Tip Sheets developed specifically for planning accessible meetings, arranging accessible space, and conducting meetings and special events.

Nonprofits hold various gatherings for the public or for specific groups of people including meetings, information sessions, classes, special events or training opportunities. Your goal is to ensure that everyone has an equal opportunity to participate. This means that whenever you offer a meeting or event whether at locations operated by your organization or by others, you should take steps to provide:

- > Accessible facilities
- > Effective oral communication
- > Accessible documents including handouts, agendas and other materials

A. PHYSICAL ACCESS

1. Meetings or events that don't require reservations

If you sponsor a meeting or event that is open to the public without reservation or registration, it is critical to evaluate the location for accessibility before it is chosen. If it is not accessible, you will need to relocate to accessible space or allow time to make any necessary temporary accessibility

changes such as marking off accessible parking, ensuring that people are assisted with heavy entrance doors, providing a temporary ramp if appropriate, or placing temporary protection against protruding or overhanging objects. See examples on page 60.

Remove barriers with attention to the following features, which must be accessible for any meeting:

- > Parking and passenger drop-off areas
- > Access to the entrance from parking and other approach points
- > Building entrance
- > Routes to the meeting or event space
- > Meeting space
- > Restrooms

See the priorities and barrier-removal guidance in Section 5.c.

If the space is not accessible or these features cannot be made accessible, move the event to a space that is.

In addition, be sure that the following are accessible:

- > Seating locations
- > Registration tables and other locations where materials may be provided
- > Refreshment tables
- > Podiums
- > Stages or daises
- > Microphones for those on the floor or stage
- > Access within the meeting space, not blocked by tables, chairs or hazardous cords

If the meeting or event lasts more than an hour or two and phones and drinking fountains are at the site, they should also be accessible.

2. Meetings or events by invitation or registration

If an event is by invitation only or attendance requires registration or notice, notify everyone that the facility is accessible. If the usual location is not accessible, let people know that you will relocate to an accessible facility upon reasonable notice, and be prepared to follow through with that commitment.

See Tip Sheet 6: Planning for Accessible Meetings and Tip Sheet 7: The Day of a Meeting: Arranging Accessible Space.



DOJ has an up-to-date and user-friendly guide to accessible meetings developed for businesses but helpful for all meetings called “Accessible Information Exchange: Meeting on a Level Playing Field.” It includes barrier-removal changes for particular features. A sample page is on the next page of this guide. <http://www.ada.gov/business/accessiblemtg.htm>

B. EFFECTIVE COMMUNICATION

It is critical to provide access not only to the physical space where a meeting is held but also to the content of the meeting or other session by ensuring effective communication. See Section 6. What is required will depend on the participants, the nature of the event (format, content, handouts, means of presentation and interaction), and whether it is open to all or only to those who register or are invited. For example, if you anticipate a large number of people at an open event to discuss your services, you may wish to have an interpreter, assistive listening devices and

Q AND A

If I present a power point at a public program, do I have to make it accessible to people with vision disabilities? And how do I do that?

For people who have low vision, it is often adequate to print the slides one per page as a handout, which usually makes the document a “large-print document.”

Others with low vision may prefer two slides per page to use with a magnifier. People who are blind may want an accessible electronic version in advance. The slides themselves should have adequate contrast between the background and the content with at least an 18-point font. If a person who is blind or has low vision is present, you should read aloud the bullets and descriptions of significant information in the graphics and photos. As with any visual aids such as flip charts, handouts or slides, you can also take a moment to describe any graphics or illustrations, for example, “This chart compares the growing season of apples with the growing season of oranges” or “There is a logo for the organization at the top of the page.”

large-print documents available because it is likely that someone will request those. Or you could include in all publicity about the event a notice that particular services will be provided on request. On the other hand, if you are holding a meeting of a governing group or an advisory committee that is not open to the public, you should ask all participants about their communication needs in advance and provide materials in the requested format along with any interpreters that may be needed.

See Tip Sheet 6: Planning for Accessible Meetings and Tip Sheet 8: Conducting Meetings.

Advisory committee members, volunteers and other regular participants in meetings or classes should be able to make a one-time request that would serve as a standing request for all sessions of a class or each meeting of a series, rather than having to make a request before each one.

Feature 2

TEMPORARY BARRIER REMOVAL FOR ROUTES TO THE BUILDING ENTRANCE

| BARRIER | MODIFICATION |
|--|--|
| The sidewalk connecting parking to the meeting site entrance is too steep to be accessible. | Find another route that can serve as the accessible route or provide parking services or parking in another location (e.g., valet parking). |
| The accessible route crosses a curb and no curb ramp is provided. | Install a portable ramp that has an incline with a slope no steeper than 1:12 (8.33 percent) with edge protection. |
| One or two steps are part of the walkway leading to the accessible entrance. | Install a portable ramp that has an incline with a slope no steeper than 1:12 (8.33 percent) with edge protection and handrails, if needed. |
| Branches or other objects over a walkway or pedestrian route are less than 80 inches above the walk. | Prune the branches or remove the items that are hanging below 80 inches. Another approach is to install a detectable barrier under the item that is too low. The detectable barrier must be within the range of 27 inches or lower above the route. |
| One or more objects protrude too far from the side into the circulation path causing a hazard for people who are blind or who have low vision. | <p>When people who are blind or who have low vision use a cane to detect hazards, objects located at 27 inches or lower are detectable. When an object is located more than 27 inches off the ground, it is a hazard if the object protrudes into the circulation path. To make a protruding object detectable:</p> <ul style="list-style-type: none"> > Place an object or a barrier below the protruding object in the cane-detectable area not more than 27 inches above the ground. > If the protruding object can be moved, lower the object so its bottom is within the cane-detectable area (not more than 27 inches above the ground). > Prune or alter the protruding object so it does not protrude into the path. |
| The undersides of exterior stairs are not enclosed or protected with a cane-detectable barrier. | Add a barrier or enclosure below the stair or relocate the route away from the stair. Enclosing the area below the stair or installing a cane-detectable barrier helps a person who is blind or has low vision stop before hitting his or her head. |

This is a sample page from DOJ's "Accessible Information Exchange."

C. POLICIES

Be sure all meeting staff and volunteers know that the ADA requires that individuals with service animals be allowed to keep their service animals with them at all times. If there is a charge for the session or event, people with disabilities who have their attendants with them should be charged only for their fee and the attendants should not be required to pay a fee. Staff should also be prepared to assist people with disabilities as appropriate and to otherwise follow the guidance in Section 4 on interacting with people with disabilities.

See Tip Sheet 3: Service Animals.

D. SPECIAL EVENTS



Special events at which you expect large attendance such as outdoor festivals, food-tasting events and concerts require special attention. Follow the suggestions above for meetings, plus:

- > All advance publications should list a phone number and, if you have one, TTY number for those who may need accommodations, auxiliary aids or other consideration due to a disability.
- > Event handouts such as brochures and maps should be provided in alternate formats such as large print and Braille.
- > For large events, provide a map of accessibility elements.
- > Where parking is provided, provide accessible parking including temporary event parking in the required ratios of accessible and van-accessible spaces.
- > Accessible routes should be provided from the accessible approaches and entrances to all booths, spaces and other areas that are available to the public. The routes should be stable, firm and slip resistant, 36 inches wide, and kept accessible and free of obstructions. That is, these routes should not be on dirt paths, loose gravel or grass.
- > Exhibits should be accessibly designed and located.
- > At least one of each type of sales counter at each sales location should be lowered.
- > Protruding objects should be eliminated or cane detectable, and overhead obstructions should be eliminated or shielded. Protruding objects include hanging lanterns, signs and tent tie-downs that protrude more than 4 inches into a circulation path at a height from 27 inches to 80 inches.

NOTICE TO THE PUBLIC ABOUT ACCESSIBLE MEETINGS AND EVENTS

Give people specific information about the accessibility and auxiliary aids at your meetings and events. But make sure the information is accurate.

Include information about how to reserve a space or request aids or services.

Here's some sample language for meeting notices and announcements:

ACCESSIBILITY

The following services are available for persons with disabilities. Others are available on request with 48 hours' notice:


- > *Accessible entrance, 55 S. Main Street, which is accessible from Carter Transit Center and bus stop.*
- > *Accessible restrooms.*
- > *Wheelchair loans. See information desk for availability or call in advance.*
- > *Sign language interpreters with 72 hours' notice.*
- > *Assistive listening devices with 24 hours' notice.*
- > *Large-print agendas and handouts.*
- > *Materials in other alternate formats such as large print or electronic documents with 48 hours' notice; materials in Braille on 72 hours' notice.*

For more information and reservations or to make requests for auxiliary aids or alternate formats, please call 312.555.5555 (TTY: 312.555.4444) or e-mail Staff@Nonprofit.org.

- > If transportation such as a shuttle service is provided, accessible transportation should be provided.
- > A sufficient number of accessible toilets on an accessible route should be provided.
- > Provide assistance for those who need help traversing long distances.



Where portable toilets are provided at events, provide accessible toilets on accessible routes.

- >  Train staff about your policies and the location of accessible services and facilities.
- > Plan for emergency announcements and evacuation.



Here are some examples of handbooks and checklists for outdoor events:

- > City of St. Petersburg's Special Events Handbook, Rev. May 2008, http://www.stpete.org/recreation/docs/Special_Events_Handbook_2009_10.pdf
- > City of San Francisco's Mayor's Office on Disability, Accessible Public Event Checklist, February 2010, <http://www.sfgov2.org/index.aspx?page=416>



Make sure meeting staff know that people with service animals are allowed to keep their animals with them at all times under the Americans with Disabilities Act. *Photo by Kira Kurka.*

NEXT STEPS TO INCLUSIVE MEETINGS AND EVENTS

STEP 1. Identify the types of meetings and events you sponsor such as classes, training, recreation programs, community meetings, hearings, large events and temporary special events.

STEP 2. If you use a certain space regularly for meetings, even if they are at locations other than your own, survey them for physical barriers to access. Determine which ones are accessible, which ones could be made accessible and which ones are not accessible.

STEP 3. In carrying out step 2, consult the Department of Justice's technical-assistance document, "Accessible Information Exchange: Meeting on a Level Playing Field," and use the section "Evaluating the Accessibility of a Meeting Site" to guide you in identifying barriers and making any necessary changes: <http://www.ada.gov/business/accessiblemtg.htm>. If you aren't able to do this on your own, contact a consultant or architect if resources allow, or contact your ADA Center (Disability and Business Technical Assistance Center) at 800.949.4232.

STEP 4. Have a plan for meetings or events that are open to the public or part of the public without reservation or invitation. If you determine that any of the spaces used for this purpose aren't accessible, find a way to use only accessible spaces. Depending on your resources, this may mean making arrangements to use other accessible space such as space that you may need to "borrow" from others until you are able to make the usual space accessible or to locate other space.

STEP 5. Also come up with a plan for spaces you use for events that do require an invitation or reservation. These would usually include classes, volunteer orientations and organization celebrations. If the room or building is accessible, notify individuals who will attend that the space is accessible and provide details. If you normally use a space that has barriers, you should state in all advance information including by phone, mailing, poster or flyer, internet, and e-mail that individuals should notify you if they need accessibility features. You should be prepared to move the class to an accessible location—one that you have identified—if you receive that request. For example, you may use three rooms for classes. If only one has accessibility features and an accessible restroom serving it, you can make sure all classes attended by people with accessibility needs are scheduled or rescheduled for that room.

STEP 6. Develop a policy for providing auxiliary aids and services. Determine the types and amounts of auxiliary aids and services you're likely to need. Follow steps 3 through 6 in "Next Steps for Effective Communication" in Section 6.

STEP 7. Develop a standard notice of availability of accommodations and auxiliary aids that includes information about meetings, events and other gatherings. See Template A: Sample Meeting Notices. Post your policies on your website, if you have one, and in announcements. See Template B: How a Nonprofit Provides Communication Assistance for People with Disabilities.

STEP 8. On the day of a class, meeting or other event, be sure that you take any temporary barrier-removal steps that are necessary and that you arrange registration, seating and other areas according to Tip Sheet 7: The Day of a Meeting: Arranging Accessible Space.

STEP 9. Follow Tip Sheet 8: Conducting Meetings.

STEP 10. Special events such as those that are held outside require special attention to temporary structures such as booths as well as accessible routes or paths and other features. Follow Section 8.d and Tip Sheet 10: Special Events.



SECTION 9.
SPECIFIC
TYPES
OF SERVICES,
ACTIVITIES
AND
PROGRAMS

The Americans with Disabilities Act ensures people with disabilities the option of participating in mainstream recreational programs.

“The major issue is accessibility with dignity. It is not enough to get into a building just any old way. I like to get into a building at the front with everybody else, where the rest of the society gets in.”

Itzhak Perlman, premier violinist with a mobility disability

A. THE PERFORMING ARTS: PLAYS, CONCERTS AND SHOWS

People attend plays, concerts, shows and other events for many reasons: to learn, to be entertained and to enjoy the social experience. You can ensure that people with disabilities have an opportunity to benefit in the same ways and in the company of family and friends, with some planning, enhancement of communication, training of staff and possibly some facility changes.

When offered by nonprofits, these events range widely—from a performance by one or two people in a room at a community center with no stage and no fixed seating to more formal plays or concerts in theaters with assigned tiered seating. The first may be presented by a nonprofit on a shoestring budget, while the other may be sponsored by a larger organization with more expansive funding. The ADA builds in an acknowledgment of these types of differences. It requires that in buildings that are not newly constructed or modified, barriers to access must be removed, but only if doing so is readily achievable. The law also requires organizations to provide auxiliary aids and services for effective communication unless doing so is an undue financial or administrative burden. Thus, if you are the shoestring nonprofit with one performer at your community center, you will not be expected to take all the steps mentioned in this section. By the same token, if you fall somewhere between these two examples, you can take into account your resources and any difficulties that significant accommodations might require when developing your approach to compliance.

1. Facility access

Evaluate those venues that you use regularly or on a temporary basis. In addition to the priorities discussed in Sections 5.c and 8.a, pay special attention to:

- > ticket counters, box offices and registration tables
- > wheelchair seating areas
- > emergency egress (keeping in mind that evacuation may be up from seating areas)

- > dressing rooms
- > access to the stage from the audience area
- > accessible back stage and orchestra pit
- > alarms
- > gift shops
- > food service counters

Disperse seating for wheelchair users throughout the space, so that they can have a choice of seating prices and locations and are integrated into the general seating, not relegated to a separate “corral.” The accessibility standards include specifications for numbers of wheelchair seating locations and companion seats, the size of wheelchair seating locations, and comparable lines of sight.


2. Effective communication

- > Offer performances that are interpreted (scheduled and/or on request, depending on your size and resources).
- > Provide spoken information in print and captions.
- > On request, provide print materials such as playbills or program books in alternate formats. Most nonprofits will be able to provide large-print materials or to read the information to patrons. Some should be able to provide other formats such as Braille upon request.
- > Provide assistive listening devices.
- > Post information about access and auxiliary aids on your website and in ads and announcements
- > If you have the resources, offer audio description for people who are blind. See Glossary.
- > Keep assistive listening devices operable and test them regularly. See Glossary.

3. Policies and training


- > Train front-line staff to interact appropriately with people with disabilities and to give correct information on the phone and at the venue about ticket policies, accessible features, modifications, auxiliary aids and service animals.



- >  Encourage participation by individuals with disabilities as performers, producers, stage hands and ushers.
- > At the time of a ticket purchase or request for accommodations, staff may need to ask questions about the accommodation needed, but they should not ask about the disability.
 - If all seating is accessible or if the individual inquires, there will, of course, be no need for the staff person to address this issue. Otherwise staff can ask, “Do you require accessible seating?” If the answer is yes, box office staff might also ask, “Do you require wheelchair-accessible seating or would a seat on a shorter route or with a limited number of stairs also meet your needs?”
 - Instead of asking patrons if they are deaf or hard of hearing, it is more appropriate to ask, “Do you require a sign language interpreter, assistive listening system, captioning or other type of accommodation?”

These questions acknowledge that individual patrons have different requirements for access. An ambulatory patron with a cane, crutches or braces may require a seat on a shorter route or with only one or two steps. Many wheelchair users will need an accessible wheelchair seating

area that is large enough and appropriately situated to accommodate them in their wheelchairs with shoulder-to-shoulder companion seating for their friends or family. Some wheelchair users and many scooter users may prefer transferring to a comfortable seat and temporarily storing the mobility device during the performance or event.

- > You may wish to consider offering some tickets at a discounted price if people with disabilities do not have the same choices of seating at various price levels as others do. For example, if your venue is in a historic building and cannot create integrated and dispersed seating and the only accessible seating is located in the most expensive area, you may want to have a policy of selling the accessible seating at the least expensive ticket price.
- > Staff members and volunteers need to know what auxiliary aids are available, where they are kept and how to provide them.
- >  Signage should inform patrons about the availability of assistive listening devices and print materials in alternate formats.
- > Keep lowered ticket counters and accessible entrances open whenever any counter or entrance is open.



Consult Section C.8 of the Resources attachment in the back of this guide.

The National Endowment for the Arts’ Office for Accessibility offers assistance to make the arts accessible. Visit <http://www.arts.gov/resources/accessibility/index.html>.

B. MUSEUMS AND EXHIBITS

As is true of the performing arts, exhibits and museums operate on a range of budgets, from a self-contained display in a small organization’s headquarters to a large museum supported by grants, memberships and other funding. But all nonprofits on the spectrum can commit to ensuring enjoyment and participation by people with disabilities. Even the small nonprofit can work to remove physical barriers and provide effective communication, and all entities should evaluate their exhibits according to the sections on those topics. See Section 5 and Section 6. The actions you take toward your ADA commitment will

depend on the nature of the experience and exhibits, the number of visitors, and your budget.

This section highlights some areas that may need particular attention by nonprofits with exhibits, displays or museums. More specific and detailed ideas are found in the resources noted in the text box on page 66.

1. Physical access

- > Consider access to, into, through and out of the building and any outdoor areas available to visitors and volunteers.
- > Consider access to and through spaces offering exhibitions, public programs and supplemental services such as cafeterias and museum shops. Provide staff assistance in reaching items on shelves in shops.
- > Provide lowered sales and ticket counters, but don't place items on them that obstruct access by people with disabilities.
- > Be sure that sculptures, exhibits and the underside of stairs do not become protruding objects or overhead hazards to people who are blind or have vision impairments.

Historic buildings

The ADA includes provisions tailored to balance the goal of providing access while preserving and respecting the past. Removal of a particular barrier or making a particular alteration is not required if it would threaten or destroy the historic significance of a historic property, one that is eligible for listing in the national Register of Historic Places or designated historic under state or local law. For example, whether a ramp or lift can be installed in a building may depend on whether doing so would destroy the significance of an architecturally significant element reflecting a particular period in history. If a historic event occurred in the building, but the historic significance of the building is not connected to the feature that would be affected by a ramp, then it may be readily achievable to install the ramp.

If access can't be provided to an area of a historic building, you should provide alternative methods of accessing information and approximating the experience that is offered there. For example, audio-visual materials and devices such as a film or photos can depict the portions of the property that can't otherwise be made accessible.



GEORGE WASHINGTON SLEPT HERE: IDEAS FOR ALL MUSEUMS AND HISTORIC PLACES**NEW**

A July 2010 settlement agreement highlights the types of changes that many museums including historic ones can make to facilities and services. The Mount Vernon Ladies Association of the Union owns and maintains Mount Vernon Estate & Gardens, the home of the first U.S. president, George Washington. Under an agreement with the Department of Justice, the MVLA agreed to:

- > Modify the primary walkway to the main entrance for visitors to Mount Vernon.
- > Provide a shallower entry ramp into and out of the ground floor of the historic mansion.
- > Modify the controls of interactive exhibits so that they are usable by visitors with mobility disabilities.
- > Replace or relocate objects that protrude from walls and exhibits so that they are no longer a hazard to visitors who are blind or have low vision.
- > Provide closed captioning for its centerpiece films in two theaters.
- > Provide sign language and oral interpreted tours of George Washington's mansion for people who are deaf or hard of hearing on advanced request.
- > Provide walk-in audio-described tours for people who are blind or have low vision of the mansion, estate grounds and outbuildings, as well as the exhibitions, computer interactives and audio-visual presentations in the orientation and education centers.
- > Provide tactile access to selected objects and reproductions for people who are blind or have low vision to augment information provided as part of the audio-described tours.
- > Provide alternate formats such as audio, large print and Braille of exhibition label content, general public maps and printed materials.
- > Provide a photographic album containing current views of each of the mansion's rooms on the basement and second and third floors for people who cannot climb stairs to those areas. The photographs are accompanied by printed commentary offered to all visitors by the mansion's historic interpreters.



To learn more about the settlement, visit http://www.ada.gov/mt_vernon/mtvernon.htm.

Mount Vernon Estate & Gardens. *Photo courtesy of the Mount Vernon Ladies Association.*





2. Effective communication

Any of the types of auxiliary aids and formats described earlier (see Section 6 and Glossary) such as audio description or audio tapes for people with vision disabilities may be called for in the case of traditional art exhibits or static displays. As suggested earlier, it is important to let potential visitors know about the accommodations you offer and the facility's accessibility features or lack of them, if that is the case and you cannot remove certain barriers. If you have a website or promotional materials, they should provide as much specific information about these accommodations and features as possible, such as:

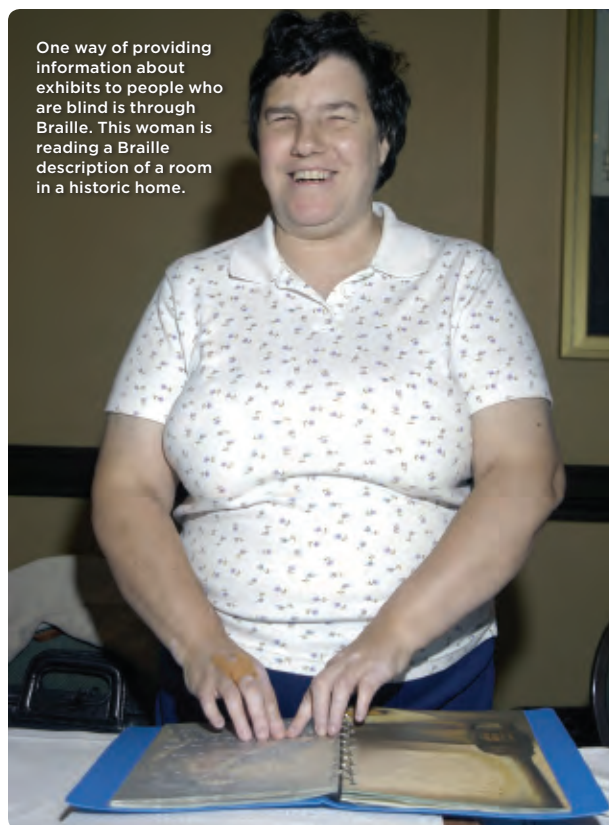
- > The schedule for tours that are interpreted in sign language.
- > Contact information like phone or e-mail for making advance arrangements for alternate formats of materials, tours that are interpreted in sign language, or other accommodations such as transcripts of tours that are not interpreted.
- > The amount of notice needed to provide accommodations such as sign language tours outside the usual schedule.

Staff and volunteers who answer questions by phone, respond to e-mails or work at the information desk should know what accessibility services are available and how visitors can request them including those that must be scheduled in advance.

There are many ways to provide effective communication.

- >  An interpreter can assist a child who is deaf with a simple hands-on experience in a children's museum.
- > Tactile exhibits can be used for representative selections of sculptures, other exhibited items or other information.
- > For people who are blind or have low vision, you can make sure that labels on art work or exhibits are also in alternate format and/or that you offer reader services.
- >  If you offer relatively routine guided tours by docents or via self-directed audio devices, provide a transcript, sign language interpreter or other means of understanding the tour for people who are deaf or hard of hearing.

Museums have traditionally been largely a visual experience, but they are becoming more and more interactive. The museum and exhibit



One way of providing information about exhibits to people who are blind is through Braille. This woman is reading a Braille description of a room in a historic home.

environment is changing as more and more museums and other exhibits use interactive and multimedia approaches and other innovative means to provide access to their collections and for a total experience. In this context, the need to provide effective communication for people with vision and hearing disabilities can be easily overlooked. Rapidly developing and changing new technologies and visualization techniques offer new creative avenues for exhibits: multimedia presentations, wall projections, virtual 3-D recreations in which an individual takes on a role, soundscapes and even multimedia content on art works transmitted to the palm of your hand. These techniques also can be used for communication with people with disabilities to deliver or explain content and exhibits and to facilitate interaction.

For example, the International Spy Museum in Washington, D.C., a highly interactive museum dedicated to espionage, not only offers hundreds of artifacts and photographs but also displays information in its exhibits and programs in innovative formats including conveying the stories through film, computer interactive displays and special effects. The museum, a for-profit enterprise, has developed some innovative approaches to effective communication including some

THE INTERNATIONAL SPY MUSEUM: A MODEL FOR INTERACTIVE AND MULTIMEDIA EXHIBITS



The International Spy Museum entered an agreement in 2008 with the Department of Justice that DOJ called “a model for ensuring enjoyment” of interactive and multimedia exhibits, those “facets of American life” enjoyed by all. The museum was already providing or agreed to phase in over a two-year period numerous means of access.

For individuals who are blind or have low vision:

- > Tactile maps of the museum and a tactile floor plan that visitors can borrow.
- > A qualified audio describer for any requested museum audio-visual presentations, computer interactives or exhibits.
- > A qualified reader to read labels in all exhibitions.
- > A representative sample of objects, models and/or reproductions of objects to communicate the main themes of the exhibitions for tactile examination, accompanied by audio description.
- > A 20-minute tactile orientation tour with advance notice pending provision of a qualified audio describer.

For people who are deaf or hard of hearing:

- > Captions for all audio-visual, audio-only and computer interactive programs, unless providing them would result in an undue burden. In the latter event, the museum will provide scripts or wall text to communicate the audio narration or ambient sounds.
- > Sign language and oral interpreter services and real-time captioning on advance request for all public programs.



To read the settlement agreement, visit <http://www.ada.gov/spymuseum.htm>. To learn more about the museum’s accessibility accommodations, visit <http://www.spymuseum.org/plan-visit/accessibility>.

proprietary technologies consistent with the wide array of technology it uses and its theme. They include tactile maps and samples of exhibits, orientation tours, captions, audio describers, readers, and interpreters. Wearing a credit-card-sized triggering device (of the kind a spy might use) around his or her neck, a visitor can activate closed captioning of audiovisual presentations. (See text box on this page, “The International Spy Museum: a Model for Interactive and Multimedia Exhibits.”)

present tripping hazards, or prevent access to exhibit cases, interactives or media presentations.



- > Check stanchions for ticket lines or exhibit barriers to see if they are protruding objects, which become tripping hazards for people who are blind or have low vision.



- > In museum shops, don’t allow merchandise to spill into aisles and narrow the width of the accessible route.

3. Maintenance of accessible features

- > If you mount directional signs to accessible building features on movable pedestals, keep them in place to provide correct directions.
- > Monitor movable exhibition seating or furniture for exhibit interactives, so that they do not block accessible routes,

C. HEALTH CARE

In accessing health care, people with disabilities disproportionately experience significant obstacles. Individuals face architectural and programmatic accessibility barriers. Health care providers are not aware of the steps they need to take to ensure that patients with disabilities have access to appropriate, culturally competent care.¹⁹

The ADA applies to all health care services including those provided by hospitals, clinics, physician offices and shelters. It covers everything from emergency-room care to inpatient and outpatient services and surgery, from clinics and inoculations to educational classes. Many of the principles and suggestions discussed earlier apply here as well, but there are some particular points to take into consideration with health care.

Your responsibility to accomplish particular goals will depend in part on your size and resources. If you are limited by these factors, you should be aware of other locations with accessible services in place or with whom you can share equipment when needed. However, remember that failure to comply with the ADA is not remedied by referral to others. You should refer patients elsewhere only when you cannot meet all the goals of the ADA because barrier removal is not readily achievable during the time when you are coming into compliance.

As in other situations, it is generally the responsibility of the individual needing accommodations to request them. However, in the health care setting, an individual may be stressed by an emergency or by the very fact of being in a medical setting, or he or she may not be able to request an accommodation if he or she is not fully conscious, in pain or weak. It is important for the provider to be alert to indications that an individual may need an accommodation and to ask in a respectful way if that is the case. The question may need to be repeated if the circumstances change or if the provider later sees an indication of a need.

1. Physical access to facilities and equipment

Health care facilities such as clinics, hospitals, and physicians or nurses' offices should remove barriers with the goal of providing these accessible features:

- > Each department or clinical practice (e.g., pediatrics, geriatrics, surgery, rheumatology) should have at least one accessible examination table that lowers to 17 inches to 19 inches from the floor, enabling those with mobility disabilities to transfer more safely and independently to the exam table.
- > Accessible equipment (at least one of each type or for each type of service such as mammography or x-ray equipment) should include patient beds, exam tables, lifts, and radiologic and diagnostic equipment.

Q AND A

Can I tell a patient that I cannot treat her because I don't have accessible medical equipment?

Generally, no. You cannot deny service to a patient whom you would otherwise serve because she has a disability. You must examine the patient as you would any patient. In order to do so, you may need to provide an accessible exam table, an accessible stretcher or gurney, or a patient lift, or have enough trained staff available who can assist the patient to transfer.

Answer from Access to Medical Care for Individuals with Mobility Disabilities, Department of Justice and Department of Health and Human Services, 2010. (See text box below.)

FEDERAL GUIDANCE ON ACCESS TO MEDICAL CARE FOR PEOPLE WITH DISABILITIES



In 2010, the Department of Justice and Department of Health and Human Services jointly published Access to Medical Care for Individuals with Mobility Disabilities, http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm.

This technical-assistance document provides guidance for medical care professionals on accessible health care services for individuals with mobility disabilities. Intended for use by both large and small practices and facilities, it includes an overview of ADA requirements, commonly asked questions in health care settings, and illustrated examples of accessible examination rooms and medical equipment.

The U.S. Access Board is developing standards for medical equipment under the Patient Protection and Affordable Care Act. They will include access standards for medical diagnostic equipment including examination tables and chairs, weight scales, radiological equipment, and mammography equipment. For more information, visit <http://www.access-board.gov/news/mde-meeting.htm>.

- > Provide assistance in using equipment, if appropriate, to ensure equal access to medical services (e.g., exam tables and chairs, lifts, radiologic equipment, scales).
- > A minimum of 10 percent accessible inpatient rooms including accessible toilet facilities should be dispersed throughout the clinic.

Small clinics or radiology centers can have transfer boards on hand and can share lifts with other nearby locations if they meet the following criteria:

- > They can be obtained quickly.
- > Staff asks patients when scheduling an appointment if they will need any special assistance, modification of policy, or auxiliary aid or service at the examination because of a disability.
- > Staff members are prepared to provide the appropriate assistance and equipment at the appointment.
- > Staff is trained on operation of the transfer equipment and on techniques for assisting individuals with mobility disabilities to transfer to exam tables.

NEW These goals are drawn from recent DOJ settlement agreements (see Resources, Section C.10), which in part are based on the specific new construction and alterations standards for health care facilities, found mostly in Section 6 of the 1991 standards, Medical Care Facilities at <http://www.ada.gov/stdspdf.htm>. The 2010 standards address medical care facilities in Sections 36.406(g), 223 and 805. Read more about the 2010 standards at <http://edocket.access.gpo.gov/2010/2010-21824.htm>, <http://edocket.access.gpo.gov/2010/pdf/2010-21824.pdf>, <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm#a223> and <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm#a805>.

NOTE: Health care facilities are not eligible for the elevator exemption, which relieves buildings that are two stories or less from the requirement to have an elevator between stories. See Section 5.a.

DOJ emphasizes the importance of staff training in its guide to medical care for individuals with mobility disabilities, referenced in the second box on page 71. Staff must know:

- > Which examination and procedure rooms are accessible.
- > Where portable accessible medical equipment is stored.

- > How to properly assist with transfers and lifts and how to use positioning aids correctly to minimize the chance of injury for both patients and staff.
- > They should ask patients with disabilities if they need help before providing assistance and, if they do, how best they can help.

DOJ also calls for updated and refresher training. Specifically, whenever the facility receives new equipment to provide accessible care, staff should be immediately trained on its proper use and maintenance. New staff should receive training as soon as they come on the job, and all staff should undergo periodic refresher training courses each year.

2. Communications access

Effective communication is particularly critical in health care settings, where miscommunication may lead to misdiagnosis and improper or delayed medical treatment.

Exchanging written notes may work for information inquiries or transmitting simple information to a person who is deaf or hard of hearing. For training or other educational services offered to patients or members of the public, it may be necessary to offer additional aids and services such as note-takers, captioned videos and assistive listening systems. Written forms or information sheets may provide effective communication in situations where there is little call for interactive communication. For more complex communications, interpreters may be necessary.

The following are examples of situations where an interpreter may be required:

- > Discussing a patient's symptoms and medical condition, medications or medical history.
- > Explaining and describing tests, treatment options, surgery and other procedures.
- > Providing a diagnosis or prognosis.
- > Obtaining the patient's informed consent for treatment.
- > Communicating with a patient during treatment and testing procedures.
- > Providing instructions for taking medications, post-treatment activities and follow-up.
- > Providing mental health services including group or individual therapy or counseling for patients and family members.

- > Making educational presentations such as birthing and new parent classes, nutrition and weight-management counseling, and CPR and first aid training

Hospitals and clinics should have arrangements in place to ensure that qualified interpreters are readily available on a scheduled basis and an unscheduled basis with minimal delay including on-call arrangements for after-hours emergencies. Larger facilities may choose to have interpreters on staff.

Family members or companions who are deaf or hard of hearing are entitled to interpreters just as patients are in a variety of situations. For example, an interpreter may be necessary to communicate where the guardian of a minor patient is deaf, to discuss prognosis and treatment options with a patient's spouse or partner who is hard of hearing, or to allow meaningful participation in a birthing class for a prospective new father who is deaf.

Do not ask family members or other companions to interpret for a person who is deaf or hard of hearing. Family members may be unable to interpret accurately in the emotional state that often exists in a medical situation. They may not understand the terminology being used. They also should not be expected to cope with their own feelings (and sometimes the need to make decisions) and to provide the support or other assistance that their friend or loved one needs at the same time as they interpret for the patient. Privacy needs must also be considered. For example, a parent who is deaf and accompanies a teenager who is injured is present as a parent, not as an interpreter. A father cannot ensure effective communication between the teenager and the doctor while at the same time respecting the teen's privacy and fulfilling the parental role of supporting the teen, gathering information, and handling other details.

Video remote interpreting can be effective in a medical setting, but only if properly set up and used. As explained in Section 6.c, this technology allows a sign language interpreter at another location to appear via video on a computer screen or videophone. Although this approach can be useful, especially when it is difficult in a particular area to find interpreters, or there is only short notice of need such as in a medical emergency, it is only effective when properly configured and supported by a high-speed internet connection. Some hospitals are using VRI during the delivery of medical treatment, particularly when it is difficult to

DOJ AGREEMENT WITH BETH ISRAEL DEACONESS MEDICAL CENTER



An example of a recent agreement between DOJ and a large health care provider is at <http://www.ada.gov/bidmsa.htm>, which describes the DOJ's settlement with the Beth Israel Deaconess Medical Center in Brookline, Mass. Encompassing more than 30 buildings, the hospital operates a 621-bed acute-care facility, a level-one trauma center with subspecialty services, and three community health clinics in the greater Boston area. Its specialties include cardiology, dermatology, gastroenterology, neonatology, neurology, obstetrics and gynecology, oncology, orthopedics, psychiatry, pulmonary and thoracic disease, radiology, organ transplant, and surgery. Under the agreement, entered in October 2009, each of Beth Israel's clinical services will make 10 percent of their patient rooms including toilet facilities accessible; will remove other architectural barriers; will purchase accessible medical equipment including examination tables, radiologic and diagnostic equipment, patient beds and lifts; and will review hospital policies and train staff to address the needs of individuals with disabilities.

get an interpreter on short notice. However, DOJ has received several allegations of ineffective use of these services including reports that personnel were unable to set up and/or operate the videophone, the image on the monitor was too blurry for the patient to clearly distinguish the arms and hands of the video interpreter, and the camera on the videophone could not be adjusted for a prone patient so that the patient and the video interpreter could clearly see each other's hands, arms and head. In its 2010 regulation, DOJ has set performance standards for VRI. See the box in Section 6.c on page 43 for the specific requirements.



The U.S. Department of Health and Human Services has a helpful section on its website, <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/index.html>, about effective communication in hospitals, along with a number of links.

3. Services for people who use drugs or alcohol

Generally addiction is a disability under the ADA, and addicts are individuals with disabilities protected by the law. However, in most cases, a public accommodation can legitimately withhold services or benefits if the addict is currently engaging in the illegal use of drugs.

However, a specific rule applies to provision of health services or services provided in connection with drug rehabilitation. The ADA prohibits denial of those services to an individual on the basis of current illegal use of drugs if the individual is otherwise entitled to those services.

On the other hand, an individual may be excluded from a drug rehabilitation program where abstention from drugs is essential for participation.

D. SHELTERS

Shelters serve people who are displaced temporarily by emergencies, who are homeless or who have experienced domestic violence.

Individuals with disabilities are disproportionately represented in the population served by shelters. For example, a 2008 survey of the District of Columbia shelter system (including severe weather shelters, low-barrier shelters and temporary shelters) serving single women, single men and families found:

- > Twenty-three percent of D.C.'s homeless residents had a physical disability.
- > Nineteen percent had a severe mental illness.
- > Two percent had HIV or AIDS.²⁰

The ADA requires that shelters constructed or altered after the law became effective meet the ADA accessibility standards, which address shelters with particular scoping provisions. It also requires that shelter operations be conducted in a way that offers people with disabilities the opportunity to access the same benefits provided to people without disabilities. These include safety, comfort, food, medical care and information about other human services.

The Department of Justice has issued detailed technical assistance about how shelters, especially emergency shelters, can achieve compliance, and has also entered into a settlement agreement with the District of Columbia concerning its shelter

Q AND A

If an individual is using drugs, can a clinic or hospital refuse to provide emergency services or other medical care on the basis of that use?

Generally, no, absent a medical reason related to the drugs that are being used (for example, a particular treatment is counter-indicated due to the particular drug being in a person's system, or the particular drugs have created or would create complications for a particular course of treatment).

Can a residential drug treatment program expel an individual from the treatment center for using drugs?

Yes. In such a situation, once an individual has been admitted to a program, abstention may be a necessary and appropriate condition to continued participation. A drug rehabilitation or treatment program may deny participation to individuals who use drugs while they are in the program.

program. Many of the suggestions here—which in most instances are applicable to a variety of shelters—are drawn from that technical assistance and DOJ settlement agreements. The technical assistance and agreements address obligations of state and local governments under title II of the ADA, but the principles themselves are generally applicable to nonprofits as well. Of course, nonprofit shelters may operate with significantly fewer resources than government agencies and may have only a few beds. Or they may be emergency shelters operated by nonprofits with significant government assistance, have dozens of beds and offer related social services. For some of the requirements covered here, resources will be a factor and the expectations for compliance will not be as high for small nonprofits as for title II entities. But in evaluating whether barrier removal is readily achievable, whether policy modifications are reasonable, or whether an action would create an undue financial or administrative burden, you must keep in mind not just the resources at the location of a particular shelter. You must consider all the resources available including those of the organization directly funding the shelter as well as any parent organization.



The Department of Justice has recently focused significant technical assistance and compliance efforts on access to shelters, particularly emergency shelters. See these resources in particular:

- > ADA Best Practices Tool Kit for State and Local Governments, Chapter 7 (developed for state and local governments but relevant to non-profits operating shelters as well)
 - Addendum 1: Title II Checklist (Emergency Management), <http://www.ada.gov/pcatoolkit/chap7emergencymgmtadd1.htm>
 - Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters, <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>
 - ADA Checklist for Emergency Shelters, <http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>.
- > Settlement agreement between U.S. Department of Justice and the District of Columbia, entered on Dec. 10, 2008, <http://www.ada.gov/dcshelter.htm#settlement>. The district was required to:
 - Develop a comprehensive plan to ensure that people with disabilities have equal access to the district's homeless shelter facilities.
 - Implement specific policies, practices and training to ensure that individuals with disabilities have equivalent access to all services and activities of the shelter program including provision of a safe and secure location where medications can be stored, refrigerated (if necessary) and accessed by shelter clients.
 - Enhance effective communication with shelter applicants and residents.
- > An ADA Guide for State and Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities, <http://www.ada.gov/emergencyprepguide.htm>

These tips are organized according to the topics covered earlier in this guide. Those more general sections should be reviewed along with this section.

1. Policy modifications (see Section 7)

Modify sleeping arrangements to meet disability-related needs. To maximize efficiency, shelter operators typically provide one standard type of

cot or mat for use by shelter residents. However, some people with disabilities need to sleep on cots or beds instead of on mats placed on the floor, or they may need modifications to cots or beds. For example, a person with muscular dystrophy may require a cot with a very firm mattress to provide the physical support needed to facilitate breathing. Similarly, many people with mobility disabilities will be unable to use a sleeping mat placed on the floor. For example, people using wheelchairs or scooters may be unable to safely transfer onto and from a cot or bed unless it is firmly anchored and has a firm sleeping surface that is 17 inches to 19 inches above the floor. Shelter operators need to establish procedures for people with disabilities to follow in requesting reasonable modifications to sleeping arrangements.

Allow service animals. If you have a no-pets policy, modify it to enable people with disabilities to stay in shelters with their service animals. See Section 7.d.

Provide reasonable assistance. Some individuals may require assistance, which staff should provide to a reasonable extent. This could include help for a person with a mobility disability in transferring to and from a cot or bed, help for a person with manual dexterity limitations or a cognitive disability in filling out forms, assistance carrying a food tray, or cutting up food for someone with upper-body limitations.

Modify kitchen access policies if necessary. People with certain medical conditions may require access to food on a schedule different from the shelter's usual schedule. To preserve food and beverage supplies and maintain efficient kitchen operations, most shelter operators restrict residents and volunteers' access to the kitchen. But people with medical conditions such as diabetes may need immediate access to food and beverages to avoid serious health consequences.

Allow individuals to request other modifications, or ask if they need a modification if it is reasonably apparent that they may. If people who are blind are staying at a shelter, they may not be able to do certain chores that are required of residents and should be given other chores. Don't assume that they can't make their beds or clean up in the kitchen, but you can ask in a respectful way if chores such as those will present any difficulties.

Some people with disabilities may not be able to leave the shelter in the morning by the deadline



generally imposed. If they require additional time because of the timing and effects of medication or the additional amount of time to get ready for the day after getting out of bed (for example, because of mobility disabilities and the extra time required to get dressed, attend to toileting and other personal needs, etc.), you should allow them to reschedule their exit time.

Some people cannot live in communal settings because of disabilities such as lupus or severe allergies. You may need to assist the individual in finding other living arrangements, perhaps through the local government. Similarly, if you have not removed barriers to access, you may need to find or arrange for accessible transportation for someone who would otherwise stay in your shelter but cannot because of a mobility disability. This may also be something that can be arranged through, or may be the ultimate responsibility of, the local government.



The D.C. Legal Clinic for the Homeless has developed a form for requesting accommodations in shelters: <http://www.legalclinic.org/clients/reasaccom.pdf>.

2. Effective communication

As set out in Sections 2.c and 6, nonprofits must ensure effective communication with people with vision, hearing, speech or cognitive impairments. This sometimes will entail the provision of auxiliary aids such as interpreters, captioning, materials in

alternate formats and the exchange of notes. There are some particular considerations for those who manage or staff shelters.

Make information about shelter rules, human services and other benefit programs accessible to people with hearing disabilities. For example, in emergency shelters, announcements about the availability of human services and other benefits are often made orally. Shelter operators must ensure that people who are deaf or hard of hearing have access to this information in a timely and accurate manner. In some circumstances, qualified sign language or oral interpreters may be required by the ADA. In others, posting messages and announcements in written format on a centrally located bulletin board or writing notes back and forth with residents may suffice.

Provide a TTY for people who are deaf or hard of hearing if you offer telephones for residents. Many people in shelters use telephones to apply for disaster-relief benefits, arrange for transitional housing, and speak to family and friends. People who can use standard voice telephones typically make use of shelter telephones or cellular phones for this purpose. But without access to a TTY, people who are deaf or hard of hearing and those who have speech disabilities are unable to communicate with others over the telephone.

Provide alternate format materials for people who are blind or who have low vision. People who are blind or have low vision may request documents and brochures in alternate formats such as Braille,

SHELTERS MATTER

Access to shelters can be a matter of life or death. Consider the words of a woman who stayed in a violent relationship that almost led to her death around the time the ADA was passed. As a quadriplegic because of a car accident when she was 16, she did not have access to the services and facilities available to others.

“Looking back on my experiences of abuse, during the battering relationship in 1990, I did not perceive a shelter as an option because of my need for physical accessibility and attendant care. Back in 1990, basic community services, even restaurants were ... not accessible to me. ... During the battering relationship, if I had had information on safety planning, education and domestic violence, and had an accessible shelter available, I would have been better able to protect myself—to get out of the relationship before I was severely beaten and before the hospital and the police had to become involved to get me out.”

Kimberly Black Wiseman, “You’re My Pretty Bird in a Cage: Disability, Domestic Violence and Survival,” Impact Magazine, Vol. 13, No. 3, Fall 2000.


large print or audio recording. Shelter materials should include alternate format versions of documents that are routinely made available to shelter residents. Having alternate formats available for distribution during an emergency requires advance planning.

When documents are prepared on the spot and alternate formats cannot be prepared in advance or produced as needed, shelter operators are still required to provide communication through alternate means. An effective solution in an emergency is to provide the services of a person who will read printed documents aloud and, where applicable, someone to help fill out forms. People who serve as readers or provide assistance filling out forms must be qualified in the context of an emergency shelter. They must be capable of and willing to read materials and complete forms as instructed by the person with a disability.

3. Access to facilities (see Section 5)

Examine physical elements for barriers, with particular attention to toilets, bathing facilities, drinking fountains, sleeping areas, food distribution and dining quarters, first aid/medical units, and activity and recreation areas.

Comply with specific provisions in the ADA standards for new construction and alterations.

-  Depending on the date of construction, new homeless shelters and similar social service agencies must comply with either section 9 of the 1991 ADA standards or the provisions of the 2010 standards applicable to residential facilities including provisions in sections 233 and 809, which are online at <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm#a233> and <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm#a809>. The 1991 standards generally require that 4 percent of the first 100 rooms and approximately 2 percent of rooms in excess of 100 must be accessible to people with mobility impairments, as well as to people with hearing impairments. These rooms should contain visual alarms, visual-notification devices and volume-control telephones if telephones are provided. Moreover, additional rooms must be accessible to people with hearing impairments in the same percentages. The 2010 standards are more detailed and, in some instances, more stringent. For example, in a shelter with more than 50 beds and separate shower facilities for men and women, at least one roll-in shower must be provided for each group. See DOJ 2010 regulation, section 36.406(d) at <http://edocket.access.gpo.gov/2010/2010-21824.htm> and <http://edocket.access.gpo.gov/2010/pdf/2010-21824.pdf>.
- > At least one type of amenity such as washers, dryers and similar equipment installed for the use of occupants in each common area must be accessible.
- > In a facility that is not required to have an elevator, it is not necessary to provide accessible amenities on the inaccessible floors if at least one of each type of amenity is provided in accessible common areas.
- > All accessible areas in a homeless shelter in an altered facility may be located on one level.
- > Less stringent requirements apply to alterations. For example, only one accessible entrance may be required.

E. OTHER HUMAN SERVICES

Nonprofit organizations provide such a variety of human services that they cannot be completely catalogued. In all types of interactions, nonprofits should take into account a person's disabilities and apply the principles and approaches discussed earlier. See Sections 4, 6, and 7.a, d and f.

- > Application procedures should not limit access by people with disabilities. For example, a policy requiring application by phone may exclude people who are deaf or hard of hearing. Requiring web-based or printed applications may exclude people who are blind or have low vision. Requiring in-person applications may exclude people with disabilities who are unable to leave shelters or their homes. The most effective ways to ensure access are by modifying procedures to allow people to apply in different ways, and providing auxiliary aids and services and other reasonable modifications to application procedures when people with disabilities need them.
- > Information about social services and other benefit programs should be available in alternate formats.
- > Services involving counseling, mentoring, tax preparation, financial counseling or assistance, locating housing, and the like may require interpreters and/or other auxiliary aids. They must be in accessible facilities, or you must provide the option of taking the service to the person or to another location that is accessible.
- > Assistance in locating housing should take into account an individual's need not only for accessible dwellings, but also for proximity to accessible transportation. Someone with a mobility disability may need to personally verify that an entrance to an apartment has no steps or that the accessible features of a bathroom or kitchen meet his or her needs. Some people who are blind or have low vision may not be able to locate addresses in an unfamiliar community or determine if an apartment is clean and safe without assistance. For these reasons, people with disabilities may need extra help including transportation assistance in locating housing.

F. CHILD CARE

Almost all nonprofit child care providers must comply with the ADA, regardless of their size, and including those that may be part of a school or shelter. These requirements apply to a provider's



An inclusive child care setting benefits children both with and without disabilities by helping them gain realistic life experiences and develop sensitivity to differences.

interactions with the children, parents, guardians, and potential clients or customers that it serves. There is one exception to this inclusive coverage: those centers run by religious entities such as churches, mosques or synagogues. See Section 9.j on religious organizations.

Inclusive child care is an integrated setting for children both with and without disabilities. It benefits children with disabilities in numerous ways: They socialize with positive peer models, gain realistic life experiences and develop friendships—all without the negative effects and stigma of segregation. But inclusive child care benefits children without disabilities as well. They socialize with a diverse group of peers and gain a realistic and accurate view of people with disabilities starting at a young age, develop positive attitudes about and sensitivity to differences, and witness children with disabilities participating in everyday life activities and achieving success in a number of ways.

1. General principles

One key principle should guide providers: They must make an individualized assessment of whether they can meet the needs of a particular child after first meeting with the parents or guardians to learn about the child. Providers should not just assume that a child's disabilities

are too severe for the child's successful integration into the program and should not react to speculation, stereotypes or generalizations about children with disabilities. The provider should work with the parents or guardians to determine whether it can serve the child's needs without fundamentally altering its program.

Examples of auxiliary aids and services (see Section 6) that could be reasonably expected from most nonprofits:

- > Purchase large-print books.
- > Learn some sign language or hire an interpreter.
- > Label the cubby of a child who is blind with Braille.

Examples of modifications to policies and practices:

- > Eliminate prohibitions on admitting children with disabilities or certain disabilities.
- > Eliminate blanket restrictions that prevent children with disabilities who are not toilet trained from being considered for admission.
- > Provide alternative foods at lunch and snack time for children with food allergies.
- > Change schedules for naps or medications.
- > Adapt the curriculum.
- > Require additional staff training.
- > Provide certain adaptive equipment.



A child care provider cannot reject a child with a disability just because he requires individualized attention.

The ADA makes clear that child care programs are not required to provide children with personal devices such as wheelchairs, eyeglasses or hearing aids. However, the programs are required to provide services such as assistance in eating, using the bathroom or dressing when they are ordinarily provided to other children in their care.

Child care programs may refuse to admit a child if they can document that the child will pose a direct threat to the health and safety of others. This is a very narrow exception based on a substantial risk of serious harm to the health and safety of others. However, any safety requirements must be based on actual risks and not the type of speculation just mentioned. Additionally, if the threat or risk can be eliminated without fundamentally altering the nature of the program, the child must be admitted or kept in the program.

2. Individualized attention

A center that specializes in group child care cannot reject a child just because he or she needs individualized attention. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with multiple disabilities applies for admission and needs one-to-one care to benefit from a child care program and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with multiple disabilities need one-to-one care or must be accompanied by a personal assistant to be successfully integrated into a mainstream child care program. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

3. Children with allergies

Child care centers also cannot exclude children solely because they have severe allergies such as to certain foods or bee stings. A center needs to be prepared to take appropriate steps in the event of an allergic reaction such as administering

epinephrine, which should be provided in advance by the child's parents or guardians. (See box on sample policies at the end of Section 9.f.6. on this page.)

4. Children with asthma

Child care centers are required to modify any policies that prohibit them from administering medication or allowing children to administer their own medications in order to enroll a child who uses an inhaler for asthma. In this case, the center would be required simply to monitor the child for wheezing and to supervise the child while he or she uses the inhaler. DOJ has said that doing so is not fundamentally different from the usual responsibilities that all child care operators have for the safety and well-being of students.

5. Children with diabetes

Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar or blood glucose levels at certain times. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training and special food necessary for the child.

To go on a field trip, children with diabetes should not be required to be accompanied by a parent or a medically trained person hired by the parent. The caregivers should be able to follow the procedures described above during the field trip.

NEW Some state laws prevent child care providers from providing medical care and supervision without appropriate authorization. This can include administering insulin, glucagon for severe hypoglycemia or other diabetes care. An August 2010 agreement between the DOJ and Rainbow River Child Development Center addresses these issues. It requires the center to apply to the state for permission to provide those specific types of care within five days of receiving a request from a family as long as it has received certain information about the

child's condition and a medical management plan from the child's physician. Read more about the agreement at http://www.ada.gov/rainbow_river/rainbow_river_sa.htm.

6. Charges for services

Generally child care programs may not charge families with children with disabilities more than other families are charged to cover any increased costs including insurance costs the program incurs. The provider should treat any additional

SAMPLE POLICIES, FORMS FOR WAIVER OF LIABILITY, AND PARENT AND PHYSICIAN AUTHORIZATIONS



Child care centers or their parent organizations have developed policies, waiver-of-liability forms, and parent and physician authorization forms in cases involving children with diabetes, asthma and allergies under several settlement agreements with the Department of Justice. The forms are in attachments to these agreements:

- > Pine Hills Kiddie Garden, October 2009 (diabetes management plan, physical exam form, and release and waiver of liability), <http://www.ada.gov/pinehillscare.htm>
- > Cumberland Child Care, 1998 (relating to a child with asthma) (nondiscrimination policy, authorization for emergency care and release), <http://www.ada.gov/cumberld.htm>
- > La Petite Academy, 1997 (policy for administering emergency treatment to children with severe allergies, authorization for emergency care, release and waiver of liability, staff acknowledgment of training about allergy treatment and blood glucose testing, and policy for testing blood glucose levels), <http://www.ada.gov/lapetite.htm>

Child care centers and parents or guardians should consult a lawyer about local and state laws to determine whether any changes need to be made to any sample documents before using them.

Q AND A**If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room with younger children?**

Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

Our center has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. State laws may address liability for any problems resulting from administering medication. But generally speaking, as long as reasonable care is used in following the doctors, parents or guardians' written instructions about administering medication, centers should not be held liable. Providers, parents and guardians are urged to consult professionals in their state whenever liability questions arise.

We diaper young children, but we have a policy that we will not accept children more than 3 years of age who need diapering. Can we reject children older than 3 years old who need diapering because of a disability?

Generally, no. Centers that provide personal services such as diapering or toilet assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities as long as they would not have to leave other children unattended to do so.

Answers from DOJ's "Commonly Asked Questions about Child Care and the Americans with Disabilities Act" at <http://www.ada.gov/childqa.htm>.

cost as overhead or spread the cost to all families in the program. You may charge for services that are beyond what is required by law. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. If the center chooses to go beyond its legal obligation and provides the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA such as finger-prick blood glucose tests for children with diabetes, it cannot charge the parents extra for those services.

7. Physical access

The ADA Standards for Accessible Design apply to facilities built for children, but until the 2010 standards were issued, there were no particular requirements for child-size elements such as desks, toilet rooms and drinking fountains. The 2010 standards include specific provisions for play areas, as well as interior elements used by children such as drinking fountains, toilet rooms, lavatories and sinks, dining surfaces, and work surfaces like desks. The

The 2010 Americans with Disabilities Act Standards for Accessible Design apply to facilities for children including play areas.



provisions are found in sections 234.3, 240, 602.2, 604.1, 604.8.1, 604.9, 606.2, 609.4, 902.1, 902.4, and 1008.4.3. See Section 2.b.1 and Resources. See Section A.1 of the Resources for links to the current standards.

G. RECREATION

Many of the questions about participation in recreation programs—apart from auxiliary aids and physical access—will require the same type of analysis set out earlier about making individualized assessments and modifying policies. See, for example, Section 6 “Communication” and Section 9.f. on child care about the fundamental alteration analysis. Compliance expectations will vary according to your size, resources and programs offered.

One example of the types of policy modifications and auxiliary aids that have been required of a large organization is illustrated in an agreement reached in 2006 between the Department of Justice and PONY Baseball, a nationwide youth baseball and softball organization. A deaf boy was playing on a team in Hawaii, and his father was providing sign language interpreting for him. But the organization’s rules limited the number of coaches during games. The league ruled that the father had to be included in the total number of coaches for his son’s team. Under the agreement, the organization agreed to modify its rules specifically to allow players to use sign language interpreters during games. It also agreed to provide sign language interpreters for players who are deaf or hard of hearing in conjunction with its local leagues and to make other reasonable modifications to its rules and practices to allow players with disabilities an equal opportunity to participate in baseball and softball games.

In addition, Section 7.c. about separate programs is applicable. For example, you can offer recreational programs especially for people with mobility impairments, but you generally cannot refuse to allow people with disabilities to participate in regular recreational programs.

Adaptive physical exercise programs, “special programs” geared toward people with disabilities, at a recreation center or exercise gym are acceptable, but an individual should have a choice of using the mainstream services offered as well.

NEW

While the 1991 standards had no accessibility standards for recreation areas, the 2010 standards have a specific section, Chapter 10 (see discussion in Section 9.f.7), on the subject: <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm#recreation>. They include provisions covering clear floor space at exercise machines, play areas, and access to swimming pools, sports facilities and locker rooms.



Exercise gyms should have enough clear floor space for people with mobility disabilities to use exercise machines.

The ADA applies not just to the individuals to whom recreation programs are geared, but to coaches and volunteers as well. For example, a man with quadriplegia who uses a power wheelchair alleged that a local recreation department would not allow him to continue to volunteer as a youth baseball coach because he used a wheelchair. The recreation department allowed him to continue to coach the team and implemented a nondiscrimination policy applicable to volunteers and participants who have disabilities in all of its programs, services or amenities. A private recreation league or organization would have similar obligations.

H. TRANSPORTATION

The ADA and its regulations include detailed requirements about various types and modes of transportation. Most of them apply to companies or transit authorities that are in the business of providing transportation. But generally other regulations apply to the types of nonprofits that have been the focus of this guide: child care centers, shelters, places of recreation, museums and theaters, homes for elderly people, health care providers, and other service providers.

The ones that will pertain to nonprofits will generally be those that apply to an entity that

provides transportation in support of its mission or as a convenience to its clients or participants. For example, if a nonprofit has an activity center or child care center for elderly people or children or offers outings for groups, it may provide transportation to and from the centers or the outings. In that case, the purpose of the nonprofit isn't to be a transportation provider, but it is providing transportation as a part of its activities.

This group must follow the DOJ's rules for public accommodations. It requires that organizations that provide transportation to their clients must provide equivalent service for clients with disabilities. This can be achieved by acquiring and operating accessible vehicles or by contracting with another company to provide accessible transportation services when needed.

The important thing to remember is that the service provided must be equivalent. If clients without disabilities can get transportation quickly and easily, people with disabilities should be able to do so as well. For example, this mandate would apply to vans or buses that your program uses to pick up children and take them to school or child care or on field trips. You must be sure that children with disabilities are able to get to child care as conveniently and quickly as other children. Sometimes the most efficient way to do this, if you can afford it, is to make sure that all or most vans or buses you use are accessible, by buying

accessible vehicles or retrofitting them to be accessible. Otherwise, if there is not a lot of demand for accessible vehicles or if you can't afford to buy or lease a number of accessible vehicles, you can operate fewer accessible vehicles, but make sure that you schedule the accessible vans and buses to transport people with disabilities as called for by the situation. For example, if a nonprofit's purpose is to address the needs of those who are homeless or hungry, and it has five vans that travel the streets on winter nights to bring people in from the cold and transport them to shelters, it could have just one accessible van that it reroutes if a person with a mobility disability is to be transported and if it can reroute the van quickly in order to meet demand. An alternative would be to have a contract with a company or another nonprofit with accessible vehicles if the other entity can respond immediately to a call for transportation.

Keep in mind that for some activities, socialization is part of the experience. If you sponsor a tour or day trip for a group of people and some of them have disabilities, you must provide integrated transportation. To take 25 people on a tour or trip in an inaccessible bus, with two people following separately in a van because they have mobility disabilities and the bus can't accommodate them, would be violating one of the ADA's central mandates: to offer services in the most integrated setting appropriate. For that tour or trip, you should use a bus that is accessible to everyone.

You should also evaluate your use of vouchers or similar means of assisting people with transportation. If you give people a voucher for transportation from your offices back to their home after an appointment, for example, or a voucher from your office to a potential apartment so that they can see it, the expectation may be that most people would use a cab for that purpose. If so, you would need to make service available through an accessible cab or van service or assist an individual with a mobility disability in arranging transportation. In some cases, because almost all public buses are now accessible, bus transportation would be equivalent. But in others, if the client would be required to take a circuitous route, make several transfers, or be dropped off a distance from his or her destination, it would not. A ride on a paratransit system, a supplemental accessible service required of mainline transit services that offers curb-to-curb service by reservation, could also be equivalent in some instances. But usually



Nonprofits that provide transportation for their clients to an event or activity must provide equivalent service for their clients with disabilities.



paratransit agencies offer rides only to individuals who have already been accepted into the program, and they often require 24-hour notice. All these variables should be factored in when you map out your procedures for providing transportation.

Equivalent service can also be achieved by contracting with another company to provide accessible transportation services when needed such as for field trips that may be scattered throughout the year.

Nonprofits that offer shuttle services that take people to different locations within a special event location or from parking to an event, whether by van or by golf cart, should also follow these same principles.

If the purpose of your program is the provision of transportation—for example, transporting older people to and from medical and health care services, social services, meal programs, senior centers, and shopping and recreational activities—these services must comply with the applicable portions of the ADA regulation issued by the Department of Transportation (49 CFR Part 37). Read more about the regulations on transportation services for people with disabilities at http://www.fta.dot.gov/civilrights/ada/civil_rights_3906.html.²¹

I. WEBSITES AND ELECTRONIC COMMUNICATION

The ADA and its regulations were adopted before websites existed and long before the explosion of electronic communication. Now more and more nonprofits are using the internet as a fast, and often inexpensive, means of informing and interacting with clients, applicants, customers and program participants. For example, your organization may use:

- > A website
- > E-mail
- > “Contact us” forms
- > Social networking sites such as Facebook and Twitter

You may use these to:

- > Provide information.
- > Promote your services.
- > Accept applications for participants including volunteers.
- > Sell tickets to performances, exhibits or other events.

If you use these exclusively to communicate or provide certain services, these means of communicating must be effective as discussed in Section 2.c and Section 6. The Department of Justice has said that title III applies to websites of public accommodations, but the ADA and its regulations, even the 2010 regulations, do not specifically address access to websites or other electronic means of communication.

NEW DOJ is now taking steps to regulate public accommodations such as nonprofits that provide goods, services, programs or activities to the public via websites. In July 2010, in an advance notice of proposed rulemaking, DOJ stated its intention to do so at http://www.ada.gov/anprm2010/web%20anprm_2010.htm. At the same time, because most websites provide services and information in a dynamic, evolving setting, DOJ asked whether alternative means could replicate that setting. After receiving comments from the public until January 2011, DOJ may then develop and propose specific requirements.


In the meantime, regularly evaluate your websites and the extent to which you communicate through them as part of your assessment of whether your communication with people with disabilities is

effective. See Section 6. Consider what services and communication you provide and whether there are alternative and equally effective means of accessing them. For example, if you sell tickets to performances via the internet 24 hours a day, it will be difficult to approximate the ease and timeliness of sales for individuals in another way. In that case, the only way to provide effective communication may be to make the part of your website that offers tickets accessible.

An accessible website is easy to navigate and benefits everyone. Accessibility does not inhibit the use of images and other features or make a site less attractive or less interactive. On the other hand, poorly designed websites can create unnecessary barriers for people with disabilities. If they are not designed and maintained to be compatible with assistive technologies that many people with disabilities use, the sites are not accessible. For example, when websites depend heavily or exclusively on graphics for content or navigation and do not provide descriptions, then those who are blind and use talking screen-reader technology may not be able to use them because screen readers cannot interpret graphics. See Glossary.

- > Audio content is inaccessible to deaf users. Users who are deaf need captioned text that is synchronized with audio clips on the website.
- > Users with learning disabilities sometimes have difficulty comprehending websites that are cluttered or disorganized.
- > Many internet users have older computers or slow internet connections. Web content that requires high-speed internet connections such as flash is not accessible to them.
- > Without an option for large font and high contrast, some people with low vision cannot use the website.

This is a rapidly changing area, and new technologies and developments are introduced every day. Future regulations may impose specific requirements. But in the meantime, there are some relatively inexpensive steps that you can take to improve web accessibility:

- >  Use plain text in e-mails.
- > If you send e-newsletters, e-mail blasts or PDF documents, use an accessible format.
- > Be sure your web design is accessible to technology used by people with disabilities.
- > Add captions to multimedia clips to provide access to the audio portion.

- > Add tags and descriptions that allow screen-reading software to identify graphic elements for users who are blind or have low vision.

Implementing accessibility features is not difficult and will seldom change the layout or appearance of web pages. The guidelines of the Web Accessibility Initiative for creating accessible web-based information should be followed during the design phase. They are at <http://www.w3.org/WAI/>. For guidance in performing a preliminary review to check for accessibility, visit <http://www.w3.org/WAI/eval/preliminary.html>. This site offers web-accessibility evaluation tools, or web checkers, that are software programs or online services that help determine if a website meets accessibility guidelines. In addition, you could consult the standards developed by and for the federal government at www.section508.gov or www.access-board.gov. See Section 10.d.4 on page 90 in this guide for more information on improving access to your websites.



You can also choose to follow the standards that Illinois applies to its own websites, which are at <http://www.illinois.gov/iwas/>.

The information is user-friendly and would be helpful not just to government agencies but to public accommodations such as nonprofits as well.

J. RELIGIOUS ORGANIZATIONS

Some religious organizations such as churches, synagogues and religious schools are not covered by the public accommodations provisions (title III) of the ADA because of an exemption in the law. However, the Trust encourages all of its grantees to comply with the spirit of the ADA even if they qualify for the exemption.

Keep in mind that a nonprofit that is exempt from title III may be covered by other laws. If it receives federal funds, it is subject to section 504 of the Rehabilitation Act, which has requirements similar to those of title III. There is no religious organization exemption. The employment provisions (title I) of the ADA cover an employer if it has 15 or more employees. In addition, some state and local laws may apply.



For example, the Illinois Environmental Barriers Act and the Illinois Accessibility Code requires that facilities that are newly constructed or renovated including those of religious organizations be accessible. See Section 1.c.

Determining whether religious organizations or those using their facilities are covered under various laws can be complex. You should seek legal advice about your organization's coverage and any exemptions that may apply. These may vary under different laws and different circumstances.

A religious organization that would be exempt from title III would include a religious order, a congregation and its place of worship, or an entity controlled by a religious organization. The exemption is quite broad in that it encompasses a wide variety of situations. For example, if a church operates a human services agency, a health clinic, a child care center or a private school, those operations would not be subject to the requirements of the ADA even though those operations would otherwise be public accommodations. This is the case even if the services provided are open to the public at large, rather than limited to members of a particular religion.

Entities that are controlled by a religious organization are also exempt. For example, a parochial school that has religious doctrine as part of its curriculum and is sponsored by a religious order is

probably exempt both as a religious entity and as an entity controlled by a religious organization. A religious order that sponsors human services, even through a lay board or other corporate mechanisms, is also exempt. The exemption applies to all of a religious organization's activities, whether the activities are religious or secular.

However, this exemption does not extend to a public accommodation that is not itself a religious organization such as a child care center or community group, but is leasing space on the property of a religious entity or organization.



Congregations that are interested in going beyond the ADA to welcome people with disabilities to opportunities for worship, study, service and leadership are encouraged to contact the Interfaith Initiative of the American Association of People with Disabilities at <http://www.AAPD.com>.

Q AND A

If a synagogue operates a child care center or private school, is it exempt as a “religious organization”?

Yes.

If a synagogue leases some of its space to a separate private entity that operates a child care center or private school, is the synagogue still exempt?

Yes.

In that same situation, is the private entity also exempt?


No. The private entity is a public accommodation (unless it, too, is a religious organization) if it is leasing the space, even though it is operating on the premises of a religious entity.

If a congregation donates space on its premises for a community theater or for shelter for people who are homeless, is the theater or shelter exempt?

In this case, the theater or shelter would be exempt from title III as well. The private entity would be subject to title III only if it paid rent or other consideration.

If a child care center is operated by a church-controlled human services agency, but it contracts with the state or local Department of Family Services to provide a few slots within the center, does that make it subject to title III of the ADA?

No, it is still exempt. But it may be subject to section 504 of the Rehabilitation Act (see Section 1.c.1). And the center must be operated in such a way that DFS can fulfill its title II obligations as a public entity. The DFS contract may include assurances that the center will act accordingly.



Nonprofits can start collaborating with people with disabilities by staffing booths at conferences and events. *Photo by Kira Kurka.*

SECTION 10.
AN AGENDA
FOR ACTION

“People with disabilities are problem solvers. They often encounter unexpected barriers and so must be able to identify solutions to a problem and implement the solution rapidly.... Their experiences and adaptations to their disabilities represent a set of skills and traits that are extremely valuable in a competitive market.”

Paul J. Tobin, executive director,
United Spinal Association, from the Department
of Justice’s “Expanding Your Market”

There are, of course, many ways to enhance your organization’s compliance with the ADA. Here are seven simple steps to full compliance.

A. MAKE THE COMMITMENT

Your commitment to ADA compliance must start at the top with leaders and managers. Articulate a commitment to access by creating an accessibility policy statement or declaration. Include it within your policies and make it part of your culture. Affirm that you welcome people with disabilities and subscribe to the goal of providing access to programs, services and facilities. This philosophy should then be integrated into all activities: policies, guidelines, plans, budgets, funding proposals, meetings and outreach.

If your organization has the staff and resources, appoint an ADA coordinator even though the ADA does not require you to have one.

Plan to plan: It’s hard to achieve compliance without assessing where you are and where you need to go, and it is a good practice to do a self-assessment and barrier-removal plan (see Section 10.d and g).²²

Of course, it is also difficult to achieve your goal without dedicating financial and staff resources. Incorporate the costs of compliance into the cost of doing business by including line items in your budget for facilities, communication and services. Include these not only in your annual and long-term financial planning, but as part of your management process. Take them into account when making grant applications.

B. COLLABORATE WITH PEOPLE WITH DISABILITIES

Consulting with individuals with disabilities and organizations that represent them will improve the

planning and compliance process and enhance the result. They have unique perspectives on your services. People with mobility disabilities can help you identify physical barriers. People with communication disabilities can help you identify barriers to their participation.

If you have the staff and resources, consider forming an advisory group with people with disabilities among the members.



Section B of the Resources section in the back of this guide includes some groups of people with disabilities who may be able to collaborate with nonprofits in the Chicago area.



There are many ways to start collaborations with people with disabilities and organizations.

- > Seek client feedback through questionnaires or interviews.
- > Let groups know that you want to welcome people with disabilities to your programs and engage their abilities.
- > Start with short, informal meetings with leaders of local disability organizations to learn about their views and interests and to explain your program, its goals and the opportunities it offers.
- > Present at each other’s meetings, or staff a booth at conferences or events.
- > Exchange materials.
- > Get feedback on your materials and policies.
- > Invite groups to train your staff and participants.
- > Coordinate a service-day project with a disability organization to benefit the group or its consumers.
- > Join the board or advisory committee of a disability organization.
- > Write articles about your program for the newsletters of disability groups, and invite articles on disability issues for your own newsletters.
- > Link your website to other organizations’ websites.

C. DO A CLIENT PATH ANALYSIS

A client path analysis is an effective way to evaluate your facilities and policies for compliance. It involves tracing the path that a person would follow in order to access your services, whether with respect to facilities or policies and operations.

1. Physical access

To evaluate physical access, start at the locations where people would arrive at your building. Go through the entrance, to the location of services, and through amenities like restrooms and drinking fountains. Evaluate all areas that people would use with one of the checklists in Section C.3. of the Resources. As you do, reread Section 2.b, Section 5, Section 8, if applicable, and the parts of Section 9 that address your programs and services.

2. Operations and policies

In addition to your physical facility, assess the “path” that a person would follow to access your services by reviewing your operations and policies. This is best done with each program or service. Identify the entry points (your outreach efforts, your publications, your communication via the web, referral from another agency) through which people find out about and apply for or take advantage of your services, and the “path” that a person would follow through your system. This will include assessing eligibility criteria, the application process, the way in which services are provided and communication including your website. Section 7 covers policies in general. Sections 8 on

meetings and events and 9 about various types of programs and services should be helpful.

You may wish to review the quick-check tool in Section 3, which was suggested earlier as a way to take stock of where you are. It could be used now to determine what you need to do.

D. PUT IT IN A PLAN

After performing the evaluation in the prior step, you will have identified the points that need improvement at your organization. Now it is time to draw up plans, with specific time frames for taking remedial steps:

- > One for barrier removal, with action steps and time frames, taking your resources into account, and following the priorities in Section 5.c. for barrier removal.
- > One plan for implementing policy changes. It doesn't have to happen all at once. Devise an approach and a schedule, and start following it.
- > One for communication.
- > One for your website.



Collaborate with people with disabilities and the organizations that represent them to learn about the opportunities to make your nonprofit compliant with the Americans with Disabilities Act. Photo by Kira Kurka.

1. Physical access

A serious effort at self-assessment and consultation can save resources by identifying the most efficient means of providing required access and can diminish the threat of litigation. DOJ recommends that a public accommodation develop an implementation plan designed to achieve compliance with the barrier-removal requirements. Such a plan, if appropriately designed and executed, could serve as evidence of a good-faith effort to comply with the barrier-removal requirements. Remember to include space that you use for meetings and events in this assessment.

Use Tip Sheets 6, 7, 9 and 10, and Template D.

2. Communication

Set time frames and develop policies, means and resources for providing interpreters, captioning and alternate formats. Create a plan to make your brochures and other information accessible. Identify sources of interpreters, captioning services and Braille documents. Keep an updated list and track whether these resources respond quickly and reliably. See Sections D and E of the Resources. Train staff to know how to respond to requests for auxiliary aids or services and to start locating them as soon as the need arises.

Use Tip Sheets 2, 4, 5 and 8, and Templates A and B.

3. Policies and practices

Determine what official policies need to be changed, how and by whom, and what informal practices may impede equal opportunity for people with disabilities.

Use Tip Sheet 3 and Template C.

4. The internet

It is important to review your web pages and online interaction to confirm at least the basic elements of accessibility. Even if you cannot comply immediately with the most recent web-accessibility guidelines (see Section 9.i and Section C.15 of the Resources), you can make a commitment to improve the accessibility of your website with a timeline for changes. Doing so will take time, planning and resources; you will probably need some training. You can start by addressing those pages that are most commonly used by clients, participants, applicants and other visitors. Over time address other pages in order of

your priorities. You will also need to implement oversight, so that once your website is made accessible, it is maintained to be accessible when new information is posted to the site.

Establish, implement and post online a policy that web pages will be accessible, and create a process for implementation. Ensure that all new and modified web pages and content are accessible. For online visitors who cannot receive your information because your website is not accessible, post a telephone number or e-mail address on your home page and elsewhere, where users can request accessible information or services.

Once you have made your website accessible, periodically (at least annually) enlist people with disabilities to test your pages for ease of use.

E. MAKE IT KNOWN

Based on experience, many people with disabilities don't assume that particular facilities and programs are accessible. Provide access statements in publicity, web and broadcast announcements. Include the symbols for access in your publications and elsewhere. Produced by the Graphic Artists Guild Foundation, these symbols of accessibility may be used to promote and publicize accessibility of places, programs and other activities for people with various disabilities. The symbols are downloadable from <http://www.graphicartistsguild.org/resources/disability-access-symbols/>. Some examples are shown here.



Architectural features comply with local, state or federal accessibility standards.



Assistive listening system is available in assembly areas and/or for guided tours.



The organization offers sign language interpretation for all or select performances, meetings, lectures and/or guided tours.



The organization provides audio description for all or select performances and/or guided tours.



The organization offers large-print materials such as information brochures, applications or programs.

PROMOTING ACCESSIBILITY

Let people know about the organization's commitment by using a simple statement in all your notices, brochures and online postings, and as an announcement at meetings and classes. Here's a sample:

"Our goal is to make all materials and services accessible to individuals with disabilities. Please inform staff of any barriers you encounter, and request modifications or accommodations that will make activities and information accessible to you."

F. TREAT PEOPLE WITH DISABILITIES WITH RESPECT

Prejudice often comes from, or is reflected in, language. Sometimes a poor choice of words — one that may unwittingly cause another person to feel demeaned, labeled or slighted — can come from lack of knowledge or ignorance. In interacting with people with disabilities, we may also feel uncomfortable because we do not know how to communicate, which words to choose or how to interact with someone who has characteristics that are unfamiliar to us.

Interacting and communicating with people with disabilities is relatively simple if you keep in mind that everyone, regardless of disability status, should be approached with courtesy and respect. Most importantly, put the person first. In other words, a person is a person, not a condition; use the words "individual who has epilepsy," not "epileptic." See Section 4 and Tip Sheet 1: Interacting With People with Disabilities.



A brochure like the downloadable one from the United Spinal Association may be one helpful tool in training your staff about disability etiquette or reminding them about appropriate interactions. It is straightforward but detailed and comprehensive: <http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>.

G. PUT IT INTO ACTION AND KEEP IT GOING

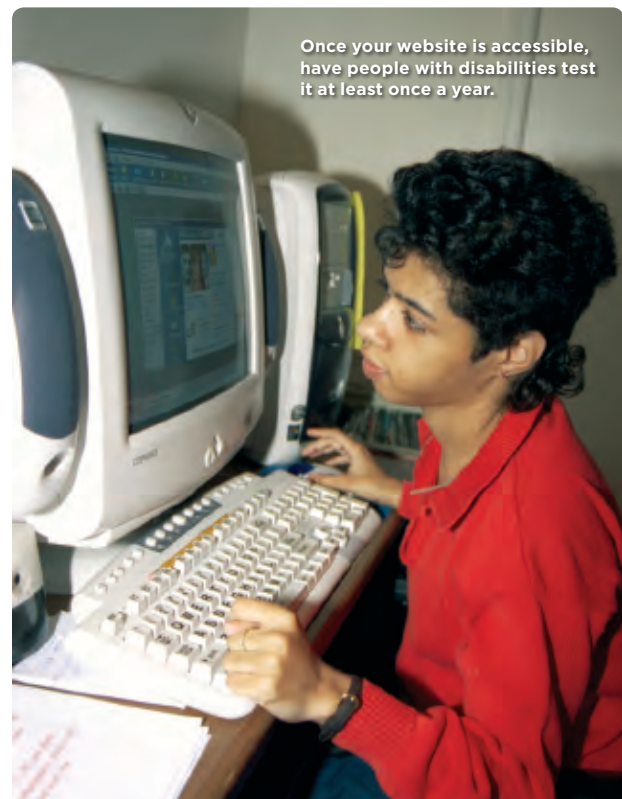
Don't let your plan sit on someone's desk or in an electronic file. Don't just plan it; implement it


according to its specific steps and time frames. Assign someone the responsibility for carrying out the plan. Incorporate compliance provisions in your contracts with vendors and other providers.

Train those who need to be trained and monitor your progress and success. If you receive complaints or suggestions, respond quickly and consider adjusting your plan or policy. Periodically evaluate what you're doing and how, and adjust accordingly.

Make access to facilities, services and communication a "cost of doing business," and integrate it into all areas of planning, budgeting and management.

The ADA regulations for nonprofits have been in effect since 1992. But in September 2010, the Department of Justice issued revised and updated regulations with some significant changes. They include expanded and modified accessibility standards. Become familiar with what the new rules address because they have new deadlines for compliance. (See the text box in Section 2 on page 10.) Check DOJ's ADA website at www.ada.gov occasionally for updates on other rulemaking. Watch for a number of technical-assistance guides and other user-friendly help in understanding the new requirements, which are scheduled to roll out starting in the spring of 2011.





By complying with the Americans with Disabilities Act, nonprofits can extend their reach and do even more good in their communities.

SECTION 11. CONCLUSION

Perhaps, as you were expected to do, you assessed and made changes to your services, activities and facilities shortly after the Americans with Disabilities Act was passed or when you started operations. But years later, your services have changed and expanded, as has the population you reach. With rapid advances in technology, as well as higher expectations from people with disabilities, there is probably more your nonprofit can do to comply fully with the ADA.

The Chicago Community Trust hopes that this guide will help nonprofits to increasingly welcome—and better serve—people with disabilities, with the goal of full inclusion and participation.

We hope that this guide equips you with basic resources for renewing your commitment to include people with disabilities, assessing your programs and planning for the future.

We hope that you will view ADA compliance as an investment in your organization's ability to serve its clients and participants and to fulfill its mandate.

We hope that you are set to succeed—to reach higher, to do better and to do even more good.



GLOSSARY OF COMMUNICATION TERMS²³

ADAPTIVE TECHNOLOGY: Products or devices that provide access to a computer that is otherwise inaccessible to an individual with a disability including hardware or software.

ASSISTIVE LISTENING DEVICES (ALDs), ASSISTIVE LISTENING SYSTEMS: Devices or systems that increase the volume and clarity of a desired sound such as the soundtrack of a movie or the voice of a tour guide without increasing the loudness of background noises. Assistive listening systems are made up of two parts: the transmitter, which picks up the sound, converts it to a signal and sends the signal, and the receiver (or ALD), which picks up a signal and transmits it to the user. Several receivers can pick up the signal from a signal transmitter. There are several types of assistive listening systems including infrared and FM systems.

ASSISTIVE TECHNOLOGY: Any item, piece of equipment or product system used to increase, maintain or improve the functional capacities of individuals with disabilities such as a wheelchair, hand splints or computer-based equipment.

AUDIO DESCRIPTION: See VIDEO DESCRIPTION.

AUXILIARY AIDS AND SERVICES: Devices, services and other methods used to ensure effective communication with people with disabilities. They include sign language and oral interpreters, notetakers, assistive listening devices, captioning, TTYs, readers, Braille materials and large-print materials.

BRAILLE: A series of raised dots that can be read with the fingers by people who are blind or have low vision.

CAPTIONING: The transcription and subsequent text display of the audio portion of a video presentation, broadcast or other on-screen presentation including dialogue and other auditory information such as on- and off-screen sound effects, music and laughter. Captioning enables people with hearing disabilities to have access to the audio portion of the material, but also helps others who may have difficulty understanding or following aural material. There are two categories of captions:

- > **CLOSED CAPTIONING:** Video signals hidden within a movie, DVD, TV program or similar visual presentation, making text visible (usually across the bottom of the screen) when the captioning is turned on through televisions equipped with decoders, which includes all televisions built after July 1, 1993, or other equipment.
- > **OPEN CAPTIONING:** Captioning that is encoded as an integral part of a movie, videotape or TV show and cannot be turned off, similar to subtitles on foreign films.

CART (Communication Access Real-time Translation or Computer-Assisted Real Time captioning): A word-by-word translation of spoken English onto a laptop or notebook computer by use of real-time software and a steno machine. CART is similar to captioning but displayed on a laptop or screen simultaneously with the spoken word and can be used in such settings as meetings or performances.

COMMUNICATION BOARD: A manual or electronic board that displays letters, pictures and/or words. Individuals communicate by pointing to the images or words.

INTERPRETERS AND TRANSLITERATORS: Individuals who are trained to facilitate communication by and with people who have disabilities relating to hearing, speech and/or vision and who use sign language, cued speech or speech-reading. Interpreters and transliterators fall into several categories:

- > **CUED SPEECH TRANSLITERATORS:** Translitterators who use eight hand shapes in four different locations around the face and neck to represent sounds used in spoken language. Cued speech is a phonetically based visual communication system. It is not a form of language. It is generally used as an adjunct to speech reading.
- > **ORAL INTERPRETERS/TRANSLITERATORS:** Interpreters who mouth a speaker's words silently to give

higher visibility on the lips for added comprehension or people who are deaf or hard of hearing and use speech reading (usually people who were raised orally and do not know sign language). Oral interpreters are skilled at pronouncing words clearly by the lips and may also use facial expressions and gestures. They are also skilled in quickly substituting words that are hard to lip-read while keeping the content and emotion of the speaker's statement intact.

- > **RE-VOICER:** A person who listens to what an individual with a speech disability says, and then repeats the information in clear speech.
- > **SIGN LANGUAGE INTERPRETERS:** These interpreters facilitate communication between people who use sign language and those who do not. When a hearing person speaks, an interpreter will render the speaker's meaning into the sign language used by the person who is deaf. When a person who is deaf signs, an interpreter will render the meaning expressed in the signs into the spoken language for the hearing person, which is sometimes referred to as voice interpreting or voicing. This may be performed either as simultaneous or consecutive interpreting. See SIGN LANGUAGE below.
- > **TACTILE INTERPRETERS:** These interpreters convey information using various methods, but always in a way that relies on touch to people who are deaf and blind and generally receive information tactilely such as through touch. Tactile interpreters use sign language with the person who is deaf-blind, resting one or both hands on the interpreter's hands or wrists; use fingers to trace the letters of words in the palm of the person who is deaf-blind; and use the manual alphabet to spell words into the hand of the person who is deaf-blind.

LARGE PRINT: Printed material enlarged for people with low vision. For large-print materials, the size of type required will vary with the needs of the reader and with the font used. Large-print items generally use a sans serif font with a minimum font size of 16 to 18 points.

NOTE-TAKERS: People who take notes for individuals who are deaf or hard of hearing or who have physical or mental disabilities that make it difficult for the person to take notes. Note-takers may be needed because people with significant hearing loss must look at speakers or interpreters to understand what is being said. As a result, each time they look down to record a comment, they miss information being presented.

READER: A person who assists an individual with a disability such as someone who is blind or has a learning disability by reading printed material aloud or recording to audio tape.

RELAY or RELAY SERVICE: See TELECOMMUNICATIONS RELAY SERVICE.

SCREEN READER: Software that reads aloud the text and/or directions on a computer screen. It is often used by people who are blind or who have visual impairments or learning disabilities. Screen readers read everything that is on the computer screen out loud so a person can hear what has been typed on the screen. Some screen readers can only read web pages, while others can read both web pages and text in a document.

SIGN LANGUAGE: Visual-gestural language (manual communication) commonly used by people who are deaf. The gestures or symbols in sign language are organized in a linguistic way. Each individual gesture is called a sign. Each sign has three distinct parts: the hand shape, the position of the hands and the movement of the hands. People from different countries use different sign languages. There are several types of sign language used in the United States including:

- > **AMERICAN SIGN LANGUAGE (ASL):** ASL is the most commonly used sign language in the United States. Developed over time through use by people who are deaf, ASL is a free-flowing, natural language that is complete in itself. It is not usually written or spoken, but can be translated, just like French or German to English and vice versa. ASL has its own syntax and grammar. A sign is not executed for every word in a sentence, and the syntax and structure of the communication is not parallel to English.
- > **SIGNED ENGLISH, SIGNED EXACT ENGLISH (SE, SEE):** The vocabulary is drawn from ASL but follows English word order. The language is expanded with words, prefixes, tenses and endings to give a clear and complete visual presentation of English. With Signed English, a sign is executed for every word in a

sentence, whereas American Sign Language seeks to convey a concept. For example, to sign “I have two sisters” in Signed English, one would make a sign for each word. In ASL, one might make the signs for “two” and “sister” and then point to herself, conveying the thought “two sisters, me.”

SPEECH OUTPUT DEVICES WITH TEXT-TO-SPEECH SOFTWARE: Devices that produce computer-generated speech. They vary in appearance and design, but are essentially computers with speakers that include a means such as a keyboard or touch screen/pad for selecting the words or phrases the user would like the computer to vocalize.

TELECOMMUNICATIONS RELAY SERVICE (TRS): A service that enables people who use TTYs or other telecommunication devices (generally, people who are deaf or hard of hearing or have speech disabilities) to use telephone services by having a third party transmit and translate the call. Also called RELAY or RELAY SERVICE, TRS is provided at no additional cost and mandated by title IV of the Americans with Disabilities Act. It provides a link between callers who use assistive devices such as TTYs and callers who do not have or use such equipment. It also serves as an interface between people who have speech disabilities and those who have difficulty understanding them. A communications assistant relays information between the caller and the call recipient. There are several types of TRS calls:

- > **TTY Calls:** People who use a TTY (see page 97) can use TRS to make calls to people who do not use a TTY. Likewise, callers who use standard telephones can make calls to TTY users. When using the relay, the TTY user types a message to the communications assistant, who then reads it to the person using a standard telephone. When the person using a standard telephone responds, the communication assistant types the message to the TTY user.
- > **Voice Carry Over (VCO):** VCO allows callers who can speak intelligibly but who cannot hear conversations on the telephone (for example, people who are hard of hearing) to speak directly with a person using a standard telephone on the other end of the line. The communications assistant types the standard telephone user’s comments back to the VCO user, who reads the text display from a TTY or specially equipped telephone.
- > **Hearing Carry Over (HCO):** HCO allows people who can hear but who cannot speak clearly (for example, people who have had severe strokes) to hear conversations via a standard telephone while using a TTY to type their comments. HCO users type their comments to the communications assistant, who reads them to the person using a standard telephone on the other end of the line. The standard telephone user then speaks directly to the HCO user.
- > **Speech to Speech (STS):** STS services are used by people who have speech disabilities and are neither deaf nor hard of hearing (for example, people who have cerebral palsy). With STS, communications assistants are trained to understand people who have speech disabilities. The communications assistant listens to the caller with a speech disability and then repeats the message in clear speech to the person on the other end of the line.
- > **Spanish Relay Service:** Relay calls using TTY, VCO, HCO and IP Relay must be provided in Spanish for all interstate calls. Spanish relay is only required for calls where both parties use Spanish; it is not a translation service. Both Spanish relay users and standard telephone users can initiate and receive Spanish relay calls.
- > **Internet Protocol (IP) Relay:** IP relay calls can be made using internet-enabled computers or other internet devices. The IP relay user types a message to the communications assistant, who reads it to the person using a standard telephone. When the person using a standard telephone responds, the communications assistant types the message back to the IP relay user.
- > **Video Relay Service (VRS):** VRS allows consumers who use sign language to communicate via the telephone system. VRS callers who use American Sign Language must have the appropriate video equipment and high-speed connectivity such as a cable modem, DSL (digital subscriber line) or ISDN (integrated services digital network). The sign language user signs to a communications assistant, who is also a qualified sign language interpreter. The communications assistant interprets the message into spoken English for the standard telephone user, who then responds in spoken English. The communications assistant listens to the spoken message and interprets it into sign language for the signing caller. Video relay service is a fairly recent addition to the relay service, but it is different from traditional relay service in that either a videophone with TV or web camera with computer screen is used. Video relay service also differs from traditional relay service in that the video interpreter views

the person using sign language. The video interpreter then relays the conversation of the person using sign language to the hearing caller via voice. The video interpreter then continues to interpret the call between the two, using the phone line and video connection.

TTY: A type of machine that allows people with hearing or speech disabilities to communicate over the phone using a keyboard and a viewing screen. TTY was originally an acronym for TeleTYpewriter. Today these devices are sometimes also called TDDs (telecommunications devices for the deaf) or TTs (text telephones), although the preferred term is TTY. TTYs include a keyboard, which is connected to a modem; text display; and sometimes a printer. TTYs allow individuals to make and receive telephone calls in real time using typed, two-way communication. Some messages received via TTY are written in nonstandard English. This is because English is not a first language for many people who are deaf. The person using the TTY types on the keyboard and the signal is then transmitted through the phone line to a compatible device: either another TTY/TDD user, a computer with a modified modem capable of receiving the signal, or a TELECOMMUNICATIONS RELAY SYSTEM.

UBIDUO: A proprietary keyboard communication device that resembles two small basic computers. It is portable, easy to set up and use, battery-operated, and wireless. The communication mimics text messaging or instant messaging. It allows a person who is deaf or hard of hearing and can use written language to communicate without an interpreter. It is especially useful in an one-on-one situation, but with two devices, up to four people can participate. The UbiDuo is available from www.scomm.com.

VIDEO DESCRIPTION (AUDIO DESCRIPTION): An audio narration of a visual presentation including one that is on television, on a video tape or DVD, or on the internet for those who are blind or have low vision. It usually consists of oral descriptions of key visual elements of the presentation such as settings and actions not reflected in dialogue. Narrations are generally inserted into the program's natural pauses.

VIDEO REMOTE INTERPRETING (VRI): A means of using an interpreter (e.g., sign language) who is in a location separate from the participants in a communication. The interpreter appears via video on a computer screen or videophone through a computer or videophone connection.

VIDEO RELAY: See TRS.

VIDEOPHONE (VP): A telephone that permits callers to send and receive both audio and video signals. The VP's ability to provide direct visual contact between callers has made it especially useful for the deaf and hard-of-hearing communities. Since callers can see each other, deaf and hard-of-hearing users who prefer to communicate by sign language can do so via telephone and do not need to rely on either text (e.g., TTY) or voice. VP users can also communicate with standard telephone users by using VIDEO RELAY SERVICES (see page 96 under TRS).

RESOURCES

A. GENERAL INFORMATION: NATIONAL RESOURCES

1. U.S. Department of Justice (DOJ)

- a. ADA home page (Disability Rights Section, Civil Rights Division), with a wealth of information
 - > www.ada.gov
- b. 2010 regulation for title III of the ADA including ADA Standards for Accessible Design, effective March 15, 2011
 - > <http://edocket.access.gpo.gov/2010/2010-21824.htm>, <http://edocket.access.gpo.gov/2010/pdf/2010-21824.pdf>
 - > <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm> (2004 ADA Accessibility Guidelines, part of the 2010 standards)
- c. 1991/1994 regulation for title III of the ADA including ADA Standards for Accessible Design, revised July 1, 1994. Note: Changes per 2010 regulation, in entry above, are effective March 15, 2011.
 - > <http://www.ada.gov/reg3a.html>
 - > Standards: <http://www.ada.gov/stdspdf.htm>
- d. Reaching Out to Customers with Disabilities web course
This free, self-paced online course includes 10 short modules that address topics such as removing barriers, communicating with customers, policies and procedures, maintaining accessibility, and transportation.
 - > <http://www.ada.gov/reachingout/intro1.htm>
- e. ADA Best Practices Tool Kit for State and Local Governments (not updated per DOJ's 2010 regulation)
Although this tool kit is written for state and local governments, much of the information it contains applies to title III entities (e.g., communication access, website accessibility). It is not yet available as a print document and is not yet complete. The most recent installment was issued in July 2007.
 - > <http://www.ada.gov/pcatoolkit/toolkitmain.htm>
- f. Technical Assistance Manual for title III and supplement (based on DOJ's 1991 regulations, not yet updated per 2010 regulation). Written in lay language, with questions and answers, by topic.
 - > <http://www.ada.gov/taman3.html>
 - > <http://www.ada.gov/taman3up.html>

2. U.S. Access Board

- a. The U.S. Access Board is an independent federal agency devoted to accessibility for people with disabilities. The board is a leading source of information on accessible design. It develops and maintains design criteria for the built environment, transit vehicles, telecommunications equipment, and electronic and information technology. It also provides technical assistance and training on these requirements and on accessible design.
 - > www.access-board.gov

3. ADA Document Portal

- a. Searchable directory of links to more than 7,400 documents
 - > <http://www.adaportal.org/Search/BasicSearch.aspx>

4. Job Accommodation Network (JAN)

- a. A comprehensive resource service provided by the U.S. Department of Labor, focusing on employment issues but with a variety of documents and information.
 - > <http://www.askjan.org>

- b. JAN's ADA Library
 - > <http://askjan.org/links/adalinks.htm>
- c. A basic one-page checklist for an overview of title III compliance
 - > <http://askjan.org/media/IIIChecklist.html>

5. Equal Employment Opportunity Commission

- a. Information about title I of the ADA regarding employment
 - > <http://www.eeoc.gov/laws/types/disability.cfm>

6. National ADA Centers (DBTACs)

- a. A national network of 10 regional ADA Centers (formerly DBTAC, or Disability and Business Technical Assistance Center) that provide complete and experienced services for up-to-date information, referrals, resources and training on the ADA to businesses, employers, government entities and individuals with disabilities.
 - > www.ADATA.org
- b. This number will automatically connect you to the ADA Center for the state from which you are calling: 800.949.4232 (V/TTY).
- c. See next entry for information about the Illinois Center (Great Lakes ADA Center).

B. GENERAL INFORMATION: CHICAGO RESOURCES

1. Great Lakes ADA Center (formerly DBTAC)

For Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin (information and assistance covering all areas of the ADA).

- > Department on Disability and Human Development
University of Illinois at Chicago
1640 W. Roosevelt Rd., Room 405
Chicago, IL 60608
312.996.1059 (V/TTY)
800.949.4232 (V/TTY)
adata@adagreatlakes.org
www.adagreatlakes.org
- > For resources by state/category, go to www.adagreatlakes.org/resources/Default.asp.

2. Mayor's Office for People with Disabilities

The Mayor's Office for People with Disabilities in Chicago promotes total access, full participation and equal opportunity for people of all ages with disabilities in all aspects of life. It ensures compliance with accessibility laws in city facilities and public areas and projects. It investigates complaints and offers accessibility compliance services such as site surveys, technical assistance, consultation and plan review, and information about accessibility laws. It offers disability awareness and etiquette training, TTY training, information and referral services, and an assistive-technology program.

- > <http://www.cityofchicago.org/city/en/depts/mopd.html>
312.744.7050 (V)
312.744.4964 (TTY)

3. Access Living

Access Living is a disability rights organization with a long track record of landmark, major impact work affecting the lives of people with all types of disabilities. The organization aims to empower people with disabilities with advocacy, information and access to critical services and resources. Access Living services and advocacy focus on personal assistants and health care reform, youth and education, housing, civil rights enforcement, and community and economic development. It also helps to re-educate the general public and to encourage the private and governmental sectors to shift public policy in the direction of inclusion, independence and empowerment. Access Living is staffed

RESOURCES

and run by people with disabilities. Its core philosophy emphasizes the involvement of people with disabilities in all aspects of its work. For example, the Arts and Culture Project showcases professional art by people with disabilities across a wide variety of disciplines including theater, dance, poetry and visual art in Access Living's new building.

- > 312.640.2100 (V)
800.613.8549 (Toll-free V)
312.640.2102 (TTY)
888.253.7003 (Toll-free TTY)
<http://www.accessliving.org>

4. Equip for Equality

The mission of Equip for Equality is to advance the human and civil rights of children and adults with physical and mental disabilities in Illinois. It is the only statewide, cross-disability, comprehensive advocacy organization providing self-advocacy assistance, legal services and disability rights education while also engaging in public policy and legislative advocacy and conducting abuse investigations and other oversight activities.

- > 312.341.0022 (V)
800.537.2632 (Toll-free V)
800.610.2779 (TTY)
www.equipforequality.org
- > Resource Guide for People with Disabilities, which can be accessed at <http://www.equipforequality.org/resourcecenter/resourceguide.php>, offers extensive resources including descriptions of and contact information for disability-related services available in Illinois. Available online, in print and in large print. Original and updates are by Equip for Equality in partnership with the Young Lawyers Section of the Mental Health and Disability Law Committee of the Chicago Bar Association and the Illinois Attorney General's Disability Rights Bureau. Updated regularly, most recently on March 16, 2009. Within the guide, specific links to Illinois websites: <http://www.equipforequality.org/resourcecenter/illinoiswebsites.php>

C. SPECIFIC TOPICS: INFORMATION SOURCES, TECHNICAL-ASSISTANCE MATERIALS, CHECKLISTS AND SAMPLE POLICIES

1. Disabilities and the population

- a. Accommodation Information by Disability: A to Z, from JAN
Overview information on many impairments and contact information for organizations.
 - > <http://askjan.org/media/atoz.htm>
- b. Customers with Disabilities Mean Business, from the DOJ
 - > <http://www.ada.gov/busstat.htm>
- c. Disability Etiquette: Tips on Interacting with People with Disabilities
 - > <http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>

2. Illinois and Chicago laws and standards

- a. Illinois Interpreter for the Deaf Licensure Act of 2006
 - > <http://www.idhhc.state.il.us/interpreter/licensure.htm>
- b. Illinois Environmental Barriers Act
 - > http://www.illinoisattorneygeneral.gov/rights/environmental_barriers.html
- c. State of Illinois Accessibility Code
 - > http://www.illinoisattorneygeneral.gov/rights/iac/Illinois_Accessibility_Code_Text.pdf
- d. Chicago's Building Code
 - > http://egov.cityofchicago.org/webportal/COCWebPortal/COC_ATTACH/cbc18-11.pdf
- e. State of Illinois standards for its websites
 - > <http://www.illinois.gov/iwas/>

3. Facilities

- a. DOJ's 2010 ADA Standards for Accessible Design, adopted as part of DOJ's 2010 standards
 - > <http://www.ada.gov/regs2010/ADAREgs2010.htm>, http://www.ada.gov/2010ADASTandards_index.htm
 - > <http://access-board.gov/ada-aba/ada-standards-doj.cfm> (Access Board guide to the ADA standards including 2004 ADA Guidelines for Accessible Design with notes to reader)
- b. Access Board's ADA Accessibility Guidelines of 2004
 - > <http://www.access-board.gov/ada-aba/final.cfm#a1004>
- c. DOJ's 1991 ADA Standards for Accessible Design (see 2010 standards at entry above)
 - > <http://www.ada.gov/stdspdf.htm>
- d. Accessibility Checklist from the Northwest DBTAC, revised January 2008 for 1991 standards
 - > http://www.dbtacnorthwest.org/_public/site/files/Checklist_FullPage_IHDI_MSPub2003_DBTAC.pdf
- e. Americans with Disabilities Act Accessibility Guidelines Checklist for Buildings and Facilities, 1992 (Access Board)
 - > <http://www.access-board.gov/adaag/checklist/a16.html>
- f. ADA Checklist for Readily Achievable Barrier Removal (DOJ) (based on 1991 standards)
 - > <http://www.ada.gov/checkweb.htm>
 - > The Institute for Human Centered Design (formerly Adaptive Environments Center, which developed this checklist) is developing a barrier-removal checklist based on the 2010 standards with a grant from the National Institute on Disability and Rehabilitation Research. A sample page from the draft checklist, which is still under development, is on page 33. The checklist will be available by March 1, 2011, at <http://www.newenglandada.org>.
- g. Common Questions: Readily Achievable Barrier Removal (DOJ) (based on 1991 regulations)
 - > <http://www.ada.gov/adata1.pdf> (based on 1991 Standards)
- h. Settlement agreements (DOJ) illustrating approaches to accessible leased facilities
 - > <http://www.ada.gov/subwayrest.htm>
 - > <http://www.ada.gov/edmc.htm>
- i. DOJ checklist for maintenance of accessible features (DOJ). Expanding Your Market: Maintaining Accessible Features in Retail Establishments (based on 1991 standards)
 - > http://www.ada.gov/business/retail_access.htm
- j. ADA Business Brief: Restriping Parking Lots (DOJ) (based on 1991 standards)
 - > <http://www.ada.gov/restribr.htm>

4. Communication

All are based on 1991 regulations.

- a. ADA Best Practices Tool Kit for State and Local Governments (DOJ), created for state and local governments but helpful to private entities. (Title III, which applies to private entities, does not require giving "primary consideration" to an individual's particular choice of auxiliary aid as title II requires of state and local governments. Otherwise, the guidance applies.)
 - > Chapter 3, General Effective Communication Requirements under Title II of the ADA
<http://www.ada.gov/pcatoolkit/chap3toolkit.htm>
 - > Chapter 3, Addendum, Checklist for effective communication
HTML version: <http://www.ada.gov/pcatoolkit/chap3chklist.htm>
 - > PDF version: http://www.ada.gov/pcatoolkit/ch3_chklist.pdf
- b. A Guide to Making Documents Accessible to People Who Are Blind or Visually Impaired
 - > www.acb.org/accessible-formats.html
- c. Assistive Listening Devices for People with Hearing Loss: A Guide for Performing Arts Settings from the John F. Kennedy Center for the Performing Arts
 - > www.kennedy-center.org/accessibility/guide_alds_KC.pdf

5. Service animals

All are based on 1991 Regulations.

- a. ADA Business Brief: Service Animals (DOJ)
 - > <http://www.usdoj.gov/crt/ada/svcanimb.htm>
- b. Commonly Asked Questions About Service Animals in Places of Business (DOJ)
 - > <http://www.usdoj.gov/crt/ada/qasrvc.htm>
- c. Sample policy on animals (developed for a library, addressing service animals and companion animals, although companion animals are not included as service animals in DOJ's 2010 regulation)
 - > <http://www.duluth.lib.mn.us/Policies/ServiceAnimals.html>

6. Emergency procedures and notice

All are based on 1991 regulations.

- a. National Fire Protection Association's Emergency Evacuation Planning Guide for People with Disabilities
 - > <http://www.nfpa.org/assets/files/PDF/Forms/EvacuationGuide.pdf>
- b. National Council on Disability Report: Effective Emergency Management: Making Improvements for Communities and People with Disabilities, Aug. 12, 2009
 - > http://www.ncd.gov/newsroom/publications/2009/NCD_EmergencyManagement_HTML/EffectiveEmergencyManagement.html
- c. ADA Best Practices Tool Kit for State and Local Governments, Chapter 7 (DOJ), developed for state and local governments but relevant to nonprofits as well
 - > Addendum 1: Title II Checklist (Emergency Management), <http://www.ada.gov/pcatoolkit/chap7emergencymgmtadd1.htm>
 - > Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters, <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>
 - > ADA Checklist for Emergency Shelters, <http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>
- d. National Organization on Disability: numerous publications including Functional Needs of People with Disabilities, A Guide for Emergency Managers, Planners and Responders, 2009 Edition
 - > http://nod.org/research_publications/emergency_preparedness_materials/

7. Meetings, classes, training and special events

All are based on 1991 regulations.

- a. Accessible Information Exchange: Meeting on a Level Playing Field. DOJ guide to accessible meetings developed for businesses but helpful for all meetings. Includes barrier-removal changes for particular features.
 - > <http://www.ada.gov/business/accessiblemtg.htm>
- b. City of St. Petersburg, Special Events Handbook, Rev. May 2008
 - > http://www.stpete.org/recreation/docs/Special_Events_Handbook_2009_10.pdf
- c. City of San Francisco, Mayor's Office on Disability, Accessible Public Event Checklist, February 2010
 - > <http://www.sfgov2.org/index.aspx?page=416>

8. The performing arts

All are based on 1991 regulations.

- a. National Endowment for the Arts: resources, workbooks and checklists
 - > <http://www.arts.gov/resources/accessibility/index.html>

- b. Kennedy Center tip sheets
 - > <http://www.kennedy-center.org/accessibility/education/lead/resources.html#tips>
- c. A Step by Step Guide to Accessible Arts in California, National Arts and Disability Center
 - > <http://nadc.ucla.edu/10steps.cfm>
- d. John F. Kennedy Center for the Performing Arts, Assistive Listening Devices for People with Hearing Loss: A Guide for Performing Arts Settings
 - > www.kennedy-center.org/accessibility/guide_alds_KC.pdf

9. Museums and exhibits

All are based on 1991 regulations.

- a. Maintaining Accessibility in Museums (DOJ)
 - > http://www.ada.gov/business/museum_access.htm
- b. Smithsonian Guidelines for Accessible Exhibition Design
 - > <http://www.si.edu/opa/accessibility/exdesign/start.htm>
- c. National Arts and Disability Center, numerous resources including accessibility checklist from Arizona Commission on the Arts (under Design Resources, Accessibility Checklists)
 - > <http://nadc.ucla.edu/DesigningAccessiblePrograms.cfm>
- d. International Spy Museum settlement agreement with DOJ, 2008
 - > <http://www.ada.gov/spymuseum.htm>

10. Health care

All are based on 1991 regulations.

- a. Access to Medical Care for Persons with Mobility Disabilities
 Issued July 22, 2010, new federal technical assistance guidance will assist medical care providers in understanding how the ADA and Section 504 of the Rehabilitation Act of 1973 apply to them. This 19-page document includes an overview of general ADA requirements, commonly asked questions, and illustrated examples of accessible facilities, examination rooms and medical equipment. Issued by DOJ and the Department of Health and Human Services.
 - > www.ada.gov/medcare_ta.htm
- b. The Current State of Health Care for People with Disabilities, National Council on Disability, September 2009
 - > <http://www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html>
- c. ADA Business BRIEF: Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings
 - > <http://www.ada.gov/hospcombr.htm>
- d. DOJ agreement with Beth Israel Deaconess Medical Center, 2009
 - > <http://www.ada.gov/bidmsa.htm#settlement>
- e. DOJ agreement with Washington Hospital Center, 2005
 - > <http://www.ada.gov/whc.htm>
- f. DOJ agreement with Inova Health Care Services, 2007
 - > <http://www.ada.gov/inova.htm>
- g. DOJ agreement with Dimensions Health Corporation (Laurel Regional Hospital), 2006
 - > <http://www.ada.gov/laurelco.htm>
- h. DOJ agreement with Valley Radiologists Medical Group, 2005
 - > <http://www.ada.gov/vri.htm>

11. Shelters

All are based on 1991 regulations.

- a. Settlement agreement (DOJ) with the District of Columbia, 2008, and fact sheet
 - > http://www.ada.gov/dc_shelter.htm#settlement
 - > http://www.ada.gov/dc_shelter_factsheet.htm
- b. ADA Best Practices Tool Kit for State and Local Governments, Chapter 7 (DOJ), developed for state and local governments but relevant to nonprofits operating shelters as well
 - > Addendum 1: Title II Checklist (Emergency Management), <http://www.ada.gov/pcatoolkit/chap7emergencygmtadd1.htm>
 - > Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters, <http://www.ada.gov/pcatoolkit/chap7shelterprog.htm>
 - > ADA Checklist for Emergency Shelters, <http://www.ada.gov/pcatoolkit/chap7shelterchk.htm>

12. Child care

All are based on 1991 regulations.

- a. Commonly Asked Questions about Child Care and the ADA, DOJ
 - > <http://www.ada.gov/childq&a.htm>
- b. Sample policies, forms for waiver of liability, and parent and physician authorizations developed in conjunction with agreements with DOJ (in attachments to agreements)
 - > Pine Hills Kiddie Garden, October 2009: diabetes management plan, physical exam form, release and waiver of liability
<http://www.ada.gov/pinehillscare.htm>
 - > Cumberland Child Care, 1998: relating to a child with asthma, nondiscrimination policy, authorization for emergency care and release
<http://www.ada.gov/cumberld.htm>
 - > La Petite Academy, 1997: policy for administering emergency treatment to children with severe allergies, authorization for emergency care, release and waiver of liability, staff acknowledgment of training about allergy treatment and blood glucose testing, and policy for testing blood glucose levels
<http://www.ada.gov/lapetite.htm>
- c. DOJ agreement about child care and insurance costs
 - > <http://www.ada.gov/pushmyswing.htm>
- d. Guide for school personnel about children with diabetes, with specific guidance for child care: Helping the Student with Diabetes Succeed: A Guide for School Personnel from the National Diabetes Education Program
 - > <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97>. Other helpful information about people with diabetes and an update to the guide for school personnel (expected in January 2011) can be found at <http://www.ndep.nih.gov/hcp-businesses-and-schools/Schools.aspx>

13. Recreation

- a. A Guide to the ADA Accessibility Guidelines for Play Areas, Access Board, October 2005 (Note: These were adopted as part of DOJ's 2010 standards.)
 - > <http://www.access-board.gov/play/guide/intro.htm>
- b. DOJ's agreement with Pony Baseball, Inc.
 - > <http://www.ada.gov/pony.htm>

14. Transportation

- a. ADA regulation issued by the Department of Transportation (49 CFR Part 37)
 - > http://www.fta.dot.gov/civilrights/ada/civil_rights_3906.html

15. Electronic communication and websites

- a. Web Accessibility Initiative
 - > Content Accessibility Guidelines and related information
www.w3.org/WAI/
 - > Preliminary review of web page for accessibility
<http://www.w3.org/WAI/eval/preliminary.html>
 - > Web-accessibility suite, numerous resources
<http://www.w3.org/WAI/eval/Overview>
- b. From DOJ
 - All are based on 1991 regulations.
 - > Accessibility of State and Local Government Websites to People with Disabilities
www.ada.gov/websites2.htm
 - > Website Accessibility Under Title II of the ADA
<http://www.ada.gov/pcatoolkit/chap5toolkit.htm>
 - > Checklist, Website Accessibility
<http://www.ada.gov/pcatoolkit/chap5chklist.htm>
- c. Accessibility Tips, Series #3, Accessible Web Site Design, Pacific ADA Center
 - > <http://www.adapacific.org/ait/e-series/03/tip3.php>
- d. Settlement agreement between Target and the National Federation of the Blind, resolving litigation about website
 - > http://www.dralegal.org/cases/private_business/nfb_v_target.php
- e. Website from Pacific ADA Center, intended to build a partnership between the disability and business communities to promote full and unrestricted participation in society for persons with disabilities through the promotion of technology that is accessible to all.
 - > www.Accessibletech.org

16. Symbols for access (facilities, communication and others)

Produced by the Graphic Artists Guild Foundation, these symbols of accessibility may be used to promote and publicize accessibility of places, programs and activities for people with various disabilities.

- > <http://www.graphicartistsguild.org/resources/disability-access-symbols/>

D. ACCESSIBLE SERVICES AND PRODUCTS: NATIONAL

This is not an exhaustive list. Organizations listed are not endorsed by The Chicago Community Trust.

1. Registry of Interpreters for the Deaf

This organization has searchable databases of interpreters and referral services.

- > www.rid.org

2. National Arts and Disability Center

This center maintains a national directory of services and providers for developing accessible facilities and programs in the arts. Resources for assistive listening, audio description, Braille, captioning, communication services, signage and sign language interpreters are included.

- > <http://nadc.ucla.edu/accessibleservices.cfm>

3. National Braille Press

Braille production services.

- > 88 St. Stephen St.
Boston, MA 02115
617.266.6160 (V)
888.965.8965 (Toll-free V)
<http://www.nbp.org/ic/nbp/business/index.html>

4. American Printing House for the Blind

Various production services: Braille, large print, audio, tactile graphics, audio cassettes, CDs for screen readers, digital media for PC users with speech synthesizers or screen-magnification technology.

- > 1839 Frankfort Ave.
P.O. Box 6085
Louisville, KY 40206-0085
502.895.2405 (V)
800.223.1839 (Toll-free V)
<http://www.aph.org>

5. LecShare, Inc.

LecShare, Inc. has developed software that makes the creation of accessible online content easier, especially online narrated presentations using Microsoft PowerPoint. LecShare Pro allows you to add audio to Microsoft PowerPoint presentations to create QuickTime movies, MPEG-4 video files (video podcasts), accessible HTML and Microsoft Word documents. You can either record audio through a microphone or import audio files.

- > www.lecshare.com

6. Assistivetech.net

A diverse resource for assistive technology and disability-related information. The searchable database helps you target solutions, determine costs and find vendors of assistive-technology products for adults and children with disabilities. Use this site to find toys and games, musical instruments, science equipment, art supplies, recreational equipment and more for your theater, museum or arts facility.

- > www.assistivetech.net

7. UbiDuo

A keyboard device for face-to-face communication with people who have speech or hearing disabilities.

- > <http://www.scomm.com/>

E. ACCOMMODATION SERVICES AND RESOURCES: CHICAGO AND MIDWEST

This is not an exhaustive list. Organizations listed are not endorsed by The Chicago Community Trust.

1. Online directories

a. Resource Guide for People with Disabilities

From Equip for Equality, the Young Lawyers Section of the Mental Health and Disability Law Committee of the Chicago Bar Association, and the Illinois Attorney General's Disability Rights Bureau, this book contains extensive resources including descriptions of and contact information for disability-related services available in Illinois. Available online, in print and in large print. Updated regularly, most recently on March 16, 2009.

- > Resource Guide for People with Disabilities
<http://www.equipforequality.org/resourcecenter/resourceguide.php>
 Within the guide, specific links to Illinois websites: <http://www.equipforequality.org/resourcecenter/illinoiswebsites.php>
- b. Disability Works Program
 An initiative of the Chicagoland Chamber of Commerce, the website lists numerous updated resources including sign language interpreters and real-time captioning.
 > <http://www.disabilityworks.org/default.asp?contentID=63>
- c. ADA Center resources by state and category
 From the Great Lakes ADA Center
 > <http://www.adagreatlakes.org/resources/Default.asp>

2. Sign language interpreters

- a. State of Illinois Deaf & Hard of Hearing Commission
 Statewide list of certified interpreters by county and proficiency level
 > <http://www2.illinois.gov/idhhc/Pages/interpreterlicensuredirectory.aspx>
- b. CAIRS (Chicago Area Interpreter Referral Service)
 A nonprofit organization that provides sign language referral services. Provides some grants for up to six hours per calendar year of donated ASL interpreting services for residents and nonprofit organizations who cannot identify other sources of assistance.
 > 36 S. Wabash Ave., Suite 1100
 Chicago, IL 60603
 312.895.4300 (V)
 312.895.4320 (TTY)
 312.895.4313 (Fax)
<http://www.cairs.net>

3. Financing accessibility improvements

- a. Illinois Facilities Fund
 IFF offers consulting and below-market financing for nonprofit corporations in Illinois, Indiana, Iowa, Missouri and Wisconsin that serve low-income and special-needs populations. IFF connects them with the capital they need to acquire or improve their facilities, to purchase equipment or vehicles, and to build net assets. Four locations (see website).
 > <http://www.iff.org>
- b. Accessible Faith Grant Program
 The Retirement Research Foundation makes funds available to houses of worship in the six-county Chicago region for accessibility improvements to their facilities.
 > 8765 W. Higgins Rd., Suite 430
 Chicago, IL 60631-4170
 773.714.8080 (V)
 info@rrf.org
<http://www.rrf.org/grants/accessible-faith>

ENDNOTES

- 1 U.S. Census Bureau's 2008 American Community Survey, <http://www.prnewswire.com/news-releases/us-census-bureau-facts-for-features-20th-anniversary-of-americans-with-disabilities-act-july-26-94914034.html>; <http://factfinder.census.gov>.
- 2 Expanding Your Market, U.S. Department of Justice, July 2006, <http://www.ada.gov/busstat.pdf>.
- 3 The Chicago Community Trust's diversity statement.
- 4 See footnote 1; Americans with Disabilities: 2005, U.S. Census Bureau, issued December 2008, <http://www.census.gov/prod/2008pubs/p70-117.pdf>.
- 5 Mayor's Office for People with Disabilities, www.cityofchicago.org, "Facts and Figures about People with disabilities in Chicago and the United States." (Search for "disabilities facts figures.")
- 6 American Community Survey 2006, <http://factfinder.census.gov>.
- 7 We have attempted to make this guide thorough and accurate but cannot provide definitive statements for many of the areas covered because of the nature of the ADA and its interpretation. If an organization needs specific opinions regarding particular circumstances, discussion with a consultant or attorney is recommended.
- 8 The Americans with Disabilities Act of 1990, Section 2, Findings and Purpose.
- 9 See Section 1.d for a fuller discussion of types of disabilities.
- 10 See The Chicago Community Trust's diversity statement in the Preface.
- 11 U.S. Department of Labor, "Providing Quality Services to Customers with Disabilities." July 1998. www.dol.gov/odep/pubs/ek98/provide.htm.
- 12 See Section 9.j on religious organizations.
- 13 A person is also protected if he or she has a record of such an impairment or is regarded as having such an impairment.
- 14 The Americans with Disabilities Act Amendments Act of 2008, which became effective Jan. 1, 2009, makes several significant changes to the definition of the term "disability." The regulations of EEOC and the Department of Justice will be amended to reflect those changes, which generally clarify that the definition of "disability" is intended to be broadly inclusive. For more information, see the EEOC's website at http://www.eeoc.gov/policy/docs/qanda_adaaa_nprm.html. The EEOC's final regulations are expected in 2011. A link to them will be posted at www.eeoc.gov/laws/regulations/index.cfm. This discussion of "disability" is not intended to analyze the legal definition of "disability" but to offer a common-sense approach to understanding the different types of disabilities.
- 15 Barrier removal is not required in warehouses, storage facilities and other "commercial facilities" and in areas used only as work areas.
- 16 Section numbers that begin with 36 (e.g., 36.406) are references to provisions of the DOJ 2010 regulation that are not in the Access Board's guidelines (ADAAG) but that DOJ developed through rulemaking and included as part of the 2010 standards.

- 17 If you, as a tenant, make alterations that normally would trigger the path-of-travel requirement (e.g., alterations to a “primary function area”), those alterations do not trigger a path-of-travel obligation upon the landlord in areas of the facility under the landlord’s authority that are not otherwise being altered.

- 18 Workplace Accommodations: Low Cost, High Impact, Annually Updated Research Findings Address the Costs and Benefits of Job Accommodations, Updated: Sept. 1, 2009, www.askjan.org.

- 19 The Current State of Health Care for People with Disabilities, National Council on Disability, September 2009, <http://www.ncd.gov/newsroom/publications/2009/HealthCare/HealthCare.html>. The council reported that people with disabilities tend to be in poorer health and use health care at a significantly higher rate than people who do not have disabilities. Moreover, they are affected disproportionately by barriers to care. The barriers include health care provider stereotypes about disability, as well as the lack of appropriate provider training, accessible medical facilities and examination equipment, sign language interpreters, materials in alternate formats and individualized accommodations. (Pages 10 and 23.)

- 20 Fact sheet accompanying settlement agreement between U.S. Department of Justice and the District of Columbia, entered on Dec. 10, 2008. http://www.ada.gov/dc_shelter_factsheet.htm.

- 21 The Department of Transportation regulation imposes accessibility requirements on new vehicles that are purchased or leased; the requirements vary depending on both the capacity of the vehicle and its intended use.
 - A new vehicle that is purchased or leased by the nonprofit and has a capacity of more than 16 passengers must be accessible.
 - On a fixed-route system, a new vehicle with a capacity of 16 or less must be accessible unless it is part of a system that already meets the “equivalent service” standard.
 - On a demand responsive system, a new vehicle that has a capacity of 16 or less does not have to be accessible, but the system must provide “equivalent service.”

- 22 If you receive federal funds, you are subject to Section 504, which requires a self-evaluation of policies and changes you should make and a transition plan, which details changes you need to make to facilities and a schedule for the alterations. You are required to make the plans available for public comment. (See Section 1.c.1.) Title III doesn’t require either of these plans, but the Department of Justice suggests that covered entities do a barrier-removal plan. Having one is evidence of good-faith efforts to comply. A self-assessment helps you identify areas of improvement.

- 23 Compiled, with edits and additions, from the following sources: *Glossary of Telecommunication Terms*, Federal Communication Commission, <http://www.fcc.gov/glossary.html>; *Section 504 Programs & Activities Accessibility Handbook*, 2nd Edition, Federal Communications Commission, http://www.fcc.gov/cgb/dro/section_504.html; *Glossary of Disability-Related Terms*, DoIT, University of Washington, <http://www.washington.edu/doit/Brochures/Programs/glossary.html>; *Disability-Related Glossary of Terms*, Indiana Institute on Disability and Community, Indiana University, <http://www.iidc.indiana.edu/cedir/glossary.html>; *Disability Services in Higher Education Resources*, University of Illinois at Chicago, Department of Disability and Human Development, <http://www.disabilityresource.uic.edu/>.

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ADA GUIDE ADVISORY COMMITTEE

The Chicago Community Trust would like to thank the following organizations for their insights, ideas and feedback in developing *Renewing the Commitment: An ADA Compliance Guide for Nonprofits*. Their valuable contributions to this guide will help nonprofit organizations in Illinois comply with the Americans with Disabilities Act. But, just as important, the guide will help nonprofits understand how they can create a climate of respect, inclusion and sensitivity that people with disabilities are entitled to, therefore better meeting the needs of their entire community.

- > Access Living
- > American Indian Center of Chicago
- > Beacon Therapeutic
- > Chicago Girls Coalition
- > El Valor
- > Illinois Facilities Fund
- > Latinos Progresando
- > Lawndale Christian Health Center
- > Korean American Community Services
- > Mayor's Office for People with Disabilities
- > National Museum of Mexican Art
- > Primo Center for Women and Children
- > Spanish Coalition for Housing
- > United Way of Metropolitan Chicago
- > Victory Gardens
- > Voices for Illinois Children

THE CHICAGO COMMUNITY TRUST

Renewing the Commitment: An ADA Compliance Guide for Nonprofits is also the product of the Trust staff, who have worked with civic leaders and stakeholders to actively champion for the full inclusion of people with disabilities into our community. Their commitment and diligent work were instrumental in bringing this guide to fruition.

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The Chicago Community Trust, our region's community foundation, partners with donors to leverage their philanthropy in ways that transform lives and communities. From mitigating foreclosures to feeding the hungry, the Trust grants more than \$100 million annually to nonprofit organizations that support arts and culture, basic human needs, community development, education and health. By connecting the generosity of donors with the needs of the community, the Trust ensures our region thrives today and for future generations.

INTERACTING WITH PEOPLE WITH DISABILITIES

1. **Ask how you can assist.** The best way to know how to interact with and accommodate individuals with disabilities is simply to ask them. For example, you could say, "What can we do to make our place more accessible for you?" or "Will you need any accommodations when you come in such as large print?" Don't refer to accommodations, assistance or people as "special."
2. **Always ask for permission before "helping."**
This is true for:
 - > Pushing a person in a wheelchair.
 - > Assisting a person who uses crutches, a walker or other devices with coats, bags or other items.
 - > Guiding a person who is blind. If he or she wants the assistance, the person may want to hold your arm and control his or her own movements.
3. **Speak directly to the individual**, not to a companion, assistant or interpreter who may be present.
4. **Don't refer to a person's disability unless it is relevant to the conversation.**
5. **Always use "person first" language:** "A woman who is blind," not "a blind woman." Avoid negative or outdated terms. For example, say, "a person who uses a wheelchair," not "a wheelchair-bound person" or "a person confined to a wheelchair."
6. **Let service animals do their work.** A service animal is not a pet. Never touch, pet, distract or feed a service dog without first asking the owner.
7. **When speaking with a person who uses a wheelchair**, try to be at his or her eye level by sitting or otherwise positioning yourself at the other person's height. Never lean on an individual's wheelchair or other device.
8. **Gain the attention of a person who is deaf or hard of hearing** before starting a conversation. For example, tap his or her shoulder. Look directly at the person, not an interpreter, and speak clearly and in a normal tone of voice.
9. **If no interpreter is present**, ask if it would be helpful to have an interpreter or to communicate in writing or with a computer. Keep in mind that written communication may not be appropriate or useful for some people and may not be effective for complex situations.
10. **Be prepared to spend a little extra time to understand what a person with a speech disability is saying.** If you don't understand something, don't pretend that you do, and don't complete the person's thoughts or sentences on your own. Written communication or using a keyboard may be helpful.



CHOOSING AND USING INTERPRETERS

1. Different people who are deaf or hard of hearing use **different types of sign language**. Some don't use sign language at all. The most common types of sign language are American Sign Language and Signed English.

2. Individuals who use one type of sign language may not communicate effectively through an interpreter who uses another type. **Ask the person how he or she usually communicates.**

3. Some people use **oral interpreters**, who mouth a speaker's words silently to give higher visibility on the lips, and use facial expressions and gestures to enhance comprehension by a person who is deaf or hard of hearing.

4. If you need an interpreter for a visit, meeting or appointment, **seek one as soon as possible.**

Contracting for services with less than 48 hours' notice is much more expensive.

5. An interpreter needs a **break after an hour**. If a meeting or other communication will last longer than that, you will need to give the interpreter a break or have more than one interpreter.

6. An interpreter **must be qualified for a particular situation**. He or she must be able to interpret using the type of language the individual with a disability uses (see 1 and 3). The interpreter must be familiar with any specialized language such as medical or legal terms.

7. Some states like Illinois require that an interpreter be **licensed or certified** by the state.

8. The website of the Registry of Interpreters for the Deaf, www.rid.org, offers **searches for certified interpreters or referral services** by location, ZIP code or area code. You can also contact your regional ADA Center (formerly DBTAC, or Disability and Business Technical Assistance Center) at 800.949.4232 or a Center for Independent Living for suggestions. You could also ask the person who is deaf or hard of hearing for a referral. You should seek information about interpreters before you have a request for one, and keep lists of interpreters updated.

9. If a situation is time sensitive and it would be difficult to bring an interpreter to your location quickly, consider **video remote interpreting**, through which an interpreter at a remote location appears on a computer terminal screen, usually via internet. But you need the right equipment and a high-speed connection.

10. **Speak directly to a person who is deaf.** Don't refer to the person as "he" or "she" or tell the interpreter to "ask him" or "ask her" something. Don't speak so fast that the interpreter can't keep up. Avoid having more than one person speak at once.



The most common types of sign language are American Sign Language and Signed English.

11. At a meeting or interview, the interpreter will stand in a **location to be in the line of sight** of the individual who is deaf as he or she is looking at the speaker, so that the individual can see both.
12. **If you don't understand** something that is interpreted, ask. The interpreter may also seek clarification.
13. Expect that **an interpreter will interpret what may seem to be extraneous words** from others such as conversations that are within earshot, announcements, etc. — whatever a hearing person might pick up in the same circumstances.

SERVICE ANIMALS

1. Some people with disabilities use service animals that can provide various types of assistance. Although service animals are limited to dogs, they aren't limited to guide dogs assisting people who are blind or have low vision.
2. You should allow people with their service animals to go to all areas where people are usually allowed to go.
3. Service animals are individually trained to perform tasks like these:
 - > Pulling a wheelchair.
 - > Retrieving items such as medicine or telephones.
 - > Providing physical stability or balance for people with mobility disabilities.
 - > Alerting individuals who are deaf or hard of hearing to another person's presence or sounds, or people with disorders like epilepsy to an oncoming seizure.
 - > Providing nonviolent protection or rescue work.
 - > Alerting individuals to the presence of allergens.
 - > Helping people with psychiatric or neurological disabilities by preventing or interrupting impulsive or destructive behavior.
4. Service animals do not require certification, identification cards or licenses, vests, or professional training. But they should have a harness, leash or other tether unless the nature of a person's disability prevents that.
5. You may ask if an animal is a service animal, if it is required because of a disability, and what work or tasks the animal is trained to perform. You cannot ask about the person's disability.
6. Service animals are working animals, not pets. Don't pet, feed or play with them.
7. Animals that provide emotional support or companionship are not service animals under the ADA. But other laws such as state or local laws or housing laws may require that you allow people using them to enter your building.
8. Some people use miniature horses as service animals because they live longer than dogs or as an alternative to dogs if the person has allergies to dogs or if his or her religious beliefs preclude the use of a dog. The decision whether or not to admit a miniature horse is made on a case-by-case basis, depending on factors like the horse's type, size and weight, and whether it is housebroken.
9. You may exclude a service animal if the handler is not controlling it, it is not housebroken, it poses a direct threat to health and safety that cannot be eliminated, or its presence fundamentally alters the nature of your program such as barking during a theater performance.
10. Generally you can't exclude a service animal because other people object or are afraid of the animal.



Service animals should be allowed in areas where the public is allowed to go.

COMMUNICATING WITH TTYS AND TELECOMMUNICATION RELAY SERVICES

TTY stands for text telephone. It is also sometimes called a TDD. A TTY is a device that lets people who are deaf, hard of hearing or speech impaired use the telephone to communicate by allowing them to type messages back and forth to one another instead of talking and listening. A TTY is required at both ends of the conversation.

The ADA doesn't require most nonprofits to have a TTY, partly because every state has to have a free telecommunications relay service (TRS).¹ **But some people advocate for direct TTY access** when calling crisis lines relating to such matters as rape, domestic violence, child abuse and drugs where confidentiality is a concern. And if you offer telephones for people to use more than just as an incidental convenience, you need to have a TTY. For example, if you have a shelter where clients use the phone to find housing or employment or for other purposes, you need to have a TTY.



A TTY helps people who are deaf, hard of hearing or speech impaired to communicate via phone by typing messages back and forth.

More and more people with communication disabilities are using the internet and wireless text devices rather than TTYs as their primary means of telecommunication. But some large and small nonprofits that operate crisis lines, answer emergency incoming calls or serve a large number of people with disabilities use TTYs to receive and place calls.

If you use a TTY, it is important to keep it in working order, train staff to answer calls, program them with messages similar to those on voice mail systems and check the answering machines regularly.

TTYs come with simple instructions. When communicating with a TTY, keep in mind that:

- > Some messages received via TTY are written in nonstandard English because English is not the first language for many people who are deaf.
- > You will sometimes recognize an incoming TTY call by its beeping sounds. If you receive a silent call or hear beeping sounds, turn on your TTY, type out your greeting and type GA for "go ahead."
- > You have to take turns on a TTY call. If the other person types "GA," that means it is your turn to type a response.
- > Most people type a Q to indicate the end of a question.
- > Usually if a person makes a mistake on a TTY, he or she types XXX rather than backspacing and correcting.
- > When you think the conversation is finished, type "GA to SK," which means "go ahead or stop keying." To end the conversation, type "SKSK."

> *Continued on back page*

¹ The accessibility standards may require that you have a TTY, or a shelf and outlet for one, where you provide public phones. Where entry to a building requires use of a security entrance telephone, a TTY or other effective means of communication must be provided.

A **telecommunications relay service (TRS)** facilitates two-way communication between an individual who uses a TTY and one who doesn't. It is free, except for any long-distance charges that would apply, and available 24 hours a day.

To contact a relay center, dial 711.

Here's how it works: If you wish to use the phone to contact someone who uses a TTY (or another means of communication, as explained below), an operator (CA, or communications assistant) will actually place the call. The CA types what you say so that the person you are calling can read your words on his or her TTY display. He or she will type back a response, which the TRS operator will read aloud for you to hear over the phone. If you place a call by TTY, the process is reversed.

If you receive a TRS call, the CA will tell you that it is a TRS call.

TRS calls do take longer than traditional calls, so be prepared to spend the time needed.

Other types of relay services are offered:

- > **Voice Carry Over: VCO** allows a person who is hard of hearing or deaf to use his or her own voice to speak on the phone while reading on the TTY the response of the person they are calling. Many people who are hard of hearing (not deaf) or became deaf later in life prefer to speak in this way rather than typing.
- > **Hearing Carry Over:** People who have a speech disability and who are able to hear on the phone may use a TTY to speak while hearing the voice of the person they are calling.
- > **Speech to Speech: STS** is used by people who have speech disabilities but not hearing disabilities such as people who have cerebral palsy or a laryngectomy. The CA is trained to listen to the caller with a speech disability and repeat the message clearly to the other person.
- > **Spanish Relay Service:** States must provide relay services in Spanish for interstate calls. Some states offer them voluntarily for calls made within states. It is not a translation service; it provides relay services via TTY, voice carry over and hearing carry over from Spanish to Spanish.

MAKING INFORMATION ACCESSIBLE TO PEOPLE WHO ARE BLIND OR HAVE LOW VISION

1. **There are many ways to provide alternate formats of print documents** for people who are blind or have low vision: large print, Braille, electronic format, audio tape and reading aloud.
2. **Keep on hand alternate formats of documents that people are likely to request or that you require participants or clients to read.** These could include consent forms, class registration forms, applications, shelter rules, information brochures, agendas for large meetings where people don't have to register, guidelines for volunteers, annual reports, postings on bulletin boards, and programs for plays and concerts.
3. **Make others available on request.** These could include materials for a specific class or agendas and materials for meetings that require registration. Or you could keep a Braille, electronic format and large-print version on hand for each. You can require notice for these, but make sure it is reasonable, and make every effort to have the material ready at the time it is needed such as the first day of a craft class.
4. On all materials, **state that they are available in alternate formats**, and give contact information for making requests.
5. It is **sometimes acceptable to read information aloud** to an individual. For example, if you have a coffee house, thrift shop or soup kitchen that posts a menu or prices, you could have staff or a volunteer state that information orally to an individual. A test for a class could also be read aloud in many instances. Reading can also be a stop-gap measure when necessary.
6. **Producing materials in Braille** usually requires preparation time, training and special equipment. You will probably need to have an outside source for this.
7. Look online for guidelines on **accessible electronic-format documents**. Technology is constantly evolving. With some training, you may be able to prepare these in-house.
8. A document that is in simple type **can sometimes be enlarged on a photocopier** at 130 percent. This won't work for materials such as a printed program for a performance because people who have low vision need consistent font, print size and spacing.



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9. You should be able to **create large-print documents** by formatting in Microsoft Word.

- > Use black text on off-white, nonglossy, 8½-inch-by-11-inch paper.
- > Use Arial or another sans serif font such as Helvetica or Verdana in bold 18-point type. Set line spacing to 1½ inches.
- > Generally you should use 1-inch margins (justified to the left), replace tabs with two spaces, and remove italics and underlining.
- > Describe the graphics.
- > It is acceptable to print on both sides of the paper.

PLANNING FOR ACCESSIBLE MEETINGS

1. **Plan ahead** to provide accessible space and effective communication.
2. **Budget time and money** for possible accessibility and communication needs: interpreters, assistive listening devices and alternate formats of print documents.
3. **Consider the type and size of the meeting, whether it requires registration or a reservation**, and other factors when mapping out your approach:
 - > If the meeting is **open to a limited group of people** such as a support group for women re-entering the workforce or a meeting of your board or an advisory group, and you know who will be there:
 - Ask each person what accommodations they will need, if you don't know already.
 - Arrange for accessible space if needed.
 - > If the meeting **requires pre-registration or a reservation**:
 - Include a place to request accommodations on the registration form. If registration is by phone, ask the same questions when someone calls to register. (See sample language in Template A.)
 - If the meeting space is accessible, say that on the form. If it is not, say that the meeting will be moved to an accessible location on request. BUT be sure you have an accessible location. This approach would work for a small recreation session, classes and other types of events, but probably not for a large group.
 - > If anyone can come to the meeting **without notice or registration**:
 - For a large meeting or event, arrange for sign language interpreters, captioning, assistive listening devices and large-print versions of any handouts.
 - Include an option for an individual to make other requests such as for Braille, readers, oral interpreters or note-takers, with a reasonable deadline stated.
 - Make sure the space is accessible.
 - State the above in all publicity.
4. Provide an **accessible means for people to respond** to invitations, register or make requests by phone, text message and e-mail.
5. When **assessing whether the space is accessible**, consider accessibility of transportation; access from transportation, parking and sidewalks to the entrance; and access to the meeting space, restrooms and drinking fountains.



When planning a meeting, make sure the space is accessible including bathrooms.

6. **Let presenters know what is expected** as far as accessibility of their materials.
7. Be sure to **maintain accessibility** of the space on the day of the event.
 - > Pay attention to accessible seating, the stage or dais, access through aisles, and registration and refreshment areas. Refer to Tip Sheet 7: The Day of a Meeting: Arranging Accessible Space.
 - > Ensure effective communication. See Tip Sheet 8: Conducting Meetings and Tip Sheet 5: Making Information Accessible to People Who Are Blind or Have Low Vision.
8. If someone comes to the meeting and **needs accommodations that haven't been requested**, attempt to meet the person's request. For example, you may be able to provide a large-print version of the agenda by enlarging it on a copier, or you could read materials aloud. If you cannot, and the request is for an alternate format, meet the request as soon as possible after the meeting.

THE DAY OF A MEETING: ARRANGING ACCESSIBLE SPACE

Excerpted from Department of Justice's "Accessible Information Exchange: Meeting on a Level Playing Field"

SEATING LOCATIONS

Set up the meeting room to provide access to all participant seating locations, the speakers' area and refreshments. An accessible seating plan requires aisles that are at least 36 inches wide and have sufficient turning space such as a 60-inch diameter in key locations throughout the room.

These dimensions allow people using mobility devices like wheelchairs, scooters, walkers, canes and crutches to independently enter and exit the room and move throughout the space, sit with other participants, participate as speakers, and get refreshments. Remember, when measuring the accessible route through the space, measure the aisle width as if the chairs are pulled out and occupied.

REGISTRATION TABLE

If a table for registration and handouts is provided, make sure that people with mobility disabilities can approach it and turn around easily to move away again. Place handouts at the front edge of the table to make them easier to reach for participants both seated and standing.

REFRESHMENT TABLE

If refreshments are served, allow sufficient floor space for people with mobility disabilities to approach the tables. Arrange all food, plates, glasses (supplement stemware with standard drinking glasses for people who have limited hand mobility), straws for people who have difficulty drinking directly from glasses, utensils and napkins within the reach of people who are of short stature or use a wheelchair. Avoid billowing or long tablecloths that pool on the floor—wheelchair wheels and tips of canes, crutches and walkers can easily catch on flowing linens and pull them off surfaces. Provide assistance to people who may need help filling their plates and bringing food and drinks back to their tables.



Long, flowing tablecloths create hazards for wheelchair users.
Illustration courtesy of the Department of Justice.

PROTRUDING OBJECTS

Some people who are blind or have low vision use canes to detect objects along a route. One element of a barrier-free meeting space for participants who are blind or have low vision requires cane-detectable protruding objects and sufficient head clearance. Wall-mounted objects with bottom edges between 27 inches and 80 inches above the floor cannot protrude into the route more than 4 inches. The route through the meeting space must be free of overhanging objects that are less than 80 inches above the floor.

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SEATING FOR COMMUNICATION

Arrange the lighting and meeting room furniture to facilitate communication among participants, interpreters and real-time captioners. Try to arrange furniture away from windows or cover the windows so that participants, speakers and interpreters are not silhouetted by the natural backlighting, which makes speech reading difficult.

PODIUM

If a podium is used, some speakers who use mobility devices may not be able to use one that is standard height. If possible, provide an adjustable-height podium for all presenters at the meeting. If one is not available, either eliminate the use of a podium for everyone (e.g., have everyone sit at a head table with a tabletop microphone) or provide the speaker who has a disability with a hand-held or lavalier microphone to allow him or her to speak from a position next to the podium. Provide the speaker with a disability with a small table on which to put lecture notes and a glass of water.



Accessible meeting space allows everyone to participate. *Illustration courtesy of the Department of Justice.*

STAGE OR DAIS

If a stage or raised platform is not accessible to all speakers, do not use it. It is insulting to ask a speaker with a mobility-related disability to be the only person to present from below stage level.

SERVICE ANIMALS

Ensure that all participants and the meeting site staff understand that the ADA requires that service animals are allowed to enter the building and remain with their owners during the meeting.

CONDUCTING MEETINGS

1. Meeting planners should work with speakers, presenters, attendees and those providing accommodations such as interpreters to ensure that presentations are accessible and everyone can participate.
2. Before the meeting begins, introduce interpreters, captioners and other service providers to the participants who are using these accommodations. Ensure that seating, lighting and equipment are in place so that the accommodations are effective. For example, people who are deaf or have hearing loss need to be able to see the interpreter. If the room lights are lowered for audio-visual presentations, you may need separate lighting on the interpreter. See Tip Sheet 2: Choosing and Using Interpreters.
3. Ensure that assistive listening systems are in working order with sufficient battery power for the entire meeting.
4. Make sure there are no temporary barriers to participation such as protruding objects or blocked aisles. Refer to Tip Sheet 7: The Day of a Meeting: Arranging Accessible Space.
5. Be sure speakers and participants know these guidelines before beginning:
 - > They should speak clearly at a moderate pace. This allows sign language interpreters and captioners time to facilitate clear communication.
 - > They should describe slides and flip charts briefly, particularly photos and graphics.
 - > Only one person should speak at a time.
 - > They should speak into the microphone(s) so that the assistive listening devices pick up the sound.
6. Remind speakers that if there is discussion or a question-and-answer period, they should speak directly to an individual speaking or signing, not to an interpreter or personal assistant.
7. At the beginning of the meeting, announce the locations of emergency exits, rescue assistance and evacuation chairs.
8. If there is a separate time for questions and answers, make an announcement at that time that speakers will repeat questions before answering them. Remind everyone to speak into the microphones and to speak one at a time.



Remind speakers to speak clearly and at a moderate pace so sign language interpreters and captioners have time to facilitate communication. Speakers should also speak into the microphone so assistive listening devices can pick up the sound.

MAINTAINING ACCESS

Once you've made sure that your building, service areas and locations for meetings or events are accessible, you should be sure to keep them that way.

1. **Maintain accessible equipment and features** such as lifts, elevators and automatic doors. Write a requirement for a prompt response time into your maintenance contracts, and have a back-up plan to provide access when these fail temporarily.
2. **Keep parking and sidewalks clear.** Remove snow promptly and make sure plowing crews don't use the accessible parking spaces and curb ramps as a place to dump snow. Don't let tree branches become protruding objects. Don't let planters, equipment or other items intrude on the accessible route.
3. Be sure **accessible entrance doors and restroom doors** are unlocked whenever the building is open and that the approach space and space to the latch side of the door isn't limited by the items listed in 2.
4. If some **entrances** are not accessible, be sure there are signs at those entrances indicating the closest accessible entrance.
5. At elevators, keep areas under **call buttons** free of obstructions like planters and trash cans.
6. Maintain clear floor space at the approach to the doors to **restrooms**, in turning spaces, and at accessible lavatories and paper towel dispensers. This means not keeping trash cans, boxes or other items under the sink, under the paper towels, next to doors or in the extra space that's there for accessibility purposes.
7. Keep accessible paper towel **dispensers**, toilet paper holders and soap dispensers filled.
8. At **meetings**, keep access clear to seating, to the stage or dais, through aisles, and at the registration and refreshment areas. See Tip Sheet 7: The Day of a Meeting: Arranging Accessible Space.
9. For **special events**, see Tip Sheet 10: Special Events.



Keep obstructions like planters and trash cans away from the buttons at an elevator to ensure accessibility.

SPECIAL EVENTS

Special events, especially those at which you expect large attendance or those that are held outside, require special attention. Follow the suggestions in Tip Sheets 2, 5, 6, 7, 8 and 9. In addition, keep these tips in mind.

1. All advance publications should list a phone and, if you have one, TTY number for those who may need accommodations, auxiliary aids or other consideration due to a disability.
2. Event handouts like brochures and maps should be provided in alternate formats such as large print and Braille.
3. For large events, provide a map of accessibility elements.
4. Where parking is provided, provide accessible parking, including temporary event parking, in the required ratios of accessible and van-accessible spaces.
5. Accessible routes should be provided from the accessible approaches and entrances to all booths, spaces and other areas that are available to the public. The routes should be stable, firm and slip resistant, 36 inches wide, and kept accessible and free of obstructions. These routes should not be on dirt paths, loose gravel or grass.
6. A sufficient number of accessible toilets on an accessible route should be provided.
7. Exhibits should be accessibly designed and located.
8. At least one of each type of sales counter at each sales location should be lowered.
9. Protruding objects should be eliminated or cane detectable. Overhead obstructions should be eliminated or shielded. Protruding objects include hanging lanterns, signs and tent tie-downs that protrude more than 4 inches into a circulation path at a height from 27 inches to 80 inches.
10. If transportation is provided such as a shuttle service, accessible transportation should be provided.
11. Provide assistance for those who need help traversing long distances.
12. Train staff about your policies and the location of accessible services and facilities.
13. Plan for emergency announcements and evacuation.



SAMPLE MEETING NOTICES

1. Give people **information in advance** about accessibility and auxiliary aids at meetings.
2. Be sure that the information is **accurate**.
3. Include information about **how to reserve a space or request aids or services** and the deadline for doing so.
4. Be sure that the **means** of making a request is accessible such as through plain text e-mail, accessible forms on the internet or alternate format documents.
5. **Tailor your notice** to the nature of the specific meeting or event, its size and other factors.

HERE ARE SOME EXAMPLES OF NOTICES

General statement about physical accessibility:

- > The facility is readily accessible to individuals with disabilities.
- > The facility is accessible under the ADA.
- > The meeting will be held in an accessible location.

A simple statement to include with notice about a meeting at which you already plan to provide certain accommodations or services:

- > All meetings are fully accessible to individuals with disabilities. A sign language interpreter will be provided. Questions can be directed to 555.555.5555 (V/TTY).

A more detailed statement to include with a notice about a meeting at which you already plan to provide certain accommodations or services:

- > The following services and accessibility features are available for people with disabilities. Others are available on request with 48 hours' notice:
 - Accessible parking at [51 S. Main St.]
 - Accessible entrance, [example: 55 S. Main Street (accessible from Carter Transit Center and bus stop); if all are accessible, there is no need to include this information].
 - Accessible restrooms.
 - Wheelchair loans. See information desk for availability or call in advance.
 - Sign language interpreters with 72 [or 48, or less if your organization can arrange that] hours' notice.
 - Assistive listening devices with 24 [or another number] hours' notice.
 - Large-print agendas and handouts.
 - Materials in other alternate formats such as large print or electronic documents with 48 [or 24] hours' notice; materials in Braille on 72 [or different number] hours' notice.
- > For more information and reservations or to make requests for auxiliary aids or alternate formats, please call 555.555.5555 (TTY 555.555.4444) or e-mail Staff@Nonprofit.org. Please include a way that we can contact you.

General statement in registration form (choose or modify one option):

- > If you have a disability and wish to request assistance, please inform [name of planner] by attaching your requirements to this form, or call [planner and contact information] by [date, if different from registration deadline].

> *Continued on back page*

- > Accommodations and modifications for people with disabilities are available upon request. Please contact [planner and contact information] by [date, if different from registration deadline].
- > If you have a disability and require accommodation in order to fully participate in this activity, please check here. You will be contacted by someone from our staff to discuss your specific needs.

Where you include a deadline for accommodation requests, consider adding:

- > Requests for accommodations or modifications made after [the advertised date] will be honored to the maximum extent feasible, but it may not be possible to fulfill them.

Detailed questions for planners to ask when receiving a request in response to the general statement above or to include in the registration form if preferred:

- > I will need the following accommodations in order to participate:
 - _____ ASL interpreter
 - _____ Other interpreter (please specify)
 - _____ Note-taker
 - _____ Assistive listening device (specify whether requesting hearing aid compatible)
 - _____ Captioning
 - _____ Large print
 - _____ Braille
 - _____ Audio cassette
 - _____ Electronic format
 - _____ Wheelchair accessibility
 - _____ Orientation to facility
 - _____ Diet restrictions (please specify)
 - _____ An assistant will accompany me.
 - _____ Other (please specify)
- > I can be reached at [number and e-mail].

HOW [NAME OF NONPROFIT] PROVIDES COMMUNICATION ASSISTANCE FOR PEOPLE WITH DISABILITIES¹

1. For all communications, keep in mind the basics of disability etiquette. See Tip Sheet 1.
2. For **meetings**, we follow the guidelines in [Tip Sheets 6 to 8 and sample meeting notices in Template A— indicate which you prefer]. [Staff person] can assist you with these accommodations.
3. For **phone conversations with people who are deaf or hard of hearing or who have speech disabilities**, in most circumstances, you should use the free telecommunications relay service. Call 711 and a relay operator will place a call to the other person and act as a translator. See [Tip Sheet 4] for information about how the service works.
4. For **phone calls on hot lines or other urgent matters**, if the person with a disability uses a TTY, use our TTY. See [Tip Sheet 4] for information about using TTYs for placing and receiving calls. Our TTY is located at [person's desk]. Our TTY number is [###-###-####].
5. For **in-person interactions** other than meetings at our location with **people who have hearing disabilities**, the means of communication will vary according to the situation.
 - > If a meeting or appointment can be **scheduled in advance**, ask the person if he or she requests an auxiliary aid.

If the person asks for an interpreter, that request should usually be honored unless (1) there is not enough time to get an interpreter or (2) the situation is simple and can be handled by an exchange of documents or in writing (if the person has adequate skills in written English). [Customize for the nonprofit's particular situation. For example, a person won't usually need an interpreter to get a list of child care providers and find out which ones have openings. The person would probably need an interpreter to discuss his or her child's care. A person who generally uses sign language to communicate will need one for a meeting where she obtains legal or financial counseling.]

If an interpreter is needed, see Tip Sheet 2 about choosing and using interpreters. To obtain an interpreter, call _____, who will call our contractor. We prefer [72] hours' notice because the cost increases greatly with less than 48 hours' notice.

- > If this is a walk-in encounter, ask if it would be OK to write notes. Use your judgment. If the situation is not a simple one, you may need to schedule a future appointment for a time when you can get an interpreter. Remember, the person may not have good written English skills. You could also ask if it is OK to use a computer to type back and forth, or use our UbiDuo or borrow one from [a nearby nonprofit]. If you need an interpreter quickly, consider using video remote interpreting, which allows us to connect with an interpreter who is not on-site but appears on a computer monitor or screen. Contact _____ for information about how to arrange for and use VRI.
6. For **in-person interactions** other than meetings at our location with **people who have speech disabilities**, you will usually be able to understand the person if you take extra time and are patient. Don't assume you understand if you don't; ask questions. Don't complete the person's words or sentences. As discussed above as to people with hearing disabilities, sometimes using notes or a keyboard will work. Some people with speech disabilities have communication boards, and they point to letters and words on the board.

> *Continued on back page*

¹ This template is intended to be completed by a nonprofit and made available to staff. It will not work for all types of nonprofits or all types of services.

7. For **people with low vision**, we have these materials on hand in large print:

> [_____], kept at [_____]

> [_____], kept at [_____]

8. These types of documents can be enlarged at 130 percent on a photocopier to make them large print:

> [_____],

> [_____]

9. Our [**monthly newsletter**] can be printed in large print by changing the font to 18 point.

10. We have one copy of [_____] in **Braille** at [_____]. Contact _____ to put other materials in Braille. We need _____ days' notice to do so.

11. We provide other documents in **accessible electronic format**. Contact [_____] for details.

12. We are in the process of making our **website** accessible. [The home page is accessible. We expect the remainder to be accessible by (date).]

13. These DVDs and videotapes are captioned: [_____]

14. Contact _____ at _____ with any questions or for assistance.

HOW [NAME OF NONPROFIT] MAKES POLICY MODIFICATIONS AND ACCOMMODATIONS FOR PEOPLE WITH DISABILITIES

[NAME OF NONPROFIT] is committed to full inclusion of people with disabilities in our activities and services. We welcome people with disabilities and seek to integrate them into everything we do.

For information about services and accommodations provided at meetings, face to face or small group situations; communications assistance; and alternate formats of materials, see [Templates A and B and Tip Sheets 2 to 8].

Service animals (dogs) are welcome in our facilities. [At times, miniature horses are allowed.] See [Tip Sheet 3].

INCLUDE OR MODIFY THE FOLLOWING AS SUITED TO YOUR NONPROFIT:

- > We move classes or other activities to an accessible location if needed.
- > We welcome volunteers with disabilities and ensure that they have meaningful work to do. The opportunity to serve is a benefit to them; their talents are a benefit to us.
- > We modify procedures or formats for applying for services, as appropriate.
- > We offer separate programs for people with disabilities only if necessary.
- > We seek membership of people with disabilities on our boards and committees.
- > We take people with disabilities into account in planning for emergencies.
- > If we need to notify our clients or participants of a building closing or any change of circumstances, we are sure to find a way to notify people with disabilities affecting their hearing or vision.
- > We offer assistance, and provide it if it is accepted, in a variety of situations. We will:
 - Help a person carry things in our thrift shop, food pantry, kitchen or shelter.
 - Accommodate people who have difficulty waiting in line for services.
 - Take the time to provide assistance to a person with a cognitive impairment in filling out forms or understanding a process.
- > We welcome suggestions for improvement. Please address suggestions to _____.

ACCESSIBLE FEATURES OF [_____] BUILDING

USE OR MODIFY AS APPROPRIATE.

Accessible parking is located at _____ or _____.

The _____ entrance is accessible.

The _____ entrance is accessible from the subway station at _____ or the bus stop at _____.

There is an accessible restroom on each floor for each sex.

The second floor is accessible.

The basement level is not accessible. If someone needs to access an activity in the basement, we will move it to an accessible level. We will not hold public meetings or those that people can attend without notice in the basement.

There are accessible public telephones at _____.

Seating in _____ room is accessible. To get to it, go _____.

We have assistive listening devices stored in _____.

A wheelchair is available to borrow. It is kept in _____.

If there is an emergency and the elevator is shut down, there is an area of rescue assistance on the _____ floor at _____. There is an evacuation chair at _____. Usually emergency responders will assist in using these chairs. [Name] knows how to use it. But do not use it unless an individual agrees.

Emergency exits that are accessible are at _____.

The drinking fountain on _____ is accessible.

If an activity needs to be moved to an accessible space, use _____ on the first floor.

We will assist a person with a sight disability if he or she requests or accepts assistance in getting around in the building.

There is an accessible route to a cab stand at _____.

Our front door is too heavy for some people to use independently. There is a bell for a person to ring if he or she needs assistance.

We have a ramp at our entrance, but it is too steep for some people to use. There is a buzzer at the bottom of the ramp for a person to use to summon assistance. The buzzer at the entrance door can be used to alert us if someone needs assistance going down the ramp.

We will respond promptly to someone who uses the bell or buzzer and help in a respectful way.