



“ALL ARE WELCOME”

A Faith Community Inclusion Guide



The OPWDD Faith Based Initiative Program



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Introduction

Being part of a community has many well being benefits: we become interested in connecting with others; feel acceptance through our participation and gain a sense of security that there are other people here who can help us. Faith community participation for individuals with developmental disabilities does not differ in the sense that all people need connections.

Throughout New York State, house of worship leaders and their congregations are beginning to realize enhancement of their worship by including all of God's children. Congregant's willingness to include individuals with developmental disabilities into the fabric of their worship is more far reaching than building physical accessibility: congregations are opening up the worship to individuals for participation in the liturgy and serve as contributing members in different ministries.

Congregations that have opened their doors and hearts to individuals with developmental disabilities express how their worship experiences have been enriched by the presence and spiritual gift sharing with those who have developmental disabilities. Individuals with developmental disabilities have expressed finding strength and comfort in their ability to worship and practice their faith with other congregational members.

The purpose of this guide is to:

- ❖ Assist faith leaders and congregations by providing them the education/information they need to become comfortable in welcoming and providing spiritual supports for people with developmental disabilities who live in their community.
- ❖ Support individuals, family members, friends, and caregivers to become visible in their faith community as valued, active members.
- ❖ Assist faith leaders and congregants as they tap into the interests, skills, and gifts, of individuals with developmental disabilities that will enhance the worship for everyone.
- ❖ Bring people together and develop sustaining relationships as well as natural supports for individuals with developmental disabilities.



OPWDD is committed to providing a variety of supports and services for individuals with developmental disabilities. This guide offers helpful information to bring individuals with developmental disabilities together with congregants of their faith choice, foster spiritual and natural connections, and support our mission to help people with developmental disabilities live richer lives.

Courtney Burke, Commissioner



About The Faith Based Initiative Program

People with disabilities want to be active participants and meaningful contributors in their community. They want the same choices to grow spiritually, to enjoy community life, and experience relationships.

The OPWDD Faith Based Initiative Program was instituted in 2007. Its mission is to explore new avenues and expand upon choice opportunities for individuals with developmental disabilities that will respect their beliefs, support their right to belong to a faith community, and assist them to become valued members in the house of faith they have chosen.

Our Purpose:

OPWDD in partnership with faith communities and other interested parties will develop opportunities that meet the expectations of individuals with developmental disabilities who make choices to:

- ❖ *Believe* - have their faith acknowledge and respected.
- ❖ *Belong* – attend the house of worship based upon their faith beliefs and choice.
- ❖ *Become* - receive supports and assistance that will allow consistent access for faith community participation.



Our Strategies Will Support:

Individuals with developmental disabilities: who want the same choices to grow spiritually, to enjoy community life, and have meaningful relationships with others in the community.

Parents: who struggle to find faith communities that will welcome them and their children.

Congregants: who struggle to find a “meaningful way” to include people with developmental disabilities in their faith community.

State and voluntary agencies: who struggle to find the best ways to offer continuous support and opportunities for people with developmental disabilities to participate in this important part of their lives.

ABOUT FAITH INCLUSION





Facts about Faith Community Inclusion

Facts	Possibilities
People with disabilities are much less likely to attend religious services compared to people without disabilities (50% versus 57% respectively) ¹	When people with disabilities are connected to their chosen faith community, their quality of life is enhanced
Some people with disabilities have never had the chance to explore their spirituality	People with disabilities have the opportunity to express their right to a full life of faith
SOME congregations WELCOME people with disabilities	ALL congregations VALUE people with disabilities as active and contributing members
People with disabilities have to think creatively just to get through their day successfully	Congregations tap the creativity of people with disabilities to identify ways to remove barriers
Lack of community connections is often a source of frustration for people with disabilities and is related to increased safety and health consequences	Congregational inclusion creates natural connections that enable faith belonging <u>and</u> community belonging

Taken from the DDPC/OPWDD Spirit Project/2007

¹ N.O.D. Harris Survey 2010



PUTTING

PEOPLE



FIRST

Supporting Religious Choice

People with developmental disabilities have spiritual and religious interests, needs, and gifts. All too often, they have not had the opportunity to express those parts of their lives in a way that is personal to them. Individuals with developmental disabilities have talents and skills that can benefit the congregational worship. For houses of worship the inclusion of all people In worship, ministry and service will enhance the spirituality of congregants.





Supporting Religious Choice

- ❖ People with developmental disabilities are capable of religious or spiritual expression, just like anyone else.
- ❖ People with developmental disabilities have preferences about religion and how they want to be involved in religious activities.
- ❖ People with developmental disabilities have the right to make choices about their religious activity.
- ❖ The right of people with developmental disabilities to express themselves religiously and spiritually is a First Amendment right according to the United States Constitution and Bill of Rights.
- ❖ Separation of church and state is a rule to make sure that government doesn't influence peoples' choice of religion or religious practices. It also exists so that peoples' religious beliefs won't influence government decisions. This is to prevent bias.
- ❖ Public programs and services have an obligation to protect the freedoms of everyone and force religion on no one.
- ❖ However, when the rule of separation of church and state results in removing choice about the practice of religion, then freedom of choice has been denied and this is against the First Amendment.
- ❖ Religious practices are allowable in a public program/home as long as no one is forced to participate and no specific religion is favored.
- ❖ Connecting people with developmental disabilities to congregations is an excellent way to support people's right to spiritual expression, help them meet their spiritual needs, and enhance community inclusion.

Adapted from PROTECTING RELIGIOUS FREEDOM: THE CAREGIVER'S RESPONSIBILITY, by Thomas B. Hoeksema, Ph.D. Calvin College, April 1994

People First Language

People with disabilities are moms, dads, sons, daughters, sisters, brothers, friends, neighbors, coworkers, employees, employers, students and teachers. Individuals with disabilities are people first. "People First Language" was developed as a way of referring to the individual rather than the diagnosis, therefore promoting respectful communication. The intent is to recognize our commonalities rather than our differences.





you would use for a person.

People First Language

What Do You Call People

People First Language recognizes that individuals with disabilities are -- first and foremost -- people. It emphasizes each person's value, individuality, dignity and capabilities. The following examples provide guidance on what terms to use and which ones are inappropriate when talking or writing about people with disabilities.

People First Language to Use

- people/individuals with disabilities
an adult who has a disability
a child with a disability
a person
- people/individuals without disabilities
typical kids
- people with intellectual and developmental disabilities
he/she has a cognitive impairment
a person who has Down syndrome
- a person who has autism
- people with a mental illness
a person who has an emotional disability
with a psychiatric illness/disability
- a person who has a learning disability
- a person who is deaf
he/she has a hearing impairment/loss
a man/woman who is hard of hearing
- person who is deaf and cannot speak
who has a speech disorder
uses a communication device
uses synthetic speech
- a person who is blind
a person who has a visual impairment
man/woman who has low vision
- a person who has epilepsy
people with a seizure disorder
- a person who uses a wheelchair
people who have a mobility impairment
a person who walks with crutches
- a person who has quadriplegia
people with paraplegia
- he/she is of small or short stature
- he/she has a congenital disability
- accessible buses, bathrooms, etc.
reserved parking for people with disabilities

Instead of Labels that Stereotype & Devalue

- the handicapped
the disabled
- normal people/healthy individuals
atypical kids
- the mentally retarded; retarded people
he/she is retarded; the retarded
he/she's a Downs kid; a Mongoloid; a Mongol
- the autistic
- the mentally ill; the emotionally disturbed
is insane; crazy; demented; psycho
a maniac; lunatic
- he/she is learning disabled
- the deaf
- is deaf and dumb
mute
- the blind
- an epileptic
a victim of epilepsy
- a person who is wheelchair bound
a person who is confined to a wheelchair
a cripple
- a quadriplegic
the paraplegic
- a dwarf or midget
- he/she has a birth defect
- handicapped buses, bathrooms, hotel rooms, etc.
handicapped parking

Prepared by the Texas Council for Developmental Disabilities, 6201 East Oltorf, Suite 600, Austin, Texas 78741-7509; 512-437-5415 or 1-800-262-0334 toll-free; <http://www.txddc.state.tx.us>

blondes, brunettes, SCUBA divers, computer operators, individuals, members, leaders, people, voters, Texans, friends or any other word

with Disabilities? Men, women, boys, girls, students, mom, Sue's brother, Mr. Smith, Rosita, a neighbor, employer, coworker, customer,

chef, teacher, scientist, athlete, adults, children, tourists, retirees, actors, comedians, musicians,

Disability Etiquette



What Do We Mean by the Term "Disability"?

❖ **Disability includes a wide range of conditions. A few examples:**

- ❖ paralysis
- ❖ blindness or visual impairment
- ❖ deafness or hard of hearing
- ❖ mental retardation
- ❖ learning disabilities
- ❖ psychiatric disabilities and mental health conditions
- ❖ epilepsy
- ❖ chemical sensitivity
- ❖ head injuries
- ❖ cerebral palsy
- ❖ HIV/AIDS
- ❖ and many others

❖ **Disability impacts people's lives in a wide variety of ways, and the level of impact can range from minimal to extensive**

- ❖ In some cases, a person's disability is a minor inconvenience; something that is controlled through medication or requires some simple adaptations. In other cases, a person's disability plays a major role in their lives, impacting their ability to earn a living, to participate in activities in the community, and to do many of the things that many non-disabled people take for granted in their daily lives.

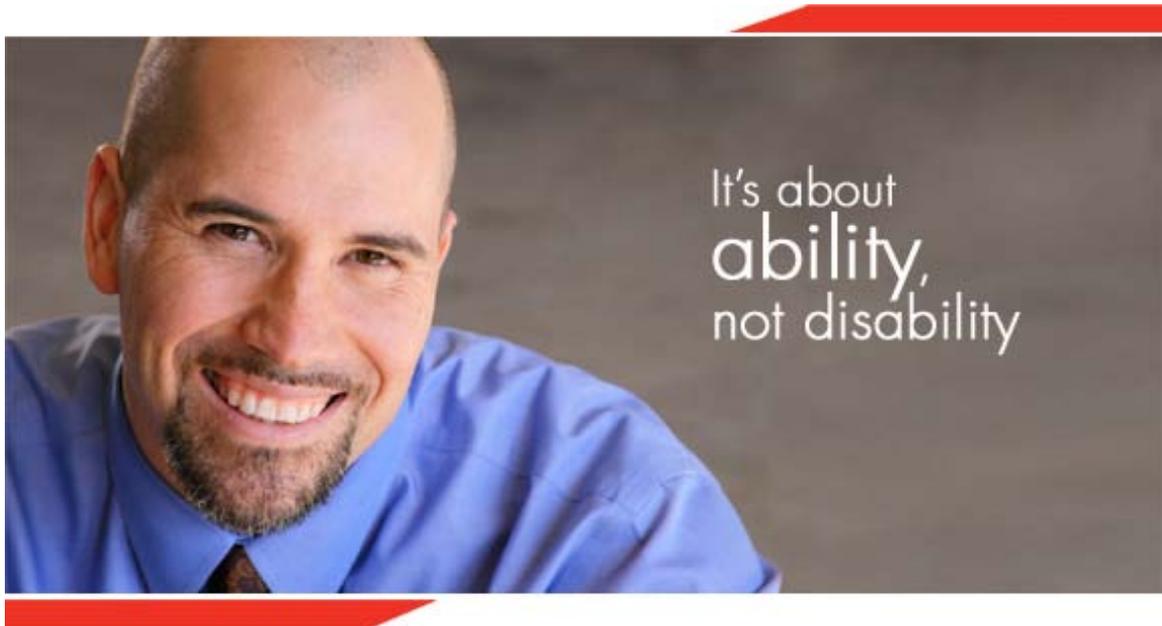
❖ **Disabilities are often not apparent**

- ❖ Learning disabilities, psychiatric disabilities, epilepsy, and multiple sclerosis are just a few of the many disabilities that are often hidden. Never presume that someone doesn't have a disability just because it is not readily apparent.

❖ **Disability is a natural part of the human existence**

- ❖ There has been a major shift in our society's view of disability. Disability used to be seen as an aberration, something that had to be fixed before a person could fully participate in their community. A more progressive view is that disability is simply part of a person's identity, not something to be fixed, and that people with disabilities have the same right as anyone else to full participation in society.

Often times when people are injured (such as a broken leg) they temporarily leave work on disability, and return when they are fully recovered. However, this manual is not intended to apply to people whose disability is extremely temporary. This material focuses on people whose disabilities have ongoing, possibly life-long, impacts.





Legal definitions vary considerably

A person may be considered disabled under the Americans with Disabilities Act but not by their states vocational rehabilitation agency. Also, particular conditions specify the criteria that a person must meet in order to have that condition. For example, not all people who wear glasses have a visual impairment. The following are some important legal definitions of disability from the Americans with Disabilities Act (ADA), Social Security, and the Rehabilitation Act:

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

A physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

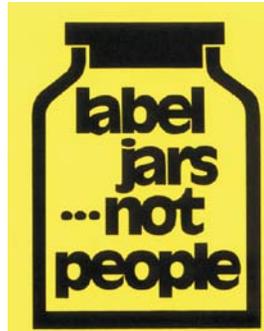
❖ **Social Security**

The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

❖ **Rehabilitation Act**

The term individual with a disability means any individual who has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment and can benefit in terms of an employment outcome from vocational rehabilitation services.

Debunking the Myths



In spite of significant changes in the world of disability, it is important to recognize that some people still have negative stereotypes and misconceptions about people with disabilities. One of the first steps in improving communications with people with disabilities is to discard and disprove these myths that can put people with disabilities in a separate “class.”

Following are some common misconceptions and facts about people with disabilities.

Myth 1: People with disabilities are brave and courageous.

Fact: Adjusting to a disability actually requires adapting to a lifestyle, not bravery and courage.

Myth 2: Having a disability means you cannot be healthy.

Fact: Persons with disabilities can experience good health and full participation in community life. They benefit from the same health-enhancing activities as the general population.

Myth 3: Wheelchair use is confining; users of wheelchairs are “wheelchair-bound.”

Fact: A wheelchair, like a bicycle or an automobile, is a personal assistive device that enables someone to get around.

Myth 4: Curious children should never be allowed to ask people about their disabilities.

Fact: Many children have a natural, uninhibited curiosity and ask questions that some adults might find embarrassing. But scolding children for asking questions may make them think there is something “bad” about having a disability. Most people with disabilities won’t mind answering a child’s questions, but it’s courteous to first ask if you can ask a personal question.



Myth 5: People with disabilities always need help.

Fact: Many people with disabilities are quite independent and capable of giving help. But if you want to help someone with a disability, ask first if he or she needs it.

Myth 6: The lives of people with disabilities are totally different than those of people without disabilities.

Fact: People with disabilities go to school, get married, work, have families, do laundry, grocery shop, laugh, cry, pay taxes, get angry, have prejudices, vote, plan and dream, just like everyone else.

Myth 7: There's nothing one person can do to help eliminate the barriers confronting people with disabilities.

Fact: Everyone can contribute to change. You can help remove barriers by:

- ❖ Understanding the need for accessible parking and leaving it for those who need it;
- ❖ Encouraging participation of people with disabilities in community activities by making sure that meeting and event sites are accessible;
- ❖ Understanding children's curiosity about disabilities and people who have them;
- ❖ Advocating for a barrier-free environment;
- ❖ Speaking up when negative words or phrases are used in connection with a disability;
- ❖ Writing producers and editors a note of support when they portray people with disabilities as they do others in the media;
- ❖ Accepting people with disabilities as individual human beings with the same needs and feelings you might have; and
- ❖ Hiring qualified persons with disabilities whenever possible.

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Disability Etiquette

People who live with disabilities often face fear, discomfort, and hostility at a rate that far exceeds that encountered by those who do not have a disability. The vast majority of such treatment is rooted in a basic lack of understanding about the challenges that come with having a disability, and the experience of sharing the world with people who do not. People often seek to fill in gaps in their knowledge, and when information is lacking, confusion and even fear may result.

Anyone wishing to overcome this experience will be best served by first recognizing that a disability is a limited phenomenon. A physical disability may have a large impact on how an individual interacts with the physical world. A sensory disability may alter the gathering of information. These conditions, however, in no way prevent the individuals who live with them from having unique personalities, talents, knowledge, humor, and lives. People who live with disabilities have more in common than not with those who have no disability. We all share the same existence and the same basic needs.

In order to establish a foundation, the top three considerations repeated in the vast majority of lists of disability etiquette concerns are:

- ❖ Ask if a person needs assistance before attempting to assist them. All people, whether or not they live with a disability, take pride in what they are able to do. Making any assumption about a person's abilities in any given situation can rob them of this feeling.

- ❖ Speak directly to a person with a disability, even if he or she has an interpreter. While a person with a hearing impairment may have to look at an interpreter for communication, it is discouraging to everyone to be looked around or over when communicating with someone.

- ❖ Ask permission before touching an assistive device or service animal. These are the tools that the user needs to live their life. They are very important and very personal.

Watch Your Language



The words we use to describe one another can have an enormous impact on the perceptions we and others have, how we treat one another, mutual expectations, and how welcome we make people feel. The following are guidelines for talking with, and about, a person with a disability. While these guidelines can be helpful, keep in mind the following:

- ❖ If you're unsure of the proper term or language to use, ask!
- ❖ The best way to refer to someone with a disability is the same way we all like to be referred to "by name".

GENERAL GUIDELINES

OUTDATED OR OFFENSIVE:	REASON(S):	CURRENTLY ACCEPTED*:
"The" anything: The blind The disabled The autistic	Views people in terms of their disability; Groups people into one undifferentiated category; Condensing; Does not reflect the individuality, equality, or dignity of people with disabilities.	- People with disabilities - Deaf people - People who are blind - People who are visually impaired - People with autism
Handicapped	Outdated; connotes that people with disabilities need charity. Disabilities don't handicap: attitudes and architecture handicap.	People with disabilities
The disabled	An individual is a person before one is disabled. People with disabilities are individuals who share a common condition.	People with disabilities



Admits she/he has a disability	Disability is not something people admit to or needs to be admitted to.	Says she/he has a disability
Normal, healthy, whole (when speaking about people without disabilities as compared to people with disabilities)	<p>People with disabilities may also be normal, healthy and whole.</p> <p>Implies that the person with a disability isn't normal.</p>	<ul style="list-style-type: none"> - Non-disabled - Person without a disability
Courageous	Implies person has courage because of having a disability.	<ul style="list-style-type: none"> - Has overcome his/her disability - Successful, productive

SPECIFIC DISABILITIES & CONDITIONS

OUTDATED OR OFFENSIVE:	REASON(S):	CURRENTLY ACCEPTED*:
Deaf and dumb Dumb Deaf-mute	Implies mental incapacitation; Simply because someone is deaf does not mean that they cannot speak	<ul style="list-style-type: none"> - Deaf - Non-verbal - Hard of hearing - Person who does not speak - Unable to speak - Uses synthetic speech
Hearing impaired Hearing disability Suffers a hearing loss	Negative connotation of "impaired", "suffers"	<ul style="list-style-type: none"> - Deaf - Hard of hearing
Slurred speech Unintelligible speech	Stigmatizing	<ul style="list-style-type: none"> - Person/people with a communication disability - Person/people with slow speech
Confined to a wheelchair Wheelchair-bound	Wheelchairs don't confine; they make people mobile	<ul style="list-style-type: none"> - Uses a wheelchair - Wheelchair user - Person who uses a wheelchair
Cripple Crippled	From Old English, meaning "to creep"; was also used to mean "inferior"; Dehumanizing	<ul style="list-style-type: none"> - Has a disability - Physical disability - Physically disabled



Deformed Freak Vegetable	Connotes repulsiveness, oddness; Dehumanizing	- Multiple disabilities - Severe disabilities
Crazy Insane Psycho Maniac Nut Case	Stigmatizing Considered offensive Reinforces negative stereotypes	- Behavior disorder - Emotional disability - Person with mental illness - Person with a psychiatric disability
Retarded Retardate Mentally defective Slow Simple Moron Idiot	Stigmatizing; Implies that a person cannot learn	- Cognitive disability - Developmental disability (the term "mental retardation" should be used sparingly)
Mongoloid	Considered offensive	Person with Down syndrome
Stricken/Afflicted by MS	Negative connotation of "afflicted", "stricken"	Person who has multiple sclerosis
CP victim	Cerebral palsy does not make a person a "victim"	Person with cerebral palsy
Epileptic	Not "person first" language; Stigmatizing	- Person with epilepsy - Person with seizure disorder
Fit	Reinforces negative stereotypes	Seizure
Birth defect	Implies there was something wrong with the birth	Congenital disability
Deinstitutionalized	Stigmatizing; groups people into one category; not focused on the individual	Person who used to live in an institution
Midget	Outdated term; considered offensive	Person of short stature

* All currently accepted terms should be used with "people first" language - i.e., "people with...", "person with...", the exception to this are "deaf people" and "deaf community," which are fine.

“Adapted from material developed by; Mid-Hudson Library System, Outreach Services Department, 103 Market Street, Poughkeepsie, NY 12601 (914) 471-6006.”



Basic Etiquette: People with Visual Impairments

1. Blind doesn't mean blind--having a vision disability does not necessarily mean that a person lives in total darkness.
2. Saying Hello & Good-bye
 - ❖ Don't assume that people with vision disabilities will remember your voice.
 - ❖ It is considered rude to ask a person with a visual disability "Do you remember my voice?"
 - ❖ Identify yourself by name when you approach a person with a vision disability and tell them when you are leaving the conversation or area.
3. Communication
 - ❖ Use a normal tone of voice (for some reason, people with vision disabilities are often shouted at).
 - ❖ It is okay to use vision references such as "see or look".
4. Orientation
 - ❖ It is considered polite to indicate your position with a light tap on the shoulder or hand.
 - ❖ However, keep your physical contact reserved.
5. Give a person with visual impairment a brief description of the surroundings. For example:
 - ❖ There is a table in the middle of the room, about six feet in front of you; or
 - ❖ There is a coffee table on the left side of the door as you enter.



- ❖ Use descriptive phrases that relate to sound, smell, and distance when guiding a visually impaired person.

6. Mobility Assistance

- ❖ Offer the use of your arm.
- ❖ If your assistance is accepted, the best practice is to offer your elbow and allow the person with the vision disability to direct you.
- ❖ Don't grab, propel, or attempt to lead the person.
- ❖ Do not clutch the person's arm or steer the individual.
- ❖ Walk as you normally would.

7. Do not be offended if your offer to assist a visually impaired person is declined.

8. Service Animals

- ❖ Guide dogs are working animals and should not be treated as pets.
- ❖ Do not give the dog instructions, play with, or touch it without the permission of its owner.

9. Avoid clichéd phrases such as "the blind leading the blind," "What are you... blind?" "I'm not blind, you know."

10. Do not grab or try to steer the cane of a person with visual impairments.

11. Always determine the format in which a person with visual impairments wants information.

- ❖ The usual formats are Braille, large print, audiotape, or computer disk/electronic text.
- ❖ Do not assume what format an individual uses or prefers.

12. Direct your comments, questions or concerns to the person with a visual impairment, not to his or her companion.



13. If you are reading for a person with a visual impairment:

- ❖ First describe the information to be read.
- ❖ Use a normal speaking voice.
- ❖ Do not skip information unless requested to do so.

Basic Etiquette: People Who Are Deaf or Hard of Hearing

1. Hearing disability, hard of hearing, and deaf are not the same.

- ❖ Hearing disability refers to both persons who are hard of hearing and persons who are deaf.
- ❖ Deaf people utilize their vision skills for communication.
- ❖ Hard of hearing persons seek ways to retain their listening and speaking skills.

2. It is okay to use the terms: “the deaf or deaf person”. This is an exception to the person-first language rule.

3. There are a wide range of hearing losses and communication methods. If you do not know the individual’s preferred communication method, *ASK*.

4. To get the attention of a person with a hearing loss, call his/her name. If there is no response, you can lightly touch him/her on the arm or shoulder or wave your hand.

5. When using an interpreter:

- ❖ Always address your comments, questions, and concerns directly to the person with whom you are talking and never to the interpreter
- ❖ Always face the individual and not the interpreter.

6. Always look directly at a person who has a hearing loss. Use eye to eye contact.



7. Use facial expressions and body language to communicate the emotion of a message, such as displeasure or approval.
8. Watch the individual's eyes to ensure understanding - do not depend on affirmative head nodding only.
9. If possible, use e-mail to communicate.
10. Tips in using a TTY (Teletypewriter):
 - ❖ Make your communication clear, simple, and concise.
 - ❖ Typical abbreviations:
 - GA - Go ahead - means that the person has finished their statement and the other person can start typing
 - Q - Use instead of a question mark
 - SK - Means you want to conclude your conversationWhen you read SK, type SKSK if you are completely finished talking.
11. Can the person read lips?
 - ❖ Not all people who are deaf can read lips
 - ❖ Speak clearly, slowly, and expressively to determine if the person can read your lips
 - ❖ Do not exaggerate your speech
 - ❖ People who read lips only understand 20 to 25% of what is being said
 - ❖ Be sensitive to the needs of people who lip read by facing the light source and keeping hands, cigarettes, and food away from your mouth when speaking.



12. If you are asked to repeat yourself several times, try rephrasing your sentence.
13. When providing information that involves a number or an address, consider alternative ways to provide it: writing, faxing, or e-mailing are great ways to ensure accuracy and decrease frustration.
14. Have pencil and paper available and use them if necessary.
15. If you are experiencing extreme difficulty communicating orally, ask if you can write. Never say: "Oh, forget it, it is not important." Keep messages simple and direct.
16. Be aware of the environment:
 - ❖ Large, crowded rooms and hallways can be very difficult for hearing impaired persons
 - ❖ Bright sunlight and shadows also present barriers.
17. In group settings:
 - ❖ Let the deaf individual determine the best seating arrangement in order for them to see the speaker and interpreter
 - ❖ Watch for signals that the deaf individual wishes to contribute
 - ❖ Ensure that one person speaks at a time
 - ❖ Do not pace while giving a presentation
 - ❖ Do not talk with your back to the audience while writing on a flipchart or blackboard
 - ❖ Incorporate visual aids, demonstrations, flip charts, written agendas, and handouts in presentations.
18. Do not change the topic of conversation without warning. Use transitional phrases such as: "Okay, we need to discuss. . . ."



Basic Etiquette: People with Speech Impairments

1. Take your time, relax, and listen.
 - ❖ With a little time and patience, you can comfortably converse with a person who has a communication disability.
 - ❖ Don't try to rush the conversation or second-guess what a person has to say.
 - ❖ Plan for a conversation with a person with impaired speech to take longer.
2. It's okay to say: "I don't understand".
3. Solicit and provide feedback. If necessary, repeat your understanding of the message in order to clarify or confirm what the person said.
4. Do not ignore a person with speech impairment because of your concern that you will not understand them.
5. Do not pretend you understand what is being said if you do not. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.
6. Do not interrupt a person with speech impairment. Be patient and wait for the person to finish, rather than correcting or speaking for the person.
7. If necessary, ask short questions that can be answered with a few words, a nod, or a shake of the head.
8. Face the individual and maintain eye contact. Give the conversation your full attention.
9. If the individual is accompanied by another individual, do not address questions, comments, or concerns to the companion.
10. Do not assume that a person with speech impairment is incapable of understanding you.



11. Some people with speech impairments have difficulty with inflections. Do not make assumptions based on facial expressions or vocal inflections unless you know the individual very well.
12. Do not play with or try to use someone's communication device. Such aids are considered an extension of an individual's personal space and should be respected as such.
13. If you are having trouble communicating, ask if an individual can write the message or use a computer or TTY.

Basic Etiquette: People with Mental Illness

1. The terms mental illness and psychiatric disability are essentially interchangeable. Some groups and individuals prefer one term to the other, but in general both terms are considered acceptable. A possible alternative is to describe a person as someone who has mental health issues.
2. Do not assume that people with psychiatric disabilities are more likely to be violent than people without psychiatric disabilities; this is a myth.
 - ❖ The wide ranges of behaviors associated with mental illness vary from passivity to disruptiveness.
 - ❖ When the illness is active, the individual may or may not be at risk of harming him or herself, or others.



3. People with mental illness do not have mental retardation; however, some people who have mental retardation also have mental illness. Do not assume that people with psychiatric disabilities also have cognitive disabilities or are less intelligent than the general population. In fact, many people with mental illness have above-average intelligence.
4. Do not assume that people with psychiatric disabilities necessarily need any extra assistance or different treatment.
5. Treat people with psychiatric disabilities as individuals. Do not make assumptions based on experiences you have had with other people with psychiatric disabilities.
6. Do not assume that all people with psychiatric disabilities take, or should take, medication.
7. Do not assume that people with psychiatric disabilities are not capable of working in a wide variety of jobs that require a wide range of skills and abilities.
8. Do not assume that people with psychiatric disabilities do not know what is best for them, or have poor judgment.
9. If someone with a psychiatric disability gets upset, ask calmly if there is anything you can do to help, and then respect their wishes.
10. Do not assume that a person with a psychiatric disability is unable to cope with stress.

Basic Etiquette: People with Mobility Impairments

1. My Chair, My Body - Wheelchairs are NOT footstools, stepladders, or fire hazards. People who use a wheelchair, walker, or cane often consider this technology to be an extension of their body. They are part of an individual's personal space and should be treated with the same dignity and respect. Do not lean on them, push them, or move them without explicit permission.
2. Talk face to face. If an individual uses a wheelchair, sit down and/or position yourself at the same eye contact level.



3. Always ask if you can offer assistance BEFORE you provide assistance. If your offer is accepted, ask for instructions and follow them.
4. When given permission to push a wheelchair, push slowly at first. Wheelchairs can pick up momentum quickly.
5. Personally check locations of events for accessibility. If barriers cannot be removed, alert persons with mobility impairments before the event so that they can make decisions and plan ahead.
6. Do not ask people how they acquired their disability, how they feel about it, or other personal questions unless it is clear that they want to discuss it. It is not their job to educate you.
7. It is considered patronizing to pat an individual who uses a wheelchair on the back or on the head.
8. Remember that, in general, persons with mobility impairments are not deaf, visually impaired, or cognitively impaired. The only accommodations that you need to make are those that relate to mobility impairment.
9. When giving directions, think about things like travel distance, location of curb cuts and ramps, weather conditions and physical obstacles that may hinder their travel.
10. Don't discourage children from asking questions of a person who uses a wheelchair about their wheelchair. Open communication helps overcome fearful or misleading attitudes.
11. When a person who uses a wheelchair "transfers" out of the wheelchair to a chair, pew, car, toilet or bed, do not move the wheelchair out of reach. If you think it would be best to move it for some reason, ask the person who uses the wheelchair about the best option for them.
12. It is OK to use expressions like "running along" or "let's go for a walk" when speaking to person who uses a wheelchair. It is likely they express the idea of moving along in exactly the same way.
13. People who use wheelchairs have varying capabilities. Some persons who use wheelchairs can walk with aid or for short distances. They use wheelchairs because they help them to conserve energy and to move about with greater efficiency.



14. Don't classify or think of people who use wheelchairs as "sick." Wheelchairs are used to help people adapt to or compensate for the mobility impairments that result from much non-contagious impairment. Some of these are, for example, spinal cord injury, stroke, amputation, muscular dystrophy, cerebral palsy, multiple sclerosis, post polio, heart disease, etc.
15. Don't pet guide dogs or other service animals...they are working.
16. Don't discourage children from asking questions about the wheelchair.
17. Don't assume that using a wheelchair is in itself a tragedy. It is a means of freedom that allows the person to move about independently and fully engage in life.

Pages 21-33 were developed by the National Center on Workforce and Disability (NCWD), based at Institute for Community Inclusion at the University of Massachusetts Boston. Some of the material used was funded through the U.S. Department of Labor's Office of Disability Employment Policy (grant number E-9-4-1-0071). The opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Labor.

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Congregational Inclusion



Access to Worship

Individuals with developmental disabilities are present in your community---are they present in your congregation? How can we engage individuals with developmental disabilities to feel welcomed into our house of worship?

Attitudinal:



The manner in which we interact with people with developmental disabilities speaks volumes about our perspective of their worth and welcome to faith congregations:

Survey questions:

- ❖ Do People with disabilities feel welcome in our service?
- ❖ In our congregations are there people with invisible disabilities?
- ❖ Do we recognize people with disabilities have gifts, skills, and talents to share with us?
- ❖ Are individuals with disabilities given opportunities to serve others through our ministries?
- ❖ Do we have individuals with disabilities participating in our worship service?
- ❖ Do we have people with disabilities in leadership roles?

Response:

- ❖ Hospitality begins with a warm greeting: say hello or offer a handshake
- ❖ Some people feel uncomfortable on how to address a person with a disability. Refer to them the same way you want to be referred to: Mr., Mrs., brother/sister in Christ.
- ❖ Adults with developmental disabilities are still adults--treat them as adults.

- ❖ Individuals with developmental disabilities may take longer to say or do certain things. Be patient and only offer assistance when requested. Never speak for them.
- ❖ Give an individual the opportunity to do as much for themselves as possible.
- ❖ Do not assume a person's capabilities to read. Give them the bulletins, prayer books, hymnal, pew bible, et cetera.
- ❖ If you observe a person engaging in inappropriate behavior, provide feedback that is non judgmental in tone.

Communications:



“Communication is the interchange of thoughts, ideas, feelings, and facts. There is a barrier to communication when the content of the communication is not understood.”

Survey questions:

- ❖ Are services presented through more than one medium (verbally, visually, dance, music)
- ❖ Are there large (giant, jumbo) print religious books, music books, other liturgical Materials available
- ❖ Amplified sound system
- ❖ Sign or language interpreters
- ❖ Services on tape or CD
- ❖ Adequate lighting
- ❖ Audio loops and other assisted devices

Response: (if the items listed above are not available)

- ❖ Have printed copies of Sermon/Scriptures available*
- ❖ Use larger fonts on programs
- ❖ Print hymns to be sung in larger fonts
- ❖ Encourage all speakers to use a microphone

**Look for volunteers to help prepare these items so as not to overwhelm church staff*

Architectural



Survey questions:

- ❖ Parking and pathways
- ❖ Ramps and stairs
- ❖ Doors and doorways
- ❖ Worship space
- ❖ Bathrooms
- ❖ Elevators and lifts
- ❖ Do they meet ADA regulations? (see ADA checklist at the end of this book)

Response: there are basic remedies in addition to ADA checklist



Entrances and other areas of building:

- ❖ Look for community volunteers (or for reduced cost groups) to assist in building ramps (Habitat for Humanity, organizations building homes for disabled vets)
- ❖ Look for large stores to donate supplies (Wal-Mart, Lowes, Home Depot)
- ❖ Fund raisers for particular needs (think person, not program, one step at a time)

Inside worship area:

- ❖ Scattered seating spaces in the church (or pew cuts) throughout sanctuary, rather than in front or in back, so individuals can sit in the main body
- ❖ Lectern/and mike stand on main floor for individuals to use
- ❖ Book stands/ lap boards for those who cannot hold books for a period of time
- ❖ Lighted areas so speakers can be seen by individuals who may be reading lips
- ❖ Some houses of worship use monitors so that readings, songs, speakers, et cetera, can be viewed by the whole congregation.



Inclusion in a Faith Community

TIPS AND RESOURCES FOR RELIGIOUS AND SPIRITUAL LEADERS

What can I be aware of as I interact with individuals with disabilities and their families?

Attitudes in the faith community are largely shaped by its leadership. An attitude of openness and a desire to be supportive and inclusive of individuals with disabilities and their families is built upon the awareness that the ministering occurring is reciprocal. While you are ministering to the individual and their family, they also are ministering to you. You are learning together. With this in mind, a stance that is sensitive and welcoming to a person with a disability and their family:

- ❖ Acknowledges that persons with disabilities are *persons* first and foremost. They are not their disability. Their lives are not clinical diagnostic categories nor adjectives. They are not “disabled,” “autistic,” or “wheelchair bound.” They are “people with disabilities.” He is an “individual with autism,” and she is a “person who uses a wheelchair.”
- ❖ Treats adults with disabilities as adults. Speak directly to the person with a disability, not just to the people who accompany them.
- ❖ Understands that there is a tension between recognizing that all people share much in common and that persons with disabilities have special needs. While all people have various limitations, it is not the same as saying everyone has a disability.
- ❖ Is aware that persons with disabilities may have “special” needs, but they also have “typical” needs. Graduations, work placements, and all the milestones of life are joyful occasions that call for recognition.
- ❖ Realizes that anger and frustration about having a disability might be present. Recognizing anger and giving it credibility allows for the process of healing. The individual’s or the family’s faith may be tested, and they may have questions about the role of religion in their lives.
- ❖ Knows that a disability is neither a gift nor a curse—it just is.



- ❖ Is aware that persons with disabilities bring more to a faith community than “pastoral concerns” and needs; they have value and bring gifts and graces that enhance the life of the community.

Why are individuals with disabilities so often absent from faith communities?

Absence from a community may be due to a sense of feeling unwelcome or to the great effort attendance incurs, rather than a lack of need or desire for a community. Become aware of five common barriers that prevent individuals with disabilities and their families from fully participating in a faith community (Carter, 2007):

- ❖ *Architectural barriers* that do not allow individuals with physical disabilities to navigate the space.
- ❖ *Attitudinal barriers* based in a community’s fears and misunderstandings about disabilities.
- ❖ *Communication barriers* such as sight and sound that disallow participation.
- ❖ *Programmatic barriers* that do not allow individuals with disabilities an opportunity to share their gifts and talents with the community.
- ❖ *Liturgical barriers* such as sacraments or rituals that may not be adapted to meet individual needs.

How might I, as a faith leader, contribute to the relationship?

Too often, families wait for religious leaders and educators to make a first move while the leaders are waiting for the family. Take the initiative by asking an open-ended question such as: “Tell me your faith story.” This allows for an elaboration of the role of faith for the family and can be a catalyst for holding a conversation about the individual’s and/or family’s hope for inclusion. Ask about the interests and gifts of the members with disabilities and then find ways for these interests and gifts to be shared in the community. Check in periodically. **Remember:** It is not necessary to always know what to do. It is your presence and willingness to stand with the family in grief, in hope, and in all that is between that is important. You can discover solutions and celebrate victories together. Certainly, these suggestions are not exhaustive. Hopefully, they will spark ideas and supplement your own creativity as you seek ways to minister with persons with disabilities and their families within your faith community.

Taken from:

http://kc.vanderbilt.edu/kennedy_files/IncludingAdultswithDisabilitiesinRelEdMANUAL.pdf



Odyssey: A Special Journey with Extraordinary People

After a service at our church, a mother approached me wondering if we could do something for her son. He was in a group home and they had never found a church where he could “fit in.” We decided we would do something different and instead of adapting our service to someone with special needs, we would create an entire service with people with a variety of special needs and let everyone else adapt to it. That first service had 4 people. Since then we have grown in many ways and now worship every Sunday and are wrestling with how we create a church with people with special needs and those of us whose special needs are not so obvious.

Our learning’s have been much by trial and error, but when we started to truly listen to those who were a part of our ministry, many of our questions started to be answered. We believe, if it is a once a month service or a weekly church experience, there are some fundamental mantras that we live by that make all the difference in ministry to people with developmental and physical special needs.

First, we make nothing childish. We have discovered people with disabilities, no matter what they might be, are very deep spiritual people longing for the same experiences and wrestle with the same questions as everyone else in our faith communities. We strive to bring the Word of God in a way everyone can understand. Our worship services consist of 20 minutes of singing, 20 minutes of sharing our joys and concerns, and 20 minutes of a conversational sermon where we explore every part of scripture, even wrestling with some of those things that are hard for theologians to understand. I have found preparing for these messages as difficult, or more difficult than when I preach at a traditional church. Not childish. Just in a way all can participate and understand.



Second, we learned to live by the phrase “Never talk about me without me” that our members brought to us from advocacy training they participated in with the State of New York. We have truly taken this to heart. We no longer have a planning team, a committee, or a task force that does not have everyone represented on the team. We have left the idea of a “leadership board” and have “family meetings” once a quarter.

Even if your faith community is just talking about a youth program or a study group, ask those involved to be a part of the leadership and ask what they want. Through this process, we have started new programs, increased our level of participation, and are even planning a trip to an orphanage for children with special needs in Mexico with whom we have partnered. The goal is to create a place where ministry is “by” those with special needs.

We started our ministry like many looking to see how we can minister “to” people with special needs. We quickly realized this was not a healthy way to be in community and we quickly moved to doing ministry “with” people with special needs. The reality was, however, we were still doing it “for” them, we just felt better about it because we gave them a little role in the service. We then strived to work “with” all of our members to do ministry together and begin working towards a place where ministry is being done “by” people with special needs in areas that they are feeling called. Our ministry has two pastors, only working 10 hours a week, ministering to a congregation of 150 people with all the pastoral care, Bible Studies, worship, etc. It only works if everyone is involved. It does not matter if there are 5 or 500 people participating, real exciting ministry only happens when it is “with” and “by” everyone involved.

Finally, we have embraced what we believe a very important aspect of scripture and an idea found in many faiths. We are called to be advocates for each other. We are advocates of God in our individual lives, we are advocates for the rights of those with special needs in our religious communities, and we are advocates for each other in our neighborhoods standing with one another when it is needed. Only when we entered into a place of loving each other to the point of sacrifice and advocacy did we really begin to experience the full power of the love we were sharing in our spiritual community.



In 17 years of ministry, I have never been so blessed by a congregation. I was asked what people with developmental disabilities get out of our time together. To be honest, I am not sure. But there are two things I do know. I know they feel a part of a faith family and I see God working in their lives as they come into our midst skeptical and a bit afraid, and leave sharing their love with their God, valuing themselves, and loving others. I also know that my faith has been transformed by the deep faith and love I am exposed to every Sunday.

These are not just my words, but everyone who comes to be a part of our ministry leaves having been touched often in a way they cannot describe. Again, if it is 5 or 500, the best preparation is to expect to be blessed much more than you bless. This is not easy. There are many issues that have to be wrestled with and worked through, but there are so many caregivers who are willing to share their knowledge if the faith communities around them are willing to love those that they serve. An open mind, patience, a willingness to listen, and an eagerness to love and be loved and the rest will fall into place.

Rev. Dr. Mark E. Mast
Odyssey Church
A Ministry of Hopewell Reformed Church



It was with a little bit of nervousness (would anybody actually come?) and excitement that we at Flatbush Reformed Church started our Odyssey II service last year.

Founded in 1807, we are a historic, tiny eclectic Reformed congregation located in the mid Hudson valley. We worship about 30 people on Sunday mornings.

Our Odyssey II service is held during our regular church service on the first Sunday of every month. This service is designed for everyone; those with special needs, those whose needs who are not so obvious, the teens, the kids, and our folks who are young at heart. It consists of praise songs with the organ, the guitar, and the kids upfront leading everyone! In worship we hear and learn about the word of God, pray together, clap, do hand motions and praise God. Together! After worship we get to know one another when we share goodies at our coffee hour.

The service is worshipful and sometimes loud and unpredictable. The congregation embraces this as it fulfills our mission of being Christ's hands and feet on earth. We love having extra folks participating in worship with us. In addition there is so much energy, joy, and learning that takes place for everyone. We all look forward to those special Sundays. We at Flatbush Reformed Church are blessed by God and so excited to participate in this very special ministry!



THE POWER OF OUR VOICES



Having Faith (Stories of Faith, Inclusion & Community)

The Ulster-Greene ARC commissioned a video to be produced about individuals with developmental disabilities participating in worship and ministry in their houses of worship.

The video was produced by students and administrators from Catskill Central School District and Catskill High School in Catskill, New York.

The video project funded through a grant obtained by OPWDD's Faith-Based Initiative program from the NYS Developmental Disabilities Planning Council, features several individuals with developmental disabilities whose lives have been enriched by their involvement in the community, specifically at houses of worship in the Kingston and Catskill areas.

The short video is available at: <http://www.youtube.com/embed/f4-vXy5SUts>.

New York Self Advocates Speaking Out

Lance and I have known each other since we were kids. Our parents were in the same parent group together and we become friends and stayed friends over the years.

I believe that everything is put together by God. I know this is true, because a friend from Northside Baptist Church hooked us up and we started dating a couple of years ago.

Lance proposed to me on Christmas. Our wedding is scheduled for October 29, 2011.



I was so excited to go to my very first bridal show this spring. However, I was so disappointed as the room was too small to accommodate all the guests and it was impossible for me to get around in my chair.

Lance and I love spending

time with each other and our family. The Bible and our church is very important part of our lives and will continue to be after our wedding.

All things work out for the love of God.

—Lori Kelso &
Lance Gonzelez

"I FELT HIM IN MY HANDS, IN MY BODY"

My mom had me, and I was different. She was scared then her friend asked her to bring me to the church. She went home asked my dad. My dad said it is up to you. She took me to church then I got blessed cause I had a hole in my heart. I went to the doctor's to take an x-ray, but they couldn't find the hole in my heart. Then my mom believed in God. Now she calls me the miracle child. The Doctor said I wouldn't talk or read, and it was God who healed me. This is a real story about my life.

Now I love church. I am close to God. I told my mom and Bonnie I want to

be a youth leader at my church.

We had a question day. What do you want to be? I said, "I want to be a youth leader." She was surprised! On Friday my teacher said "What are you doing this weekend?" I said, "I am going to youth prayer meeting. I want to be a youth leader." It was so much fun. I've never been to a youth prayer meeting like this. I felt Him in my hands, in my body. It was so much fun, and I cannot wait for the next one. Then Pastor Aaron said, "We need some youth leaders." I was so happy because God answered my prayer. In that one day God changed



me. Pastor Aaron was talking about changing our life around. My life changed—I don't act like my old self any more. I don't kick or punch walls, and I don't punch myself any more. Thank you for making me understand God now. I feel so happy right now.

—Danielle Gadle
Vice-President
Self-Advocacy for Change

(Articles reprinted with permissions from CNY Self Advocates Speaking Out Vol. 1 issue 4)

“ACCESSIBLE FAITH”





Americans with Disabilities Act

ADA Title III Technical Assistance Manual

Covering Public Accommodations and Commercial Facilities

III-1.5000 Religious entities: *Religious entities are exempt from the requirements of title III of the ADA. A religious entity, however, would be subject to the employment obligations of title I if it has enough employees to meet the requirements for coverage.*

III-1.5100 Definition: A religious entity is a religious organization or an entity controlled by a religious organization, including a place of worship.

Frequently Asked Questions

Q. If an organization has a lay board, is it automatically ineligible for the religious exemption?

A. No. The exemption is intended to have broad application. For example, a parochial school that teaches religious doctrine and is sponsored by a religious order could be exempt, even if it has a lay board.

III-1.5200 Scope of exemption: The exemption covers all of the activities of a religious entity, whether religious or secular.



ILLUSTRATION: *A religious congregation operates a day care center and a private elementary school for members and nonmembers alike. Even though the congregation is operating facilities that would otherwise be places of public accommodation, its operations are exempt from title III requirements.*

Q. What if the congregation rents to a private day care center or elementary school? Is the tenant organization also exempt?

A. The private entity that rents the congregation's facilities to operate a place of public accommodation is not exempt, unless it is also a religious entity. If it is not a religious entity, then its activities would be covered by title III. The congregation, however, would remain exempt, even if its tenant is covered. That is, the obligations of a landlord for a place of public accommodation do not apply if the landlord is a religious entity.

Q. If a nonreligious entity operates a community theater or other place of public accommodation in donated space on the congregation's premises, is the nonreligious entity covered by title III?

A. No. A nonreligious entity running a place of public accommodation in space donated by a religious entity is exempt from title III's requirements. The nonreligious tenant entity is subject to title III only if a lease exists under which rent or other consideration is paid.



Accessibility to church buildings

Providing buildings that are accessible to all persons, including those with physical disabilities and limitations, should be the goal of every church. Defining what is accessible can often be difficult for churches. At times there are multiple standards and sometimes contradictory requirements by local, state and national governments. What then are the guidelines churches should use in providing accessibility?

1. Federal Law

The Americans with Disabilities Act (“A.D.A.”) was enacted in 1990 with the stated purpose of eliminating discrimination against individuals with disabilities by focusing on four areas:

- X Employment (Title I)
- X Public services provided by governmental entities (Title II)
- X Public accommodations and services provided by private entities (Title III)
- X Telecommunications (Title IV)

The section of the act directly related to church facilities is Title III, which **exempts** “religious organizations or entities controlled by religious organizations, including places of worship” (28cfr-part 36-section 36.102 e). However, portions of a church’s facilities may come under Title III requirements as a result of Title I (Employment) regulations. This section could affect churches with 15 or more full time employees, in their workplace areas. Also, churches which lease their facilities to other organizations, such as a school or day care, might be required to incorporate accessibility guidelines in those portions of the church’s buildings.

It is important to remember that A.D.A. was passed as civil rights legislation, not as a building code.

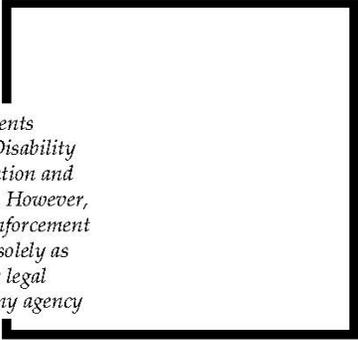
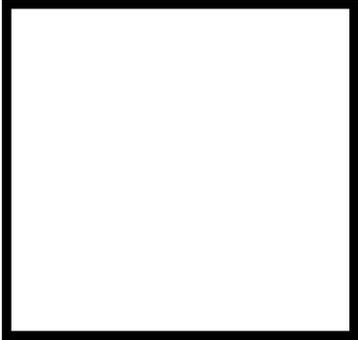
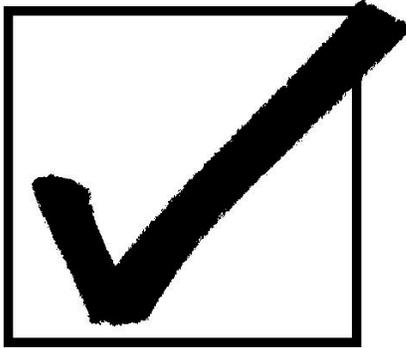
Church Architecture

Baptist General Convention of Texas

Visit the website for ADA 2010 standards and guidance

<http://www.ada.gov>

Checklist for Existing Facilities version 2.1



To obtain additional copies of this **checklist**, contact your Disability and Business Technical Assistance Center. To be automatically connected to your regional center, call 1-800-949-4ADA. This **checklist** may be copied as many times as desired by the Disability and Business Technical Assistance Centers for distribution to small businesses but may not be reproduced in whole or in part and sold by any other entity without written permission of Adaptive Environments, the author.

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**The Americans with Disabilities Act
Checklist for Readily Achievable Barrier Removal**
August 1995



Checklist for Existing Facilities version 2.1

Introduction

Title III of the **Americans with Disabilities Act** requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public. The goal is to afford every individual the opportunity to benefit from our country's businesses and services, and to afford our businesses and services the opportunity to benefit from the patronage of all Americans.

The regulations require that architectural and communication barriers that are structural must be removed in public areas of **existing facilities** when their removal is **readily achievable**—in other words, easily accomplished and able to be carried out without much difficulty or expense. **Public accommodations** that must meet the barrier removal requirement include a broad range of establishments (both for-profit and nonprofit)—such as hotels, restaurants, theaters, museums, retail stores, private schools, banks, doctors' offices, and other places that serve the public. People who own, lease, lease out, or operate places of public accommodation in existing buildings are responsible for complying with the barrier removal requirement.

The removal of barriers can often be achieved by making simple changes to the physical environment. However, the regulations do not define exactly how much effort and expense are required for a facility to meet its obligation. This judgment must be made on a case-by-case basis, taking into consideration such factors as the size, type, and overall financial resources of the facility, and the nature and cost of the access improvements needed. These factors are described in more detail in the ADA regulations issued by the Department of Justice.

The process of determining what changes are readily achievable is not a one-time effort; access should be re-evaluated annually. Barrier removal that might be difficult to carry out now may be readily achievable later. Tax incentives are available to help absorb costs over several years.

Purpose of This Checklist

This checklist will help you identify accessibility problems and solutions in existing facilities in order to meet your obligations under the ADA.

The goal of the survey process is to plan how to make an existing facility more usable for people with disabilities. The Department of Justice (DOJ) recommends the development of an Implementation Plan, specifying what improvements you will make to remove barriers and when each solution will be carried out: "...Such a plan...could serve as evidence of a good faith effort to comply...."

Technical Requirements

This checklist details some of the requirements found in the ADA Standards for Accessible Design (Standards). The ADA Accessibility Guidelines (ADAAG), when adopted by DOJ, became the Standards. The Standards are part of the Department of Justice Title III Regulations, 28 CFR Part 36 (*Nondiscrimination on the basis of disability... Final Rule*). Section 36.304 of this regulation, which covers barrier removal, should be reviewed before this survey is conducted.

However, keep in mind that full compliance with the Standards is required only for new construction and alterations. The requirements are presented here as a guide to help you determine what may be readily achievable barrier removal for existing facilities. The Standards should be followed for all barrier removal unless doing so is not readily achievable. If complying with the Standards is not readily achievable, you may undertake a modification that does not fully comply, as long as it poses no health or safety risk.

In addition to the technical specifications, each item has a scoping provision, which can be found under Section 4.1 in the Standards. This section clarifies when access is required and what the exceptions may be.

Each state has its own regulations regarding accessibility. To ensure compliance with all codes, know your state and local codes and use the more stringent technical requirement for every modification you make; that is, the requirement that provides greater access for individuals with disabilities. The barrier removal requirement for existing facilities is new under the ADA and supersedes less stringent local or state codes.



What This Checklist is Not

This checklist does not cover all of the requirements of the Standards; therefore, it is **not** for facilities undergoing new construction or alterations. In addition, it does not attempt to illustrate all possible barriers or propose all possible barrier removal solutions. The Standards should be consulted for guidance in situations not covered here.

The Title III regulation covers more than barrier removal, but this checklist does **not** cover Title III's requirements for nondiscriminatory policies and practices and for the provision of auxiliary communication aids and services. The communication features covered are those that are **structural** in nature.

Priorities

This checklist is based on the four priorities recommended by the Title III regulations for planning readily achievable barrier removal projects:

- Priority 1: Accessible **approach and entrance**
- Priority 2: Access to **goods and services**
- Priority 3: Access to **rest rooms**
- Priority 4: Any **other measures** necessary

Note that the references to ADAAG throughout the checklist refer to the Standards for Accessible Design.

How to Use This Checklist

✓ **Get Organized:** Establish a time frame for completing the survey. Determine how many copies of the checklist you will need to survey the whole facility. Decide who will conduct the survey. It is strongly recommended that you invite two or three additional people, including people with various disabilities and accessibility expertise, to assist in identifying barriers, developing solutions for removing these barriers, and setting priorities for implementing improvements.

✓ **Obtain Floor Plans:** It is very helpful to have the building floor plans with you while you survey. If plans are not available, use graph paper to sketch the layout of all interior and exterior spaces used by your organization. Make notes on the sketch or plan while you are surveying.

✓ **Conduct the Survey:** Bring copies of this checklist, a clipboard, a pencil or pen, and a flexible steel

tape measure. With three people surveying, one person numbers key items on the floor plan to match with the field notes, taken by a second person, while the third takes measurements. **Be sure to record all dimensions!** As a reminder, questions that require a dimension to be measured and recorded are marked with the ruler symbol. Think about each space from the perspective of people with physical, hearing, visual, and cognitive disabilities, noting areas that need improvement.

✓ **Summarize Barriers and Solutions:** List barriers found and ideas for their removal. Consider the solutions listed beside each question, and add your own ideas. Consult with building contractors and equipment suppliers to estimate the costs for making the proposed modifications.

✓ **Make Decisions and Set Priorities:** Review the summary with decision makers and advisors. Decide which solutions will best eliminate barriers at a reasonable cost. Prioritize the items you decide upon and make a timeline for carrying them out. Where the removal of barriers is not readily achievable, you must consider whether there are **alternative methods** for providing access that *are* readily achievable.

✓ **Maintain Documentation:** Keep your survey, notes, summary, record of work completed, and plans for alternative methods on file.

✓ **Make Changes:** Implement changes as planned. Always refer directly to the Standards and your state and local codes for complete technical requirements before making any access improvement. References to the applicable sections of the Standards are listed at the beginning of each group of questions. If you need help understanding the federal, state, or local requirements, contact your Disability and Business Technical Assistance Center.

✓ **Follow Up:** Review your Implementation Plan each year to re-evaluate whether more improvements have become readily achievable.

To obtain a copy of the Title III regulations and the Standards or other technical information, call the U.S. Dept. of Justice ADA Information Line at (800) 514-0301 Voice, (202) 514-0381 TDD, or (800) 514-0383 TDD. For questions about ADAAG, contact the Architectural and Transportation Barriers Compliance Board at (800) USA-ABLE.

QUESTIONS
POSSIBLE SOLUTIONS

Priority

1 Accessible Approach/Entrance

People with disabilities should be able to arrive on the site, approach the building, and enter as freely as everyone else. At least one route of travel should be safe and accessible for everyone, including people with disabilities.

Route of Travel (ADAAG 4.3, 4.4, 4.5, 4.7)

Is there a route of travel that does not require the use of stairs?

Yes No

Is the route of travel stable, firm and slip-resistant?

Is the route at least 36 inches wide?

Can all objects protruding into the circulation paths be detected by a person with a visual disability using a cane?

In order to be detected using a cane, an object must be within 27 inches of the ground. Objects hanging or mounted overhead must be higher than 80 inches to provide clear head room. It is not necessary to remove objects that protrude less than 4 inches from the wall.

Do curbs on the route have curb cuts at drives, parking, and drop-offs?

Ramps (ADAAG 4.8)

Are the slopes of ramps no greater than 1:12?

Slope is given as a ratio of the height to the length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, **at least** one foot of ramp length is needed for each inch of height.

- Add a ramp if the route of travel is interrupted by stairs.
- Add an alternative route on level ground.
- Repair uneven paving.
- Fill small bumps and breaks with beveled patches.
- Replace gravel with hard top.
- Change or move landscaping, furnishings, or other features that narrow the route of travel.
- Widen route.
- Move or remove protruding objects.
- Add a cane-detectable base that extends to the ground.
- Place a cane-detectable object on the ground underneath as a warning barrier.

- Install curb cut.
- Add small ramp up to curb.

- Lengthen ramp to decrease slope.
- Relocate ramp.
- If available space is limited, reconfigure ramp to include switchbacks.



QUESTIONS		POSSIBLE SOLUTIONS											
<p>Ramps, continued</p> <p>Do all ramps longer than 6 feet have railings on both sides?</p>		<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Add railings.</p>										
<p> Are railings sturdy, and between 34 and 38 inches high?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p> height</p>	<p><input type="checkbox"/> Adjust height of railing if not between 30 and 38 inches.</p> <p><input type="checkbox"/> Secure handrails in fixtures.</p>											
<p> Is the width between railings or curbs at least 36 inches?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p> width</p>	<p><input type="checkbox"/> Relocate the railings.</p> <p><input type="checkbox"/> Widen the ramp.</p>											
<p>Are ramps non-slip?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Add non-slip surface material.</p>										
<p> Is there a 5-foot-long level landing at every 30-foot horizontal length of ramp, at the top and bottom of ramps and at switchbacks?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p> length</p>	<p><input type="checkbox"/> Remodel or relocate ramp.</p>											
<p> Does the ramp rise no more than 30 inches between landings?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p> rise</p>	<p><input type="checkbox"/> Remodel or relocate ramp.</p>											
<p>Parking and Drop-Off Areas (ADAAG 4.6)</p> <p> Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot access aisle)? For guidance in determining the appropriate number to designate, the table below gives the ADAAG requirements for new construction and alterations (for lots with more than 100 spaces, refer to ADAAG):</p> <table border="1"> <thead> <tr> <th>Total spaces</th> <th>Accessible</th> </tr> </thead> <tbody> <tr> <td>1 to 25</td> <td>1 space</td> </tr> <tr> <td>26 to 50</td> <td>2 spaces</td> </tr> <tr> <td>51 to 75</td> <td>3 spaces</td> </tr> <tr> <td>76 to 100</td> <td>4 spaces</td> </tr> </tbody> </table>		Total spaces	Accessible	1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces	<p><input type="checkbox"/> <input type="checkbox"/></p> <p> number of accessible spaces</p> <p>Note widths of existing accessible spaces:</p>	<p><input type="checkbox"/> Reconfigure a reasonable number of spaces by repainting stripes.</p>
Total spaces	Accessible												
1 to 25	1 space												
26 to 50	2 spaces												
51 to 75	3 spaces												
76 to 100	4 spaces												
<p> Are 8-foot-wide spaces, with minimum 8-foot-wide access aisles, and 98 inches of vertical clearance, available for lift-equipped vans?</p> <p>At least one of every 8 accessible spaces must be van-accessible (with a minimum of one van-accessible space in all cases).</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p> width/vertical clearance</p>	<p><input type="checkbox"/> Reconfigure to provide van-accessible space(s).</p>											



QUESTIONS		POSSIBLE SOLUTIONS
<p>Parking and Drop-Off Areas, continued</p> <p>Are the access aisles part of the accessible route to the accessible entrance?</p> <p>Are the accessible spaces closest to the accessible entrance?</p> <p>Are accessible spaces marked with the International Symbol of Accessibility? Are there signs reading "Van Accessible" at van spaces?</p> <p>Is there an enforcement procedure to ensure that accessible parking is used only by those who need it?</p>		<p><input type="checkbox"/> Add curb ramps.</p> <p><input type="checkbox"/> Reconstruct sidewalk.</p> <p><input type="checkbox"/> Reconfigure spaces.</p> <p><input type="checkbox"/> Add signs, placed so that they are not obstructed by cars.</p> <p><input type="checkbox"/> Implement a policy to check periodically for violators and report them to the proper authorities.</p>
<p>Entrance (ADAAG 4.13, 4.14, 4.5)</p> <p>If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?</p> <p>Do not use a service entrance as the accessible entrance unless there is no other option.</p> <p>Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?</p> <p>Can the alternate accessible entrance be used independently?</p> <p> Does the entrance door have at least 32 inches clear opening (for a double door, at least one 32-inch leaf)?</p> <p> Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle?</p> <p>A person using a wheelchair or crutches needs this space to get close enough to open the door.</p>		<p><input type="checkbox"/> If it is not possible to make the main entrance accessible, create a dignified alternate accessible entrance. If parking is provided, make sure there is accessible parking near all accessible entrances.</p> <p><input type="checkbox"/> Install signs before inaccessible entrances so that people do not have to retrace the approach.</p> <p><input type="checkbox"/> Eliminate as much as possible the need for assistance—to answer a doorbell, to operate a lift, or to put down a temporary ramp, for example.</p> <p><input type="checkbox"/> Widen the door to 32 inches clear.</p> <p><input type="checkbox"/> If technically infeasible, widen to 31-3/8 inches minimum.</p> <p><input type="checkbox"/> Install offset (swing-clear) hinges.</p> <p><input type="checkbox"/> Remove or relocate furnishings, partitions, or other obstructions.</p> <p><input type="checkbox"/> Move door.</p> <p><input type="checkbox"/> Add power-assisted or automatic door opener.</p>



QUESTIONS		POSSIBLE SOLUTIONS	
<p>Entrance, continued</p> <p> Is the threshold edge 1/4-inch high or less, or if beveled edge, no more than 3/4-inch high?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> If there is a single step with a rise of 6 inches or less, add a short ramp.</p> <p><input type="checkbox"/> If there is a threshold greater than 3/4-inch high, remove it or modify it to be a ramp.</p>	
<p> If provided, are carpeting or mats a maximum of 1/2-inch high?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Replace or remove mats.</p>	
<p>Are edges securely installed to minimize tripping hazards?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Secure carpeting or mats at edges.</p>	
<p> Is the door handle no higher than 48 inches and operable with a closed fist?</p> <p>The "closed fist" test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Lower handle.</p> <p><input type="checkbox"/> Replace inaccessible knob with a lever or loop handle.</p> <p><input type="checkbox"/> Retrofit with an add-on lever extension.</p>	
<p> Can doors be opened without too much force (exterior doors reserved; maximum is 5 lbf for interior doors)?</p> <p>You can use an inexpensive force meter or a fish scale to measure the force required to open a door. Attach the hook end to the doorknob or handle. Pull on the ring end until the door opens, and read off the amount of force required. If you do not have a force meter or a fish scale, you will need to judge subjectively whether the door is easy enough to open.</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>force</p>	<p><input type="checkbox"/> Adjust the door closers and oil the hinges.</p> <p><input type="checkbox"/> Install power-assisted or automatic door openers.</p> <p><input type="checkbox"/> Install lighter doors.</p>	
<p> If the door has a closer, does it take at least 3 seconds to close?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>seconds</p>	<p><input type="checkbox"/> Adjust door closer.</p>	



QUESTIONS		POSSIBLE SOLUTIONS
<p>Priority 2 Access to Goods and Services Ideally, the layout of the building should allow people with disabilities to obtain materials or services without assistance.</p>	<p>Yes No</p>	
<p>Horizontal Circulation (ADAAG 4.3) Does the accessible entrance provide direct access to the main floor, lobby, or elevator?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Add ramps or lifts. <input type="checkbox"/> Make another entrance accessible.</p>
<p>Are all public spaces on an accessible route of travel?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Provide access to all public spaces along an accessible route of travel.</p>
<p> Is the accessible route to all public spaces at least 36 inches wide?</p>	<p><input type="checkbox"/> <input type="checkbox"/> width</p>	<p><input type="checkbox"/> Move furnishings such as tables, chairs, display racks, vending machines, and counters to make more room.</p>
<p> Is there a 5-foot circle or a T-shaped space for a person using a wheelchair to reverse direction?</p>	<p><input type="checkbox"/> <input type="checkbox"/> width</p>	<p><input type="checkbox"/> Rearrange furnishings, displays, and equipment.</p>
<hr/>		
<p>Doors (ADAAG 4.13) Do doors into public spaces have at least a 32-inch clear opening?</p>	<p><input type="checkbox"/> <input type="checkbox"/> clear opening</p>	<p><input type="checkbox"/> Install offset (swing-clear) hinges. <input type="checkbox"/> Widen doors.</p>
<p> On the pull side of doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair or crutches can get near to open the door?</p>	<p><input type="checkbox"/> <input type="checkbox"/> clear space</p>	<p><input type="checkbox"/> Reverse the door swing if it is safe to do so. <input type="checkbox"/> Move or remove obstructing partitions.</p>
<p> Can doors be opened without too much force (5 lbf maximum for interior doors)?</p>	<p><input type="checkbox"/> <input type="checkbox"/> force</p>	<p><input type="checkbox"/> Adjust or replace closers. <input type="checkbox"/> Install lighter doors. <input type="checkbox"/> Install power-assisted or automatic door openers.</p>
<p> Are door handles 48 inches high or less and operable with a closed fist?</p>	<p><input type="checkbox"/> <input type="checkbox"/> height</p>	<p><input type="checkbox"/> Lower handles. <input type="checkbox"/> Replace inaccessible knobs or latches with lever or loop handles. <input type="checkbox"/> Retrofit with add-on levers. <input type="checkbox"/> Install power-assisted or automatic door openers.</p>
<p> Are all threshold edges 1/4-inch high or less, or if beveled edge, no more than 3/4-inch high?</p>	<p><input type="checkbox"/> <input type="checkbox"/> height</p>	<p><input type="checkbox"/> If there is a threshold greater than 3/4-inch high, remove it or modify it to be a ramp. <input type="checkbox"/> If between 1/4- and 3/4-inch high, add bevels to both sides.</p>



QUESTIONS		POSSIBLE SOLUTIONS
<p>Rooms and Spaces (ADAAG 4.2, 4.4, 4.5)</p> <p><input type="checkbox"/> Are all aisles and pathways to materials and services at least 36 inches wide?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>width</p>	<p><input type="checkbox"/> Rearrange furnishings and fixtures to clear aisles.</p>
<p><input type="checkbox"/> Is there a 5-foot circle or T-shaped space for turning a wheelchair completely?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>width</p>	<p><input type="checkbox"/> Rearrange furnishings to clear more room.</p>
<p>Is carpeting low-pile, tightly woven, and securely attached along edges?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Secure edges on all sides. <input type="checkbox"/> Replace carpeting.</p>
<p><input type="checkbox"/> In circulation paths through public areas, are all obstacles cane-detectable (located within 27 inches of the floor or higher than 80 inches, or protruding less than 4 inches from the wall)?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height/ protrusion</p>	<p><input type="checkbox"/> Remove obstacles. <input type="checkbox"/> Install furnishings, planters, or other cane-detectable barriers underneath.</p>
<p>Emergency Egress (ADAAG 4.28)</p> <p>If emergency systems are provided, do they have both flashing lights and audible signals?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Install visible and audible alarms. <input type="checkbox"/> Provide portable devices.</p>
<p>Signage for Goods and Services (ADAAG 4.30)</p> <p>Different requirements apply to different types of signs.</p>		
<p><input type="checkbox"/> If provided, do signs and room numbers designating permanent rooms and spaces where goods and services are provided comply with the appropriate requirements for such signage?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Provide signs that have raised letters, Grade II Braille, and that meet all other requirements for permanent room or space signage. (See ADAAG 4.1.3(16) and 4.30.)</p>
<p>• Signs mounted with centerline 60 inches from floor.</p>	<p>Y N <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>height</p>	
<p>• Mounted on wall adjacent to latch side of door, or as close as possible.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	
<p>• Raised characters, sized between 5/8 and 2 inches high, with high contrast (for room numbers, rest rooms, exits).</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>character height</p>	
<p>• Brailled text of the same information.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	
<p>• If pictogram is used, it must be accompanied by raised characters and braille.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	

QUESTIONS		POSSIBLE SOLUTIONS
<p>Directional and Informational Signage The following questions apply to directional and informational signs that fall under Priority 2.</p>		
<p> If mounted above 80 inches, do they have letters at least 3 inches high, with high contrast, and non-glare finish?</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>letter height</p>	<p><input type="checkbox"/> Review requirements and replace signs as needed, meeting the requirements for character size, contrast, and finish.</p>
<p>Do directional and informational signs comply with legibility requirements? (Building directories or temporary signs need not comply.)</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Review requirements and replace signs as needed.</p>
<p>Controls (ADAAG 4.27)</p>		
<p> Are all controls that are available for use by the public (including electrical, mechanical, cabinet, game, and self-service controls) located at an accessible height?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Relocate controls.</p>
<p>Reach ranges: The maximum height for a side reach is 54 inches; for a forward reach, 48 inches. The minimum reachable height is 15 inches for a front approach and 9 inches for a side approach.</p>		
<p>Are they operable with a closed fist?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Replace controls.</p>
<p>Seats, Tables, and Counters (ADAAG 4.2, 4.32, 7.2)</p>		
<p> Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>width</p>	<p><input type="checkbox"/> Rearrange chairs or tables to provide 36-inch aisles.</p>
<p>Are the spaces for wheelchair seating distributed throughout?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Rearrange tables to allow room for wheelchairs in seating areas throughout the area.</p> <p><input type="checkbox"/> Remove some fixed seating.</p>
<p> Are the tops of tables or counters between 28 and 34 inches high?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Lower part or all of high surface.</p> <p><input type="checkbox"/> Provide auxiliary table or counter.</p>
<p> Are knee spaces at accessible tables at least 27 inches high, 30 inches wide, and 19 inches deep?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height/ width/ depth</p>	<p><input type="checkbox"/> Replace or raise tables.</p>



QUESTIONS		POSSIBLE SOLUTIONS	
<p>Seats, Tables, and Counters, continued</p> <p> At each type of cashier counter, is there a portion of the main counter that is no more than 36 inches high?</p>		<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Provide a lower auxiliary counter or folding shelf.</p> <p><input type="checkbox"/> Arrange the counter and surrounding furnishings to create a space to hand items back and forth.</p>
<p> Is there a portion of food-ordering counters that is no more than 36 inches high, or is there space at the side for passing items to customers who have difficulty reaching over a high counter?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Lower section of counter.</p> <p><input type="checkbox"/> Arrange the counter and surrounding furnishings to create a space to pass items.</p>
<p>Vertical Circulation (ADAAG 4.1.3(5), 4.3)</p> <p>Are there ramps, lifts, or elevators to all public levels?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Install ramps or lifts.</p> <p><input type="checkbox"/> Modify a service elevator.</p> <p><input type="checkbox"/> Relocate goods or services to an accessible area.</p>
<p>On each level, if there are stairs between the entrance and /or elevator and essential public areas, is there an accessible alternate route?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Post clear signs directing people along an accessible route to ramps, lifts, or elevators.</p>
<p>Stairs (ADAAG 4.9)</p> <p>The following questions apply to stairs connecting levels <i>not</i> serviced by an elevator, ramp, or lift.</p>			
<p>Do treads have a non-slip surface?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Add non-slip surface to treads.</p>
<p>Do stairs have continuous rails on both sides, with extensions beyond the top and bottom stairs?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Add or replace handrails if possible within existing floor plan.</p>
<p>Elevators (ADAAG 4.10)</p> <p>Are there both visible and verbal or audible door opening / closing and floor indicators (one tone = up, two tones = down)?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Install visible and verbal or audible signals.</p>
<p> Are the call buttons in the hallway no higher than 42 inches?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Lower call buttons.</p> <p><input type="checkbox"/> Provide a permanently attached reach stick.</p>
<p>Do the controls inside the cab have raised and braille lettering?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Install raised lettering and braille next to buttons.</p>



QUESTIONS **POSSIBLE SOLUTIONS**

Elevators, continued

Is there a sign on both door jambs at every floor identifying the floor in raised and braille letters?

Yes No

Install tactile signs to identify floor numbers, at a height of 60 inches from floor.

If an emergency intercom is provided, is it usable without voice communication?

Modify communication system.

Is the emergency intercom identified by braille and raised letters?

Add tactile identification.

Lifts (ADAAG 4.2, 4.11)

Can the lift be used without assistance? If not, is a call button provided?

At each stopping level, post clear instructions for use of the lift.
 Provide a call button.

 Is there at least 30 by 48 inches of clear space for a person in a wheelchair to approach to reach the controls and use the lift?

clear space

Rearrange furnishings and equipment to clear more space.

 Are controls between 15 and 48 inches high (up to 54 inches if a side approach is possible)?

height

Move controls.

Priority

3 Usability of Rest Rooms

When rest rooms are open to the public, they should be accessible to people with disabilities.

Getting to the Rest Rooms (ADAAG 4.1)

If rest rooms are available to the public, is at least one rest room (either one for each sex, or unisex) fully accessible?

Reconfigure rest room.
 Combine rest rooms to create one unisex accessible rest room.

Are there signs at inaccessible rest rooms that give directions to accessible ones?

Install accessible signs.

Doorways and Passages (ADAAG 4.2, 4.13, 4.30)

Is there tactile signage identifying rest rooms?

Add accessible signage, placed to the side of the door, 60 inches to centerline (not on the door itself).

Mount signs on the wall, on the latch side of the door, complying with the requirements for permanent signage. Avoid using ambiguous symbols in place of text to identify rest rooms.

QUESTIONS		POSSIBLE SOLUTIONS	
<p>Doorways and Passages, continued</p> <p>Are pictograms or symbols used to identify rest rooms, and, if used, are raised characters and braille included below them?</p>		<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> If symbols are used, add supplementary verbal signage with raised characters and braille below pictogram symbol.</p>
<p>REVIEW Is the doorway at least 32 inches clear?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>clear width</p>	<p><input type="checkbox"/> Install offset (swing-clear) hinges.</p> <p><input type="checkbox"/> Widen the doorway.</p>	
<p>REVIEW Are doors equipped with accessible handles (operable with a closed fist), 48 inches high or less?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>height</p>	<p><input type="checkbox"/> Lower handles.</p> <p><input type="checkbox"/> Replace knobs or latches with lever or loop handles.</p> <p><input type="checkbox"/> Add lever extensions.</p> <p><input type="checkbox"/> Install power-assisted or automatic door openers.</p>	
<p>REVIEW Can doors be opened easily (5 lbf maximum force)?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>force</p>	<p><input type="checkbox"/> Adjust or replace closers.</p> <p><input type="checkbox"/> Install lighter doors.</p> <p><input type="checkbox"/> Install power-assisted or automatic door openers.</p>	
<p>REVIEW Does the entry configuration provide adequate maneuvering space for a person using a wheelchair?</p> <p>A person in a wheelchair needs 36 inches of clear width for forward movement, and a 5-foot diameter or T-shaped clear space to make turns. A minimum distance of 48 inches clear of the door swing is needed between the two doors of an entry vestibule.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>clear width</p>	<p><input type="checkbox"/> Rearrange furnishings such as chairs and trash cans.</p> <p><input type="checkbox"/> Remove inner door if there is a vestibule with two doors.</p> <p><input type="checkbox"/> Move or remove obstructing partitions.</p>	
<p>REVIEW Is there a 36-inch-wide path to all fixtures?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>width</p>	<p><input type="checkbox"/> Remove obstructions.</p>	
<p>Stalls (ADAAG 4.17)</p> <p>Is the stall door operable with a closed fist, inside and out?</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> Replace inaccessible knobs with lever or loop handles.</p> <p><input type="checkbox"/> Add lever extensions.</p>
<p>REVIEW Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>length/ width</p>	<p><input type="checkbox"/> Move or remove partitions.</p> <p><input type="checkbox"/> Reverse the door swing if it is safe to do so.</p>	



QUESTIONS **POSSIBLE SOLUTIONS**

	Yes	No	
Stalls, continued In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add grab bars.
MINOR Is the toilet seat 17 to 19 inches high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Add raised seat.

height

Lavatories (ADAAG 4.19, 4.24) MINOR Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? A maximum of 19 inches of the required depth may be under the lavatory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rearrange furnishings. <input type="checkbox"/> Replace lavatory. <input type="checkbox"/> Remove or alter cabinetry to provide space underneath. <input type="checkbox"/> Make sure hot pipes are covered. <input type="checkbox"/> Move a partition or wall.
MINOR Is the lavatory rim no higher than 34 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust or replace lavatory.
MINOR Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust or replace lavatory.
Can the faucet be operated with one closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace with paddle handles.
Are soap and other dispensers and hand dryers within reach ranges (see page 7) and usable with one closed fist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower dispensers. <input type="checkbox"/> Replace with or provide additional accessible dispensers.
MINOR Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower or tilt down the mirror. <input type="checkbox"/> Add a larger mirror anywhere in the room.

clear space

height

height

height

Priority

4 Additional Access

Note that this priority is for items not required for basic access in the first three priorities.

When amenities such as drinking fountains and public telephones are provided, they should also be accessible to people with disabilities.

Drinking Fountains (ADAAG 4.15)

MINOR Is there at least one fountain with clear floor space of at least 30 by 48 inches in front?

clear space

Clear more room by rearranging or removing furnishings.



QUESTIONS		POSSIBLE SOLUTIONS	
Drinking Fountains, continued			
EXISTING	Is there one fountain with its spout no higher than 36 inches from the ground, and another with a standard height spout (or a single "hi-lo" fountain)?	Yes <input type="checkbox"/> No <input type="checkbox"/> height <input type="checkbox"/>	<input type="checkbox"/> Provide cup dispensers for fountains with spouts that are too high. <input type="checkbox"/> Provide accessible cooler.
	Are controls mounted on the front or on the side near the front edge, and operable with one closed fist?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Replace the controls.
EXISTING	Is each water fountain cane-detectable (located within 27 inches of the floor or protruding into the circulation space less than 4 inches from the wall)?	<input type="checkbox"/> <input type="checkbox"/> height/ protrusion <input type="checkbox"/>	<input type="checkbox"/> Place a planter or other cane-detectable barrier on each side at floor level.
Telephones (ADAAG 4.31)			
EXISTING	If pay or public use phones are provided, is there clear floor space of at least 30 by 48 inches in front of at least one?	<input type="checkbox"/> <input type="checkbox"/> clear space <input type="checkbox"/>	<input type="checkbox"/> Move furnishings. <input type="checkbox"/> Replace booth with open station.
EXISTING	Is the highest operable part of the phone no higher than 48 inches (up to 54 inches if a side approach is possible)?	<input type="checkbox"/> <input type="checkbox"/> height <input type="checkbox"/>	<input type="checkbox"/> Lower telephone.
EXISTING	Does the phone protrude no more than 4 inches into the circulation space?	<input type="checkbox"/> <input type="checkbox"/> protrusion <input type="checkbox"/>	<input type="checkbox"/> Place a cane-detectable barrier on each side at floor level.
	Does the phone have push-button controls?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Contact phone company to install push-buttons.
	Is the phone hearing-aid compatible?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Have phone replaced with a hearing-aid compatible one.
	Is the phone adapted with volume control?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Have volume control added.
	Is the phone with volume control identified with appropriate signage?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Add signage.
	If there are four or more public phones in the building, is one of the phones equipped with a text telephone (TT or TDD)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Install a text telephone. <input type="checkbox"/> Have a portable TT available. <input type="checkbox"/> Provide a shelf and outlet next to phone.
	Is the location of the text telephone identified by accessible signage bearing the International TDD Symbol?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Add signage.



Resources/Acknowledgements



Partnerships for supporting individuals with disabilities in your congregation

Organization or association	website
NYS Office for People With Developmental Disabilities	www.opwdd.ny.gov
NYS Office of Mental Health	www.omh.state.ny.us
Self-Advocacy Association of New York State Inc.	www.sanys.org/
Parent to Parent of NYS	www.parenttoparentnys.org
NYS Developmental Disability Planning Council	www.ddpc.ny.gov/
NYS ARC	www.nysarc.org/
The American Association on Intellectual and Developmental Disabilities	www.aaid.org
Autism Society of America	www.autism-society.org
Brain Injury Association of America	www.biausa.org
NYS Independent Living Council	www.nysilc.org
NYS Easter Seals	www.ny.easterseals.com
Epilepsy Foundation	www.epilepsyfoundation.org
Cerebral Palsy Association of New York State	www.cpofnys.org
National Down Syndrome Society	www.ndss.org
Muscular Dystrophy Association	www.mda.org
National Organization on Disability: Religion and Disability Program	www.nod.org
Council for Jews with Special Needs*	www.cjsn.org



Friendship Ministries*	www.friendship.org
Dimensions of Faith and Congregational Ministries with Persons with Developmental Disabilities and their families	www.rwjms.umdj.edu/boggscenter
Anabaptist Disabilities Network*	www.Adnetonline.org
Episcopal Disability Network*	http://www.disability99.org
Joni and Friends*	http://www.joniandfriends.org/
NAFIM*	www.NAFIM.org
National Council of Churches*	http://www.ncccusa.org/elmc/disabilities.htm

**The resources above are informational only. No endorsements are implied by the New York State Office for People With Developmental Disabilities*



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Accessible Faith: A Technical Guide for Accessibility in Houses of Worship-Elizabeth A. Patterson & Neal A. Vogel for The Retirement Research Foundation, 8765 W. Higgins Road, Suite 430 Chicago, Ill. 60631-4170

Disability Etiquette: The National Center on Workforce and Disability-Institute for Community Inclusion, University of Massachusetts in Boston Ma.

Power of Our Voices: Central New York Self Advocacy Speaking Out -1005 West Fayette Street Suite 1A, Syracuse, New York 13204

Describing People with Disabilities-People First Language: Texas Council for Developmental Disabilities, 6201 East Oltorf Suite 600, Austin Texas

“Wheelchair Etiquette”/based on Ric Garren in Challenge Magazine:

The Vanderbilt Kennedy Center:

http://kc.vanderbilt.edu/kennedy_files/IncludingAdultswithDisabilitiesinRelEdMANUAL.pdf

ADA Websites:

<http://www.ada.gov/>

<http://www.ada.gov/checkweb.htm>

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

<http://www.ada.gov/racheck.pdf>



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Our Web Page:

http://www.opwdd.ny.gov/opwdd_community_connections/faith_based_initiatives

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