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Issue No. 04-03



April 2003

14 Monday - Bellingham

Whatcom County DD Advisory Board 4:30-6 pm.
1000 N. Forest St. 360-676-6829.

23, 26, 28—Lynden, F'dale, Deming

Whatcom County Community Forums, see page 5 or call 360-676-6829

16 Wednesday - Olympia

Advocacy Day. Topic: Session Wrap-up. 10am - 3pm. Call: 1-888-754-8798

21 Monday - Bellingham

Parent to Parent Support Meeting. 7 pm.
2001 H Street. Whatcom Center for Early Learning. Child care provided. 360-255-6402.



May 2003

2 Friday—Bellingham

Arc Membership Meeting/Pizza Party—5:30-7:00 pm Max Higbee Center, call 715-0170 for more information

3, 12th—Bellingham

Whatcom County Community Forums, see page 5 or call 360-676-6829

5 Monday - Bellingham

Board of Directors meeting. 4 - 6 pm.
The Arc of Whatcom County. 360-715-0170.

13 Tuesday - Seattle

Self Advocates in Leadership (SAIL). 1 - 4 pm. Hilton SeaTac 360-715-0170.

21 Wednesday - Bellingham

PACT Training. 9am - 3pm St. Luke's Community Health Education Center. Call 360-715-0170

June 2003

2 Monday - Bellingham

Board of Directors meeting. 4 - 6 pm.
The Arc of Whatcom County. 360-715-0170.

3 Tuesday - Bellingham

Whatcom ICC Council at Large meeting. 12:00-1:30 Brigid Collins Family Center
Call 715-0170

9 Monday - Bellingham

Whatcom County DD County Advisory Board meeting. 4:30 - 6 pm. 1000 N. Forest St. 360-676-6829.

10 Tuesday - Seattle

Self Advocates in Leadership (SAIL). 1 - 4 pm. Hilton SeaTac Airport. 360-715-0170

Call for **PEOPLE FIRST** meeting dates and times—360-715-0170

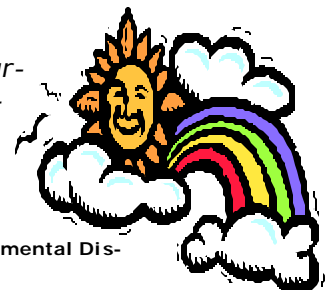
Financial Planning for Special Needs Families



John Nadworny, a financial planner from Bay Financial in Waltham, Massachusetts, suggests the following questions as a good place to start with a special needs family.

1. What is my vision of the legacy which I wish to leave my child (or family member) with special needs?
2. Have I established proper Wills & Trusts that transform my clear vision into an absolute future reality?
3. Does my Executor/trix or Guardian have a Letter of Intent which outlines my wishes for the future care of this person?
4. Will this Letter of Intent be passed to others who may eventually care for my child, should s/he out-live my second caregiver?
5. Is the Trust endowed with enough money to assure that distributions will not consume their principal throughout the beneficiary's lifetime?
6. Have I insured that care-giving survivors are financially protected from the future expenses in the care of my loved one with special needs?

Are you all set? If you answered "No" to any question, your plan is not complete. We encourage you to seek the answers to all these questions. <http://www.specialneedsplanning.com/nad/checklist.htm>



Reprinted from: Pierce County Parent Coalition for Developmental Disabilities



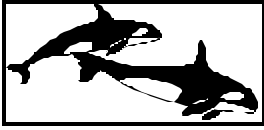
**The Latest in Washington State
Toll Free Legislative Hotline:
1-800-562-6000**

Don't know who your legislator is? Go to: <http://dfind.leg.wa.gov/dfinder.cfm>

Residential Options

The Division of Developmental Disabilities (DDD) provides the opportunity for persons who are eligible for services from DDD to live in a manner that meets their needs and preferences. Individuals choose to live in a variety of places ranging from their own homes to nursing homes. Case managers, family members and guardians can assist with providing information regarding the residential options. The following is a list that describes the variety of residential possibilities. Referrals must be provided by DDD case manager and are based on availability and funding. *Editor's note: This information was supplied by DDD and does not reflect Whatcom County residents who live in RHC's—see story on page 3.*

Residential Option	Adult Residents in Whatcom County	Description
Supported Living	118	Supported living services are instructions and supports offered by service providers to clients who live in their own homes. Homes are owned, rented or leased by the clients or their legal representative. This program offers a variety of support hours depending on the need of the individual. Support may range from one hour per month to twenty-four hours per day of staff support. The person will live with a roommate in his or her own apartment, and is responsible for paying their living expenses, such as rent, utilities, and food using their personal financial resources.
Group Homes	32	Group homes are residences that are licensed as either a boarding home or adult family home. This program offers 24-hour on-site supervision for the person. Typically the person will live with a roommate in his or her own room. Meals are shared with other residents of the home. The state pays a basic monthly rate and up to 60 hours of Medicaid Personal Care. Clients pay costs of room and board from their own financial resources
Adult Family Homes	50	AFH's serve people with developmental disabilities, mental illness and the elderly. AFH's can be licensed for up to six people. The State pays a basic monthly rate and up to 60 hours of Medicaid Personal Care. Room and board and medication assistance along with supervision is provided. Clients pay or participate with the bulk of their SSI. They get to keep a small portion for clothing and personal incidentals (CPI). If a client works, they would pay the SSI standard participation and get to keep the remainder. Clients with SSA may pay more.
Adult Residential Centers	10	ARC's are larger licensed facilities similar to AFH's in terms of eligibility. People can receive up to 30 hours of Medicaid Personal Care support. Room and board and medication assistance along with some supervision is provided. Financial requirements and participation responsibility are the same as in an AFH.
Creative Options	202 6	Many individuals choose to live in their own home or live with others. Living in his/her own apartment, the client utilizes informal natural supports and generic services such as HUD, food stamps and possibly Medicaid Personal Care. Typically this person has strong family support and high motivation and skills for independence. ***** Another example: The MORE Homes is a non-profit program that is parent organized and operated. Several years ago they received special funding, which was obtained by petitioning the legislature to start two homes in Whatcom County. There is a live-in provider supervised by parents and paid for by Medicaid Personal Care and the individual's SSI money. The house is owned by one of the parents and is rented by the people who live there.
Transitional Support	41	Provides community based short-term services as determined by the person's current needs and authorized by the Case Manager. These are conducted on a personal one-to-one basis to enable the person to maintain as much self-determination and personal power and choice as possible in meeting his/her own independent living needs.
Residential Habilitation Centers (RHC)	0	Provides intensive services in five state-operated residential facilities for individuals needing a high level of nursing care of skill development. In addition, respite and other specialized services may be available to persons living in the community.
Nursing Homes	19	Provides 24-hour nursing and/or rehabilitation services. Home and Community Services Social Workers are responsible for nursing home placements. Whenever possible, DDD case managers will consult with them.



David Loves His Home(s)!

David Christen has made Fircrest his home since 1983, where he holds down a job for 3 hours a day shredding paper. He enjoys swimming twice a week. David loves his swing at Fircrest (picture at left), eating chicken mcnuggets with ketchup, and he also loves to come 'home to the farm' in Sumas. He is surrounded by a loving family during his monthly visit to Sumas, and every two weeks his family spends time with him at his home in Fircrest.

*At the Arc, we support the right of each person and their family to services and supports delivered by a system that allows choice and control over our own lives—self determination. We do not believe that one person's choice should negatively impact another's supports. We apologize for not appropriately representing this in our March newsletter about the future of Residential Habilitation Centers (RHC's). If you would like a pre-printed mailing **opposing the closure** of Fircrest to send to your legislators, please contact The Arc. We would also like to express our gratitude to David's family for calling it to our attention and for sharing their story, below:*



David Christen with his mother Dorothy

I was very disturbed to read a copy of your March newsletter on the closure of RHCs in Washington state and especially Fircrest under SB5971.

From reading the newsletter as a whole it is obvious that your information comes from state government sources, and your newsletter put a very narrow scope on the total issue of closing Fircrest and other RHCs. For an developmentally disabled advocate group to petition its readers to send "pre-printed blue cards" to their legislative representatives without presenting all the facts is disturbing.

The article by Pamela Brice on page 3 is a total misrepresentation of the issue at hand. It is true that the total population of RHCs has declined and that the options for the developmentally disabled citizens have changed over the last 30 and 40 years. That is because parents and guardians no longer have the option of putting their loved ones in state run RHCs. The examples in the article represent the segment of that population that were able to move into the community. By visiting Fircrest you would become aware that the population remaining is not able to live in a group home environment.

My brother has been a resident of Fircrest since 1983. David was born with no eye-balls and contracted meningitis at the age of 9 months leaving him mentally retarded with the mental capacity of a 3 year old. David is not able to cook, clean, bathe, or take medication on his own. He has a very limited ability to communicate his needs and wants. Despite his restrictions David is currently one of the more advanced at Fircrest. The Brice article does not represent David and others like him. The residents need constant and consistent 24 hour care.

A large portion of Fircrest residents are in a nursing home environment and must be tube fed. The biased article gives very little attention to advocates of Fircrest and their concerns which are the standard of care available and safety at group homes as well

as the mental and physical anguish of moving the residents. Physiologists may down play the harm of moving these residents from one environment to another, but my family knows from personal experience the actual reaction to change that occurs.

Another misrepresentation are the state's dollar facts of closing Fircrest that are not stated in your newsletter. The state says that they will generate approximately \$32M from the sale of the property in Shoreline (SB5971). What is not mentioned are the millions of dollars that are going to be spent cleaning up buried asbestos that lays dormant on the site remaining from when the facility was used by the military. The state can not sell the property without cleaning up the mess. The fact that asbestos resides on the property, even after a complete clean up, will diminish the sale price. Also, the cost of remodeling other RHCs to accommodate the fragile residents from Fircrest will eat up any profit from the sale of property. Next is the operating budget. Government sources state that it costs approximately \$43M a year to run Fircrest. Included in that figure is overhead budget for offices in Olympia that administer the facility and other RHCs.

Is the state willing to reduce the number of overhead staff and dollars in Olympia when these residents move to another RHC or community facility? Probably not, and those overhead dollars will be spread among the remaining RHCs making them more expensive to run and subject to further closures.

How many state employees are going to be required to monitor group homes who, according to the Brice article, have jaded histories on the standard of care provided? With the average age of the residents of Fircrest being 47 Federal Social Security also contributes dollars toward the cost of care.

Are these payments from the federal government, that the state will continue to receive, part of the \$43M allocated to Fircrest? Advocates of closing RHCs also don't tell you that the cost savings will be diminished when, with the closure of state faci-

ties, group homes will increase their fees because they are the only source of care.

Do not be fooled that the "trust" money will be available for the 9000 families that do not receive state assistance because it won't exist, and admittedly by the state figures it would be years before the state realizes so called savings from closing the site.

Don't let the state's rhetoric fool you. Do your research and look at both side of the issue and the facts before you ask your readers to act. I encourage you to contact me and I will put you in touch with others that can provide your organization with more information. My parents and siblings (one of whom has a son with Down syndrome) would also be more than willing to discuss the facts and issues concerning the state's RHCs.

Daniel Christen, Monroe (David's brother)
Dean and Dorothy Christen, Sumas (David's mom and dad)
Deanna Zapien, Sumas (David's sister)
Dorene Moors, Bellingham (David's sister)

More from LaNita Wacker, Shoreline:

- **Fircrest is dual licensed**—both as a nursing home and an Intermediate Care Facility for the Mentally Retarded (ICF/MR) - this means they can care for people who are medically fragile—60% of Fircrest residents have epilepsy, 22% use tubes for feeding
- **Fircrest is a teaching facility**— University of Washington Medical, Dental and Nursing schools work closely with Fircrest to learn about the unique needs of persons with developmental disabilities
- **Fircrest provides needed respite**— for family and caregivers with medical or behavioral crises
- **Fircrest is a taxpayer investment**— \$14 million was recently spent improving the kitchen, cottages and administration building
- **Fircrest provides vocational opportunity** (See David's story above)



Kulshan Supported Employment Annual Banquet
 recognizes those who have worked three years+ for the same employer!
WAY TO GO!!

Seated (l to r) Nick Smith, Troy Jones, Alvin Westman, Marie Niklason
Middle row (l to r) Paula Smith, Dan Overrein, Susan Larson, Lisa Rolston, Megan Cole, Stacy Sandilands, Jeff Henken Back row (l to r) Dale Whipple, David Drake, Amy Bye, Darin Haak, Todd Childs, Josh Johnson, Mark Teeter, Butch Strong Larry Duling
 Award Winners not pictured: Dan Grover, Sandy Courtney, Janice Gibson, Laura Moultray, Bill Winter
 (Photo—thanks to Theresa Baughn, Kulshan Supported Employment)

Arc Wish List

- Board Volunteers
- Computer 'tekkie' to do hardware and software installation
- Membership Drive Volunteers
- Database entry

Call 715-0170
 if you can help

Cookbook

for people with developmental disabilities

The cookbook is called "Cooking Made Easy." Recipes are written in large print, for easier reading. Recipes are broken down into detailed, easy to understand steps. Dollar sign codes signify cost of ingredients. There are 88 recipes. For more information contact The Arc at

FRIENDSHIP CLASS

for adults with developmental disabilities. Meetings are Monday nights, 7-8:30 pm (except on Spin Dance nights) at Hope in Christ Church, 710 E. Sunset, (wheelchair accessible) Join us for a lesson, music, snacks and lots of fellowship. For more information on how you can sign up, call Mary Jo Menninga at 734-9973.



**Whatcom County Developmental Disabilities Program Community Forums
April 23, 26, 28 and May 3, 12**

Why should I attend? Your help is needed to provide input on the needs and priorities of the community of persons with developmental disabilities in Whatcom County. This information will assist the Whatcom County Developmental Disabilities Program design a county plan for programs and services.

What is the County plan? The county plan sets goals & next steps, identifies strategies and provides information on current needs and available resources. This will guide activities for the next 4 years.

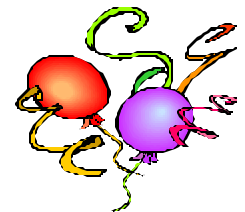
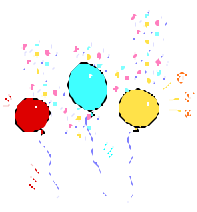
What kinds of things will we talk about at the forums?

- *Employment * Recreation & Leisure
- *Birth to Three Services *Community Info & Education

Where/When?	April 23	Wednesday	5:30-7:00 pm	Lynden Senior Center
	April 26	Saturday	10:00 am-noon	Ferndale Community Ctr.
	April 28	Monday	5:30-7:00 pm	Mt. Baker High School
	May 3	Saturday	10:00 am-noon	Whatcom Ed. Credit Union
	May 12	Monday	4:30-6:00 pm	County Annex—1000 N. Forest

Light refreshments will be provided. For more information, location addresses, directions, or any questions about the forums, please contact the Whatcom County Developmental Disabilities Program 676-6829

**The Arc's
Annual Membership Drive Pizza
Party**



We are recognizing Special Education teachers! Awards will be given out during the meeting. If you know of anyone who should be nominated, contact The Arc for a nomination form.

DATE: MAY 2ND, 2003
TIME: 5:30 – 7:00 PM
PLACE: MAX HIGBEE CENTER
(315 HALLECK ST.)

Please bring a dish to share and family and friends to join the fun! This is a great opportunity to renew your membership. Please come prepared! For more information, please contact The Arc:
 Phone: (360) 715-0170

Clinical Trial For Young Adults with Down Syndrome



A large, US-based, clinical trial of an investigational drug is currently underway and is recruiting young adults (18 to 35 years old) with Down syndrome to participate. The drug being studied is currently approved for the treatment of mild to moderate dementia of the Alzheimer's type and is being studied in the Down syndrome population for potential improvement in attention, language, orientation, memory, and other areas.

Approximately 160 young adults (male and female) with Down syndrome are being sought to participate in the trial, which will take place in approximately 20 clinical centers nationwide. The study is approximately sixteen weeks long (including screening). Participants and their caregiver/family member will be required to attend a total of four study visits over the study period. The subjects will receive daily oral medica-

tion or inactive placebo for 12 weeks and will have a 50/50 chance of receiving medication or placebo during the study. At the end of the study, all participants will have the option of receiving active medication for an additional 12 weeks.

Study Criteria

Subjects must be:

- ◆ 18 to 35 years old and have a diagnosis of Down syndrome confirmed by karyotyping
- ◆ in general good health and female subjects must not be pregnant
- ◆ able to swallow oral medication and be English speaking
- ◆ without sensory or motor difficulties which could affect traveling to the site and completing study requirements (eyeglasses and hearing aids are permissible)
- ◆ without another psychiatric or neurologic diagnosis (e.g., major depressive disorder, schizophrenia)

If you know of someone who may be in-

terested in the study, please contact one of the centers below for more information about this clinical trial. The evaluations and medication in this study are provided to participants at no cost.

University of Washington & VA Puget Sound Health Care System
(206) 277-4682 or 1-800-329-8387 ext. 64682 (you can dial this extension number as soon as you are connected)

*This clinical trial is designed to provide information in regard to the subject matter covered. It is distributed as a public service by the National Down Syndrome Society with the understanding that the National Down Syndrome Society is not engaged in rendering medical or professional services. Individuals are strongly encouraged to speak with their physicians regarding any questions they might have regarding the clinical trial. The National Down Syndrome Society makes no representation or endorsement to any of the information provided.

NDSS Flyer Date: 2/25/02

Long-Term Care Ombudsmen Program

What is the Long-Term Care Ombudsman Program?

The Federal Older Americans Act mandates the Washington State Long-Term Care Ombudsman Program. It is intended to improve the quality of life for people who live in licensed long-term care facilities.

Residents in long-term care facilities are guaranteed certain rights by federal and state laws and regulations. The purpose of the program is to protect and promote these rights in long-term care facilities and helping residents to become self-advocates.

What does An Ombudsman Do?

An ombudsman is a volunteer who listens to concerns and questions. They also resolve problems or answer questions.

Your Ombudsman will:

- Advocate for the rights of residents in long-term care facilities,
- Provide an effective means for the resolution of concerns about the quality of life in long-term care facilities,
- Work with residents, families, operators and staff of facilities to meet the needs and concerns of those who live there,
- Monitor laws, regulations and policies which affect those who live in long-term care facilities,
- Provide public education to promote a better understanding about the use of long-term care facilities,
- Help residents, family, staff and operators of facilities establish a resident or family council.

Who Can Use the Ombudsman Program?

- Residents of Nursing Homes, Boarding Homes, Adult Family Homes and Veteran's Homes,
- Relatives and friends of residents in long term facilities,
- Administrators and employees of Nursing Homes, Residential Care Facilities, Adult Family Homes and Veteran's Homes,
- Any group or individual concerned about the welfare of residents of long-term care facilities,
- The community-at-large.

Why Do Residents and Their Families need An Ombudsman?

- Many frail and vulnerable residents cannot speak up for their needs and desires.
- Some residents are alone and have no close relatives or regular visitors.
- Long-distance caregivers appreciate knowing someone is looking out for their loved ones.

What are my rights?

A facility should care for its residents in a manner that promotes or enhances each resident's quality of life. A resident should have a safe, clean, comfortable, and homelike environment. Resident's rights in a long-term care facility are, in brief:

- To be informed of your rights, the rules and policies of the facility, and to be told of all services available and all costs. You should also be told about those charges covered or not included in the basic rate.
- To be informed of your health condition and participate in planning care and

treatment.

- To refuse any treatment and have your personal and medical records treated as confidential.
- To be transferred or discharged only after written notice is given and only for increased medical needs, safety or non-payment.
- To be encouraged to exercise your right as a resident and citizen
- To complain and make suggestions with out fear of retaliation.
- To manage your financial affairs, or if this is delegated, to receive a regular account of your money.
- To be free of mental and physical abuse and of chemical and physical restraints.
- To participate in social, religious and community activities, as much as possible.
- To have your own clothing and possessions and be allowed to use them as space permits.
- To have privacy for visits and telephone calls, and to send and receive personal mail unopened.

How do I contact a local Long Term Care Ombudsman?

You may call the State Long-Term Care Ombudsmen directly at - 1-800-562-6028.

Editors Note: Please contact your legislator and let them know whether or not you value this program.

WHEN SHOULD WE BEGIN PLANNING FOR TRANSITION?

Preparing for transition should begin very early in children's lives and continue until they are able to be on their own. The parent's role is to help their children to gradually achieve mastery of the skills necessary for functioning independently. Here is a suggested timeline for transition activities.

TRANSITION TIMELINE

Ages 0-2

BEGIN FINANCIAL PLANNING

Set aside money to assist your child when he or she makes the transition to adult living.

Have a will written and revise it as necessary.

ENCOURAGE LANGUAGE & COMMUNICATION

Assist your child in learning some means of communication - the more vocabulary that is understood and expressed the better.

Age 3-5

INVOLVE YOUR CHILD IN SOCIAL ACTIVITIES

Enroll your child in preschool, religious education, cooperative play groups, and/or day care so the child gets experience socializing with others.

Age 5-6

SEEK INCLUSION

Consider very carefully what type of schooling your child will receive. Make sure that he or she is included as much as possible in the typical school program. Regular kindergarten in your neighborhood school should be the first option to explore.

Age 6-11

EXPECT YOUR CHILD TO PARTICIPATE

Have your child do regular chores as part of the family's activities. Involve your child in neighborhood and community activities, including such things as scouts, swimming lessons, story hour at the library and so forth. Invite children to your home and make it a pleasant place for all types of children to visit.

TEACH YOUR CHILD LIFE SKILLS

Assist your child in learning money management and shopping skills. Make your child responsible for good grooming and selection of clothing to wear. Teach your child to make simple meals and wash clothes.

BEGIN SEX EDUCATION

As your child grows and matures, help him or her to understand human reproduction and sexual development as a normal part of growing up.

MAKE YOUR CHILD AWARE OF SAFETY ISSUES

Some children with disabilities are vulnerable to exploitation because they do not have the ability

to sense danger or predict consequences. It is important to teach your child how to protect himself or herself from harm. Begin early to teach your child how to avoid dangerous situations, what to do in emergencies, and who to call on for help.

TEACH YOUR CHILD ABOUT HIS/HER DISABILITY

As soon as your child is ready, provide information about his/her disability. Encourage your child to "take ownership" of the disability and begin to advocate for himself or herself. Include your child in the IEP process as early as possible.

Age 12-14

FUNCTIONAL SKILLS vs. ACADEMIC SKILLS

As your child enters middle school, give some thought to how much time in school should be spent on academic skills and how much on functional life skills. Some children will need to have emphasis in their schooling shift to functional skills that prepare them for the adult world.

ENCOURAGE YOUR CHILD TO WORK

Have your child do volunteer or paid work in the home, neighborhood or community. Assist your child in developing good work habits

Age 14-18

TEACH YOUR CHILD TO USE PUBLIC TRANSPORTATION

If your community has public transportation, teach your child to use it. Encourage your child to get to places in the community on his/her own.

CONSIDER THE TYPE OF HIGH SCHOOL PROGRAM YOUR CHILD WILL PURSUE

Consider carefully your child's options for high school education. Decide at the outset what type of diploma your child will earn and when he or she is likely to graduate (e.g., at 18 or later). Encourage community based job training and life skills if these are appropriate activities for your child. Involve your child in all decision-making.

BEGIN TRANSITION PLANNING AT SCHOOL

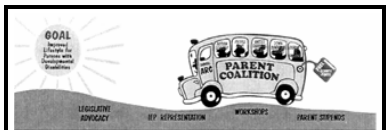
Be sure that your child has a Transition IEP that addresses academics, Vocational and living skills - whatever your child needs to make a successful transition. Begin to involve adult service agencies if your child will need these kinds of supports, either short or long term.

ENCOURAGE STEPS TOWARD INDEPENDENCE

As appropriate, encourage gradual moves toward greater personal independence and self-care. Encourage your child to find a job in the community or to pursue postsecondary education or training. Support your child in establishing an appropriate living arrangement and becoming involved in leisure activities in the community. Take on the role of coach on the sidelines and let your child become the decision-

FACES PROGRAM RECEIVES GRANT

Valerie Kim, President of *FACES*, Families of Autistic Children Education and Support, announced today that they have received funding from Ronald McDonald Children's Home, Western Division. The grant for \$3,250 will support the *FACES* Summer Program. For more information about the *FACES* Summer Program, contact Valerie @ 360-650-0435.



The Parent Coalition of Whatcom County newsletter is published monthly by The Arc of Whatcom County
1111 Cornwall Ave. #205
Bellingham, WA 98225
360-715-0170 or
1-866-284-8444 (toll free)
email parentcoaltn@nas.com
or arc2@nas.com.

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The Arc of Whatcom County Board of Directors
Steve Johnson, President
Lisa Rolston, Vice President
Marguerite Ryan, Secretary
Marilyn Miller, Treasurer
Jan Carlson, Michele Hill, Kristina Hoffman, Connie Knau, and Susan Larson.
There are currently three vacancies.

Executive Director
Susan Jewell
Office Manager
Dana Little
OFFICE HOURS:
9 am - Noon, Monday-Friday



**THE ARC
OF WHATCOM
COUNTY**

1111 Cornwall Avenue #205
Bellingham, WA 98225



A United Way partner agency

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**CHOICE &
SELF-DETERMINATION**

People with developmental disabilities and their families want services and supports delivered by a system that allows us choice and control over our own lives.



CLEAN UP YOUR LANGUAGE

The words you use create powerful and lasting images about people with disabilities. You can create powerful but stigmatizing pictures that reinforce negative views of individuals, or you can create humanizing powerful pictures that reinforce straightforward, positive views of people.

If a person's first name will be enough to carry the conversation - use it!

Individuals with disabilities can be successful....if so, they are merely successful people, not supermen or women.

REMEMBER: People may have labels, but the labels must not have the people.

Adapted from materials developed by The Arc and People First

DO SAY

...person or people with... disabilities

mental retardation
hearing impairment
mental illness
seizure disorder
learning disabilities
cerebral palsy
physical disabilities
visual impairments
multiple sclerosis

...person who
uses a wheelchair
walks with crutches/braces

DO:

...emphasize individuals by saying "people with..."
...emphasize ability rather than disability

DON'T SAY

the disabled....
...is handicapped

is retarded, retardate
is deaf, the deaf
the mentally ill
epileptic
slow learner, LD
cerebral palsied, CP
crippled
is blind, the blind
afflicted with, victim of
suffers from
case or patient

is wheelchair bound

