

Choices for People with Disabilities



Updated 2018



Bellevue Parks &
Community Services

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Contents

Cover Letter	1
Introduction	3
History	3
Inclusion Plan.....	5
Benefits of Inclusion.....	6
Inclusion Process	8
Adaptive Recreation Programs.....	10
Goals	11
Continuum of Service	14
Disability Awareness 1.....	19
Disability Awareness 2.....	20
Questionnaire.....	20
Disability Awareness 4.....	22
Americans with Disabilities Act	23
Resource Guide	33
Definitions of Disabilities	40

Cover Letter

Working to help support your “CHOICES” in Parks programs!

Mission

It is the purpose of Bellevue Parks & Community Services to provide people with disabilities, opportunities and choices for recreation, socialization, and learning so they can participate successfully in the life of our community.

Vision

People with disabilities successfully participate in program(s) of their choosing throughout the Bellevue area.

Purpose of this plan

The Choices for People with Disabilities Plan provides an outline of recreational choices available for residents with disabilities. The Plan describes the process that Parks & Community Services uses to support the inclusion process and adaptive recreation, thereby encouraging those living with disabilities to participate in the programs of their choosing.

Service delivery of programs for individuals with disabilities has been guided by Federal and State laws and service requirements such as the Americans with Disabilities Act of 1990 (ADA). The Choices Plan was drafted after reviewing the needs of Bellevue citizens and researching inclusion plans from across the United States.

Development of the Choices Plan included a review of the City of Bellevue’s legal responsibilities regarding access and accommodations, discussions with program participants regarding acceptable modifications, as well as the review of inclusion models across the nation. The Plan was developed by a team of department staff and has been reviewed by managers and the Parks & Community Services Board.





Introduction

Bellevue Parks & Community Services provides a variety of programs, activities, and services. We are committed to working with people with disabilities, their families, and caregivers to help ensure they have access to services. We provide information about program opportunities and when needed, modifications that make it possible for participants to access and participate in programs of their choice.

Recreation and socialization activities and programs provided by Bellevue Parks & Community Services promote healthy social, physical, educational, and cultural development. Inclusion allows those with differing abilities the opportunity to participate in City of Bellevue recreational programs. Inclusion increases the number of recreational choices, allows for individual growth and development, expanded social circles. Adaptive recreation programs provide choice, support skill development, and successful recreation participation for participants with disabilities.



History

The City of Bellevue began providing specialized recreation activities for individuals with disabilities in the early 1970s with evening programs for adults with intellectual disabilities. In the 1980s, the City expanded services at Highland Community Center and established the Center as a “specialized recreation” facility providing services to residents with disabilities.

During the 1990s, the City broadened the program choices at Highland Center, expanded adaptive recreation programs and activities to other City facilities, and began to integrate adaptive recreation participants into City recreation programs. During this time, participation in Highland Community Center programs increased significantly to include participants living outside of Bellevue. City staff worked to develop interlocal agreements with several neighboring cities. These agreements bring in additional revenue while serving participants who take part in adaptive recreation.

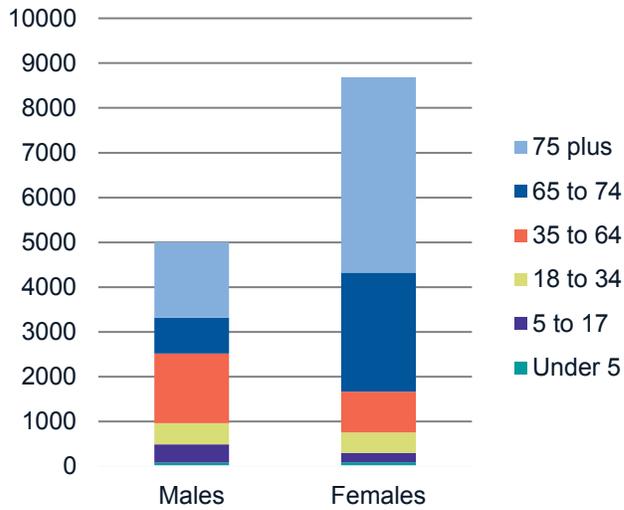


Each year, more and more individuals living with disabilities choose to participate in any program the City of Bellevue offers. The City is committed to providing modifications for residents to support successful inclusion. This Inclusion Plan will help city staff when providing access and support to individuals with disabilities.

2016 American Survey (ACS)

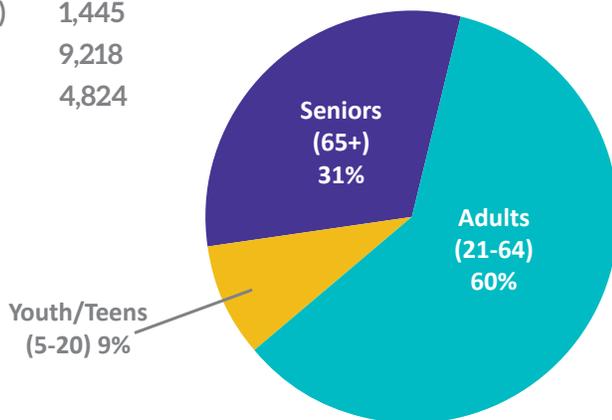
Bellevue Residents with disabilities

Number of residents w/disabilities



15% of residents over 5 have disabilities: 15,487 people

Youth/teens (5-20)	1,445
Adults (21-64)	9,218
Seniors (65+)	4,824



Inclusion Plan

Purpose:

The Inclusion Plan provides an internal process and strategies that support the successful participation and integration of individuals with disabilities into facilities, programs, activities, and services provided through Parks & Community Services.

The Plan provides a strategy and process that encourages each program or service within the Department to support choices, opportunities and participation of residents with disabilities. It requires and involves the support of all the divisions within the Department, each of which has an important role in supporting the inclusion of people with disabilities into the community.

Inclusive experiences encourage and enhance opportunities for people of varying abilities to participate and interact in life's activities together. They also provide an environment that promotes and fosters physical, social and psychological inclusion of people with diverse experiences and skill levels. Additionally, inclusion is effective in developing community support and encouraging attitudinal changes to reflect dignity, self-respect, and involvement within the community.



Benefits of Inclusion

Inclusion philosophy

- Provides the greatest choice of recreation activities and experiences.
- Supports full and active participation of individuals with disabilities in general recreation programs.
- Looks at the recreational needs and interests of individuals instead of the diagnostic labels (i.e., intellectual disability, learning disability, physical disability, etc.).
- Provides individuals with modifications that will enhance the recreation experience.
- Integrates individuals into recreation activities of their choosing to enable the greatest amount of enjoyment and participation.
- Provides positive recreational experiences which contribute to the growth and development of every individual.
- Develops community support and encourages attitudinal changes to reflect the right of all people to dignity, self-respect, and community involvement.

Benefits for individuals with disabilities in inclusive settings

- Individuals develop friends in communities in which they live, fostering a sense of belonging for the individual and family.
- Individual is viewed as a person first.
- Focus shifts from what an individual cannot do to what they can do.
- Individual differences are respected and the individual with the disability is valued.
- Inclusion provides the individual and the family with choices within the community.

“As long as differences and diversities of mankind exist, democracy must allow for compromise, for accommodation, and for the recognition of differences.”

~ Eugene McCarthy

Benefits to individuals without disabilities in inclusive settings

- Individuals learn to respect differences.
- Individuals learn to value diversity.
- Individuals are better prepared to reach a comfort level with people who are different from themselves.
- Individuals learn to handle difference in stride.
- Individuals learn that everyone has strengths.
- Parents report positive values are learned by their children.
- Individuals are more likely to be given accurate information about disabilities as their questions are answered in a natural environment.



Inclusion Process

The City of Bellevue welcomes the opportunity to provide modifications for people with disabilities so that full participation in leisure and recreation programs, classes, services, and facilities may be enjoyed by all. The City provides reasonable modifications on a case-by-case, individualized basis including, but not limited to, training of staff, added supervision, use of adaptive equipment, consultation with other professionals, and taking other steps to ensure a safe and enjoyable leisure experience. No extra charge or program fee will be charged for needed companions.

Successful participation and modifications succeeds with the commitment of staff, participants, as well as parents/guardians. Participants are asked to notify staff regarding reasonable modifications necessary for participation, if possible, at least two full weeks prior to the start of the program. However, in some cases we may need more time to make a reasonable modification. The City strives to provide a safe and enjoyable environment and will do this cooperatively with all participants.

Individuals who have requested a modification will receive the City's best efforts at providing adaptations and reasonable support in programs, activities, and services. The City will continue to adapt ideas until all possibilities are exhausted. The City reserves the right to take any and all steps necessary, at any time, to ensure the safety and fundamental nature of its programs, classes, or activities.

Request for program modification

Initial request possibilities

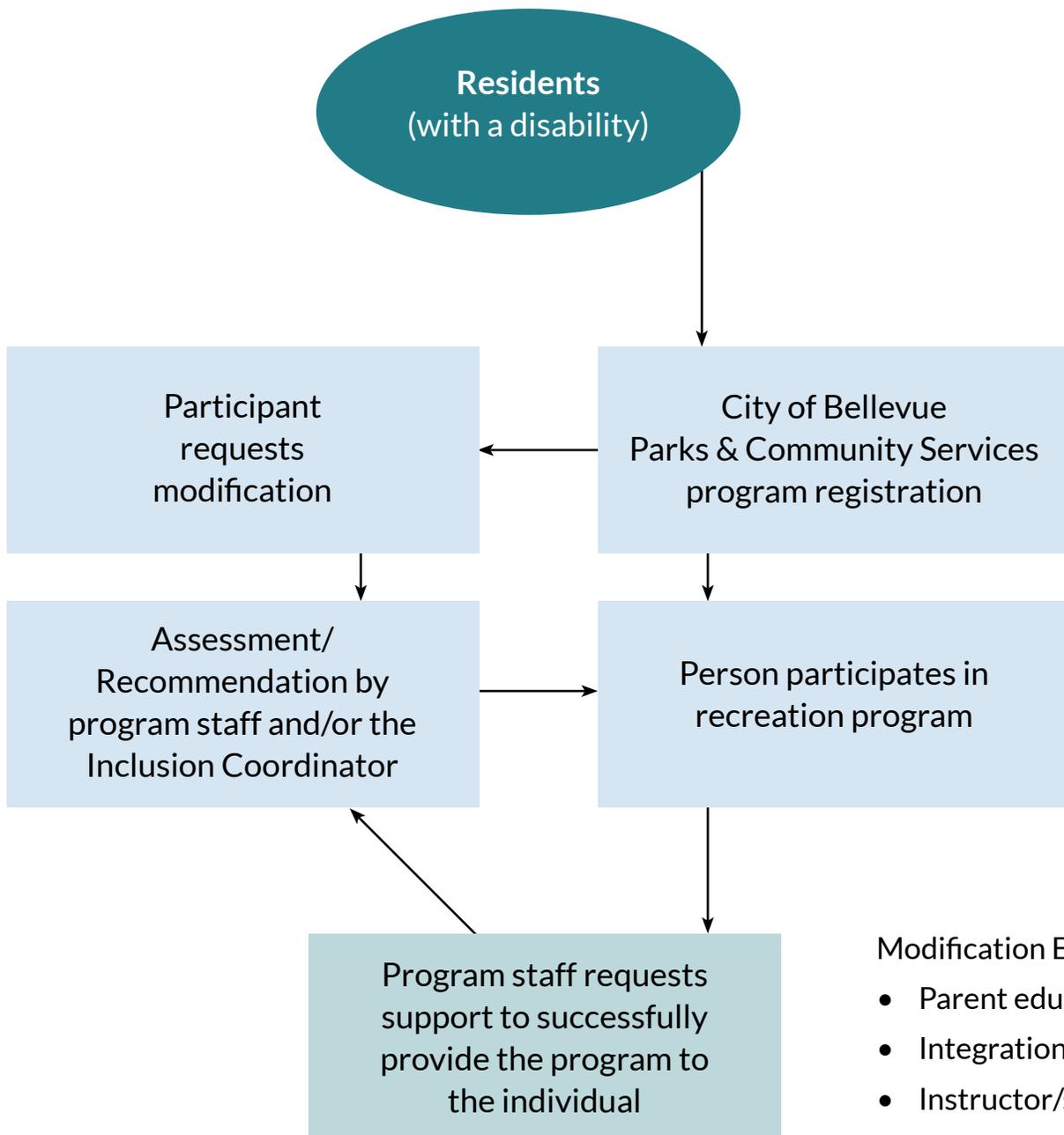
A person registers on their own, indicating through an accessibility request form, that they need a modification. This form is reviewed by the program coordinator who will work with program staff, inclusion coordinator, or ADA Title VI administrator.

“Viewing disability as a form of diversity rather than a deficiency enabled positive outcomes.”

~ KIT



Inclusion process for City of Bellevue registered programs



Modification Examples:

- Parent education
- Integration partner
- Instructor/staff training
- Program modifications
- Communication
- Equipment adaptations
- Mobility assistance
- Medication assistance
- Supervision
- Modeling

Adaptive Recreation Programs

Adaptive recreation programs provide opportunity for individuals with disabilities to recreate with those with similar abilities. This experience offers positive social, recreational, and skill development opportunities.

Therefore, while encouraging inclusion, the City of Bellevue will also continue to provide adaptive recreation programs.

Benefits of adaptive programs

- Builds skills needed to transition to general recreation programs.
- Allows for participation in programs and activities with instructors and staff who may be more knowledgeable about disabilities.
- Allows an individual to participate in an activity with others of similar ability.
- Provides an introductory choice for learning new recreation activities.
- Provides a safe environment for developing communication and social skills.
- Provides an option/choice requested by participants and/or their parents/guardians.
- Encourages activity to those isolated in the community.



Goals

The following goals are intended to support the development and implementation of a Choices Plan that supports successful participation in City services and programs for individuals with disabilities.

Goal 1

Ensure people with disabilities have access to facilities, city parks, and programs

- Develop and maintain accessible, barrier-free facilities, parks, and programs.
- Facilitate the growth of a continuum of recreation opportunities, programs, and services for residents with disabilities.
- Make information available indicating accessible parks, programs, and services.

Goal 2

Expand recreation “choice” opportunities

- Ensure reasonable modifications are provided that support inclusion at facilities and in programs.
- Develop inclusion opportunities at other recreation sites.
- Provide information and referral to other providers.
- Develop skill-based programs.
- Expand locations of adaptive recreation classes and programs.



Goal 3

Improve Parks & Community Services staff knowledge and awareness toward serving residents with disabilities

- Improve staff qualifications and training opportunities regarding inclusion, adaptive recreation, and knowledge of persons with disabilities.
- Work with the ADA administrator to develop and implement training opportunities for all paid staff, volunteer staff, and contractors who focus on the following areas:
 - Disability awareness
 - Barriers to accessibility
 - Assessing participant needs/providing reasonable modifications
 - Benefits of inclusion
 - Purpose of adaptive recreation programs
 - Provide training as requested for outside organizations including YMCA and Boys & Girls Clubs of Bellevue.



Goal 4

Develop and implement strategies that expand awareness and knowledge of program and service opportunities for residents with disabilities

- Develop an outreach plan that focuses on connecting to our diverse community and invites citizens with disabilities to participate in all Bellevue Parks & Community Services Department services, facilities, and programs.
- Establish and support current and future partnerships and collaborations with area agencies and organizations to ensure a continuum of programming for persons with disabilities.
- Maintain the City of Bellevue's adaptive recreation web page providing resources concerning disabilities.

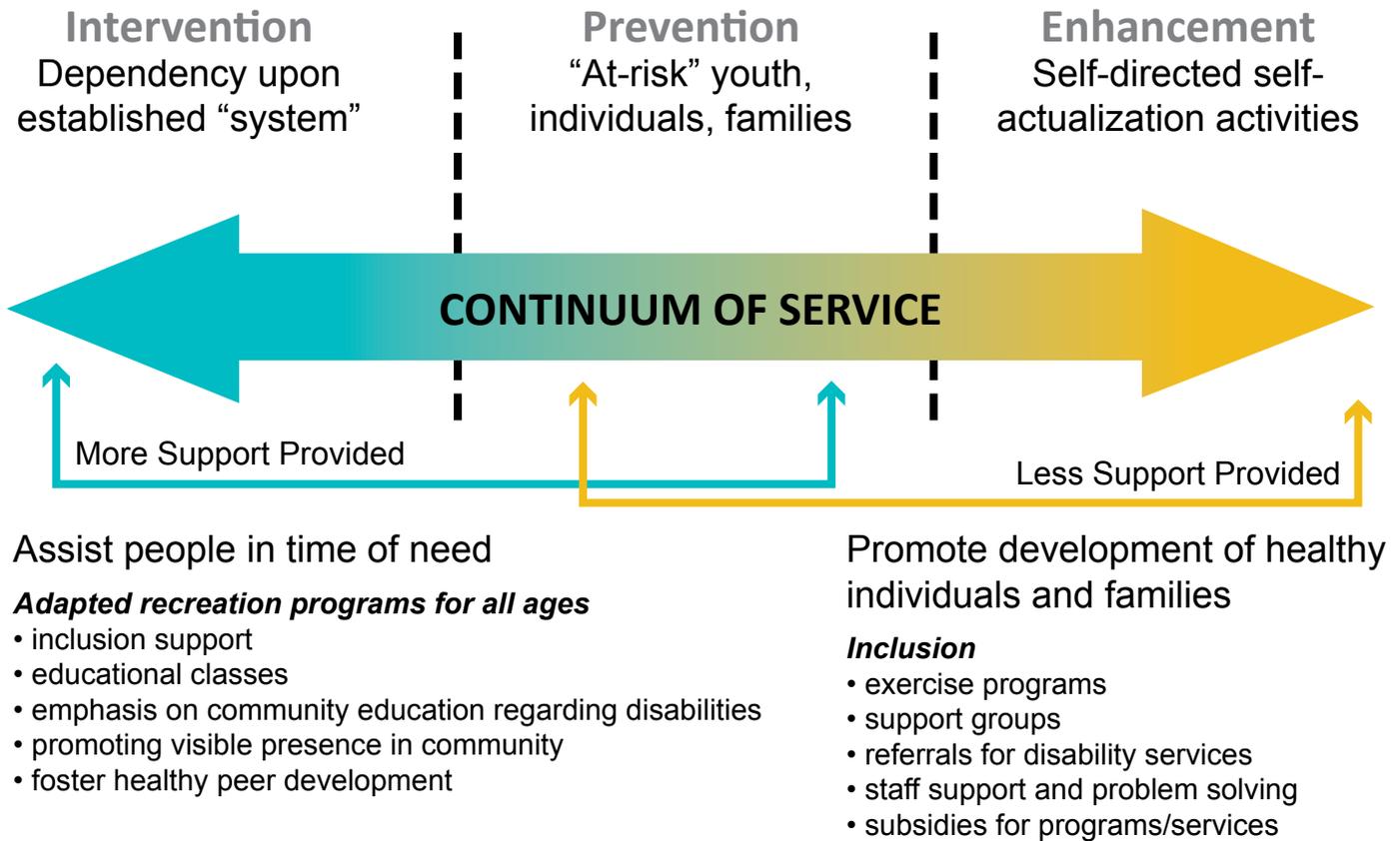


Goal 5

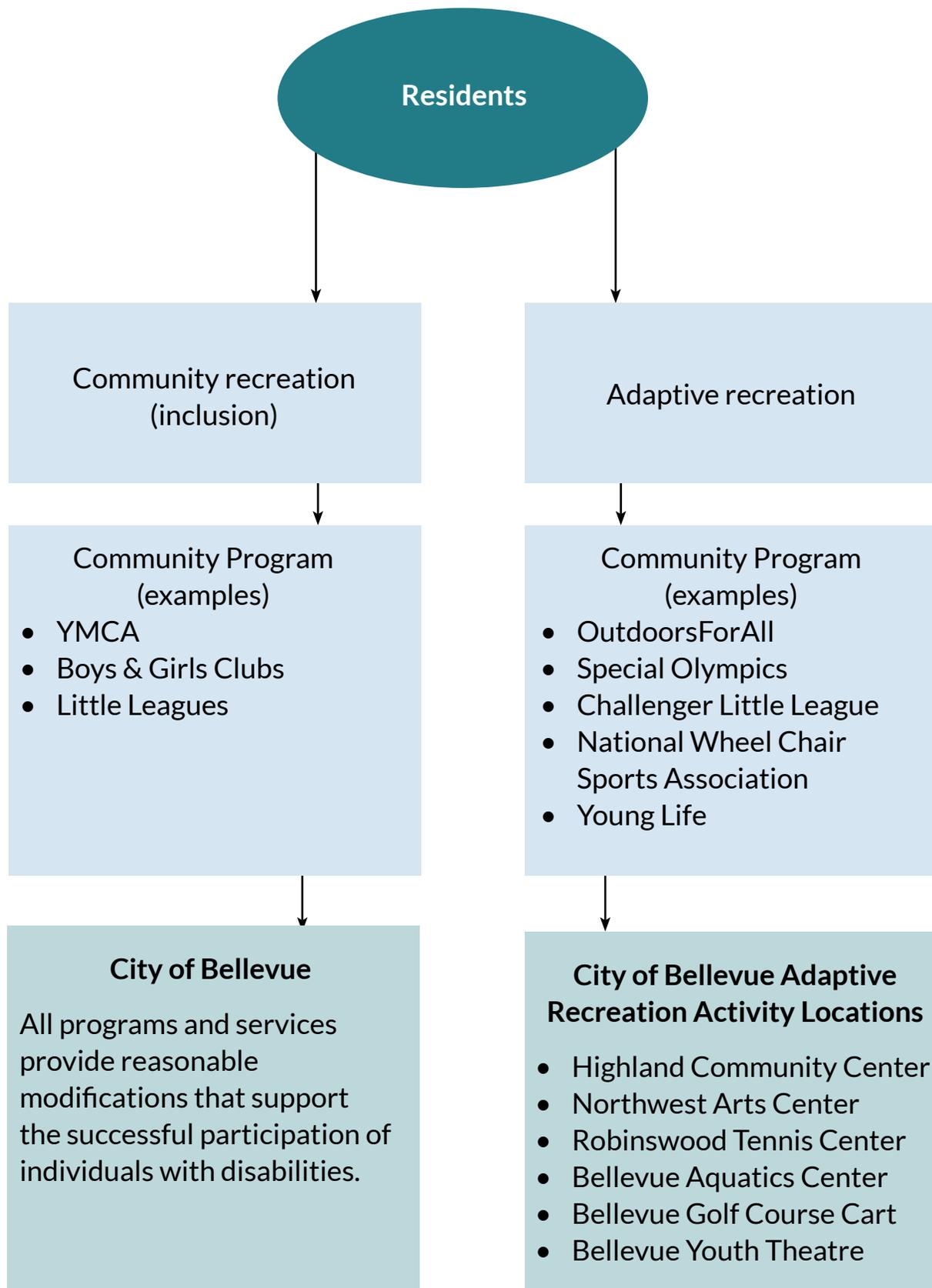
Expand programming to better serve individuals with a variety of disabilities

- Provide recreation programs for targeted disability groups who are currently not being served.
- Build community connections using social media, resource fairs, focus groups, and community events.

Bellevue Parks & Community Services Overall Vision



Recreation choices for Bellevue residents with disabilities







Disability Awareness



Disability Awareness 1

The following story was written and has been used to share the realities and benefits that may result from being born “different” from others.

Welcome to Holland

“When you’re going to have a baby, it’s like you’re planning a vacation to Italy. You’re all excited. You get a whole bunch of guidebooks, you learn a few phrases in Italian so you can get around, and then it comes time to pack your bags and head for the airport—for Italy.

Only when you land, the flight attendant says ‘Welcome to Holland’.

You look at one another in disbelief and shock, saying ‘Holland? What are you talking about? I signed up for Italy!’

But they explain there’s been a change in plans, and you’ve landed in Holland, and there you must stay. ‘But I don’t know anything about Holland! I don’t want to stay!’ you say.

But you do stay. You go out and buy some new guidebooks, you learn some new phrases and you meet people that you never knew existed. The important thing is that you are not in a filthy, plague-infested slum full of pestilence and famine. You are simply in a different place than you had planned. It’s slower paced than Italy, less flashy than Italy, but after you’ve been there a little while and you have had a chance to catch your breath, you begin to discover that Holland has windmills, Holland has tulips, Holland has Rembrandt.

But everyone you know is busy coming and going from Italy. They’re all bragging about what a great time they had there and for the rest of your life, you will say, ‘Yes, that’s what I had planned.’

The pain of that will never, ever go away.

You have to accept that pain, because the loss of that dream, the loss of that plan, is a very significant loss. But if you spend your life mourning the fact that you didn’t get to Italy, you will never be free to enjoy the very special, the very lovely things about Holland.”

~ By Carol Turkington

Disability Awareness 2

Questionnaire

- T F 1. When a child sees an adult with a disability and asks a personal question (Why are you in a wheelchair? Why can't you move your legs?) Should the child be pulled away?
- T F 2. Never ask a blind person to go to a movie, a deaf person to go to a concert, or a person in a wheelchair to go swimming or boating.
- T F 3. If it appears that a person with a disability needs some assistance, simply say, "May I be of assistance?"
- T F 4. When verbal communication with a person who is deaf or hard of hearing proves unsuccessful, write your message down.
- T F 5. When a person is having a seizure, one should not try to restrain the persons arms and legs.
- T F 6. One should avoid using words like "look" and "see" around a person who is blind and never say, "Lets take a walk" to a person in a wheelchair.
- T F 7. People with disabilities will readily use accessible facilities provided for them.
- T F 8. When talking in a group and a person who is blind using a cane approaches, everyone in the group should be very quiet.
- T F 9. A service animal should never be talked to, petted or fed by anyone unless given permission by its owner.
- T F 10. When a Deaf person approaches with an interpreter, only speak to the interpreter.
- T F 11. Humorous situations that arise as a result of a disability should be ignored.
- T F 12. When conducting a job interview, discuss a person's disability openly and freely. If you have questions ask them immediately.
- T F 13. People living with Intellectual disabilities think like children.
- T F 14. Any job is better than no job, therefore, hire a person with a disability in any available position.

answers on next page



Questionnaire answers

1. False, this is a great opportunity to break down barriers and explain why some people use wheelchairs. Sometimes the person with a disability is comfortable speaking with the child.
2. False, people with disabilities enjoy the same recreational activities as anyone else. You can rely on the person to inform you of any modifications that need to happen in order to participate in any such activity.
3. True, offer assistance and if told “no thank you” then do not insist. Sometimes it appears a person needs help when they do not.
4. True, depending on the person a written note can be effective. For others an interpreter is the most effective means of communication.
5. True, never restrain or put anything in a person’s mouth. Lay the person on their side and loosen any clothing. Make sure the area is free of obstructions.
6. False, you don’t need to change your language in a situation such as this. Everyday common phrases are appropriate.
7. True, accessible facilities are a benefit for those living with disabilities
8. False, if someone is blind auditory signals are very important to navigate a crowd.
9. True, a service animal is not a pet. They are a working animal that should not be disturbed unless given permission by the owner.
10. False, when speaking to a Deaf person you should ignore the interpreter and speak directly to the Deaf person.
11. False, a naturally occurring situation should be treated the same way you would if the person did not have a disability.
12. False, a person applying for a job does not have to disclose their disability or talk about it during an interview.
13. False, although some individuals may lack understanding or appear to be immature in no way do they have a mind like a child.
14. False, people with disabilities as with any one else should be hired for their skills, abilities and qualifications.

Disability Awareness 4

Meeting a person with a disability

- **DO** accept the fact that a disability exists. Not acknowledging a disability is like ignoring someone's hair color or height. But to ask personal questions regarding the disability might be inappropriate until a closer relationship develops in which personal questions are more naturally asked.
- **DON'T** be sensitive about using words like "walking", "seeing", "running". Persons with disabilities use the same words.
- **DO** talk to the person with a disability, not to someone accompanying them.
- **DO** treat a person with a disability as a healthy person. Because an individual has a functional limitation does not mean the individual is sick. Some disabilities have no accompanying health problems.
- **DON'T** assume that a lack of response indicates rudeness. In some cases, a person with a disability may seem to react to situations in an unconventional manner or may appear to ignore you. Consider that the individual may be Deaf or Hard of Hearing.
- **DO** offer to help, but wait until your offer is accepted before doing anything (e.g., reading the menu, explaining directions).
- **DO** remember that people with disabilities have the same activities of daily living that you do. They are involved in work, recreation, personal relationships, and social activities.
- **DO** keep your concepts clear and concise when talking to people with a cognitive disability. Use fewer complete sentences. Don't talk down to a person with a disability. The quality of your conversation won't change by making your points clear and easy to understand.
- **DON'T** automatically touch a person's wheelchair. It is part of their personal space.
- **DO** consider sitting down to speak at eye level when a conversation with a wheelchair user continues more than a few minutes.

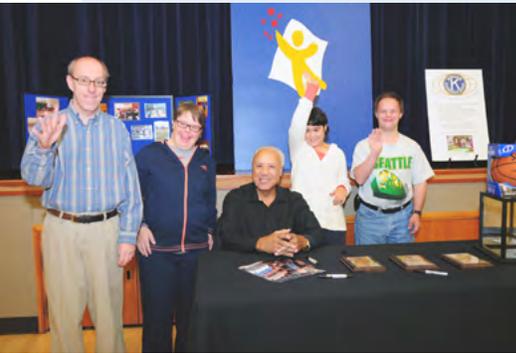


Americans with Disabilities Act

The Americans with Disabilities Act (ADA) was passed to address and eliminate the major forms of discrimination faced daily by people with disabilities, and represents the most important civil rights legislation passed since the 1964 Civil Rights Act.

How is disability defined by law? In order to receive the protections of the ADA, a person must satisfy at least one of three conditions:

- Have a physical or mental impairment that substantially limits one or more major life activities, such as hearing, seeing, walking, breathing or speaking;
- Have a record of a substantially limiting impairment to a major life activity, such as a person who has recovered from cancer or an individual previously categorized as having a learning disability; or
- Be misperceived as having a substantially limiting impairment, which in reality is not substantial, such as controlled high blood pressure; or does not cause any substantial limitations, such as a facial scar or physical disfigurement.



Architectural and communication barriers

Inaccessibility affects the entire community, not only people with disabilities, but also other populations, such as pregnant women and elderly people. Title II and III of the ADA specifies that discrimination includes a failure to remove architectural or communication barriers in existing facilities if such removal is readily achievable (i.e., accomplishable without much difficulty or expense).

Examples include adjustments such as adding grab bars in restrooms, lowering public telephones or adding Braille markings on elevator control buttons.

Discrimination and other barriers

An attitudinal barrier is defined as a way of thinking or feeling that results in behavior that limits the potential of people with disabilities to function independently. The vast majority of the American public is neither positive nor negative toward people with disabilities. Most people just prefer not to think about disability at all. In order to overcome these attitudinal barriers, it is important that people educate themselves about the facts of disability and participate in community programs that include all people.

Suggestions to improve access and positive interactions

- Offer assistance if asked, but do not insist.
- Focus on the abilities of every person, rather than on their disabilities.
- Be aware of limitations specific to a disability, but do not be overprotective.
- Make sure that parking areas, restrooms, and buildings in which you provide services or conduct meetings are architecturally and environmentally accessible to all people.
- Remember that accessibility to the full range of services you provide is legally required.
- Conduct outreach efforts to publicize your programs to people with disabilities.
- Ask a person with a disability to facilitate disability awareness training sessions with your staff to promote positive attitudes.
- Involve people with disabilities on advisory boards, planning committees, in positions of authority, and in the planning and presentation of programs.
- Assume responsibility for understanding the issues that affect people with disabilities.



- **1948 Accessible Housing Bill**
- **1968 Architectural Barriers Act** – equal access in public buildings
- **1973 Rehabilitation Act** – prohibits employment discrimination against individuals with disabilities in the Federal sectors
- **1990 Americans with Disabilities Act** – protects the basic civil rights of Americans with disabilities
- **2004 Individuals to Disabilities Education Act (IDEA)** – ensuring public education for kids age 3-21 with disabilities

A brief history of the disability movement

According to the U.S. Census, there are more than 54 million people with disabilities in the United States. Historically, the condition of having a disability has been viewed as tragic. Through ignorance and fear, people with disabilities were typically labeled beggars or indigents. The word “handicap” itself is said to derive from “cap in hand,” an activity familiarly associated with panhandling.

By the 19th century, it was common for people with disabilities to be institutionalized, and they were looked upon as patients or clients who needed curing. This practice had the effect of excluding people with disabilities from the larger society and implied that something was inherently and permanently wrong with them. It provided no room for integration, and perpetuated myths of inequality.

In the first half of the twentieth century, as thousands of WWI soldiers returned home, the first vocational rehabilitation acts were passed in the 1920s to provide services to WWI veterans with newly acquired disabilities. But perhaps the biggest changes within the disability rights movement came with the civil rights movements of the 1960s. As African Americans, women, and other social minorities gained political consciousness, so did people with disabilities.

In the early 1970’s, people with disabilities lobbied Congress to incorporate civil rights language for people with disabilities into the 1972 Rehabilitation Act. The Act was vetoed by President Nixon. After a group of people with disabilities marched on Washington, a revised 1973 Rehabilitation Act was passed. For the first time in history, the civil rights of people with disabilities were protected by law.

Parallel to the disability rights movement was a movement in the 1970s to provide access to educational services for children and youth with disabilities. The Education for All Handicapped Children Act

(P.L.-94-142) was passed in 1975 to ensure equal access to public education for students with disabilities. The Act, renamed the Individuals with Disabilities Education Act (IDEA) in 1990, called for a free and appropriate public education for every child with a disability, to be delivered in the least restrictive environment. IDEA promotes the concept of inclusion, requiring that students with disabilities be educated in general education settings alongside students without disabilities to the maximum extent appropriate.

Despite changes in rehabilitation and education law, people with disabilities did not achieve broad civil rights until the enactment of the Americans with Disabilities Act (ADA) in 1990. This landmark Federal anti-discrimination law ensures equal access to employment opportunities and public accommodations for people with disabilities. With this act, Congress identified the full participation, inclusion and integration of people with disabilities into society as a national goal.

State and local governments:

Program access:

- Must ensure that individuals with disabilities are not excluded from services, programs, and activities because buildings are inaccessible.
- Need not remove physical barriers, such as stairs, in all existing buildings, as long as they make their programs accessible to individuals who are unable to use an inaccessible existing facility.
- Can provide services, programs, and activities offered in the facility to individuals with disabilities through alternative methods, if physical barriers are not removed.
- May not carry an individual with a disability as a method of providing access, except in “manifestly exceptional” circumstances.
- Are not required to take any action that would result in a fundamental alteration in the nature of the service, program or activity, or in undue administrative and financial burdens.
- However, public entities must take any other action, if available, that would not result in a fundamental alteration or undue burdens, but would ensure that individuals with disabilities receive the benefits or services.

Integrated programs:

- Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the Americans with Disabilities Act.
- Public entities may not provide services or benefits to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective.

- Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program.
- State/local governments may not require an individual with a disability to accept a special modification or benefit if the individual chooses not to accept it.

Service animals:

- Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are Deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.
- This definition does not affect or limit the broader definition of "assistance animal" under the Fair Housing Act or the broader definition of "service animal" under the Air Carrier Access Act.
- Some State and local laws also define service animal more broadly than the ADA does. Information about such laws can be obtained from the State Attorney General's Office.
- Under the ADA, State and local governments, businesses, and nonprofit organizations who serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go. For example, in a hospital, it would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms. However, it may be appropriate to exclude a service animal from operating rooms or burn units where the animal's presence may compromise a sterile environment.
- Under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

- When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.
- Allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to dog dander and a person who uses a service animal must spend time in the same room or facility, for example, in a school classroom or at a homeless shelter, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility.
- A person with a disability cannot be asked to remove their service animal from the premises unless: (1) the dog is out of control and the handler does not take effective action to control it, or (2) the dog is not housebroken. When there is a legitimate reason to ask that a service animal be removed, staff must offer the person with the disability the opportunity to obtain goods or services without the animal's presence.
- Establishments that sell or prepare food must allow service animals in public areas even if State or local health codes prohibit animals on the premises.
- People with disabilities who use service animals cannot be isolated from other patrons, treated less favorably than other patrons, or charged fees that are not charged to other patrons without animals. In addition, if a business requires a deposit or fee to be paid by patrons with pets, it must waive the charge for service animals.
- If a business such as a hotel normally charges guests for damage that they cause, a customer with a disability may also be charged for damage caused by themselves or his service animal.
- Staff are not required to provide care or food for a service animal.
- In addition to the provisions about service dogs, the Department's revised ADA regulations have a new, separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities. (Miniature horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) Entities covered by the ADA must modify their policies

to permit miniature horses where reasonable. The regulations set out four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility. The assessment factors are: (1) whether the miniature horse is housebroken; (2) whether the miniature horse is under the owner's control; (3) whether the facility can accommodate the miniature horse's type, size, and weight; and (4) whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

Barriers to participation

Professionals assisting in the effort to improve lives by removing barriers need to recognize and attempt to eliminate the impact these barriers have upon individuals with disabilities.

It is the responsibility of the individual and the organization to make sure that a person's failure to participate is based as much as possible on personal choice. A decision not to participate should not result from barriers that systematically deny participation to specific groups of people.

Types of barriers:

Intrinsic:

Permanent or temporary limitations that lie within the individual and may block fulfillment of needs desires and interests.

- lack of knowledge
- social ineffectiveness
- health problems
- physical and psychological dependency
- skill/challenge gaps

Environmental Barriers;

External forces that block actions a person takes toward involvement in recreation programs which are imposed on the individual by societal or ecological conditions.

- attitudinal barriers
- architectural barriers
- ecological barriers



- transportation barriers
- economic barriers
- rules and regulation barriers
- barriers of omission

Communication Barriers:

Breakdown in messages between the sender and the receiver.

- expressive block
- receptive block

Definition of disability

Washington state:

WAC 162-26-050 What is a Handicap. (2) Statute.RCW 49.60.215 A person's condition is a "sensory, mental, or physical handicap" if it is abnormal and is a reason why the person was not fairly served in a place of public accommodation. A person is handicapped by a sensory, mental, or physical condition if she or he is not fairly served because of the condition. The law protects all persons from unfair service because of handicap, whether the handicap is severe or slight.

(3) When handicap is present. The presence of a sensory, mental, or physical handicap includes, but is not limited to, circumstances where a sensory, mental, or physical condition:

- (a) Is medically cognizable or diagnosable
- (b) Exists as a record or history; or
- (c) Is perceived to exist, whether or not it exists in fact.

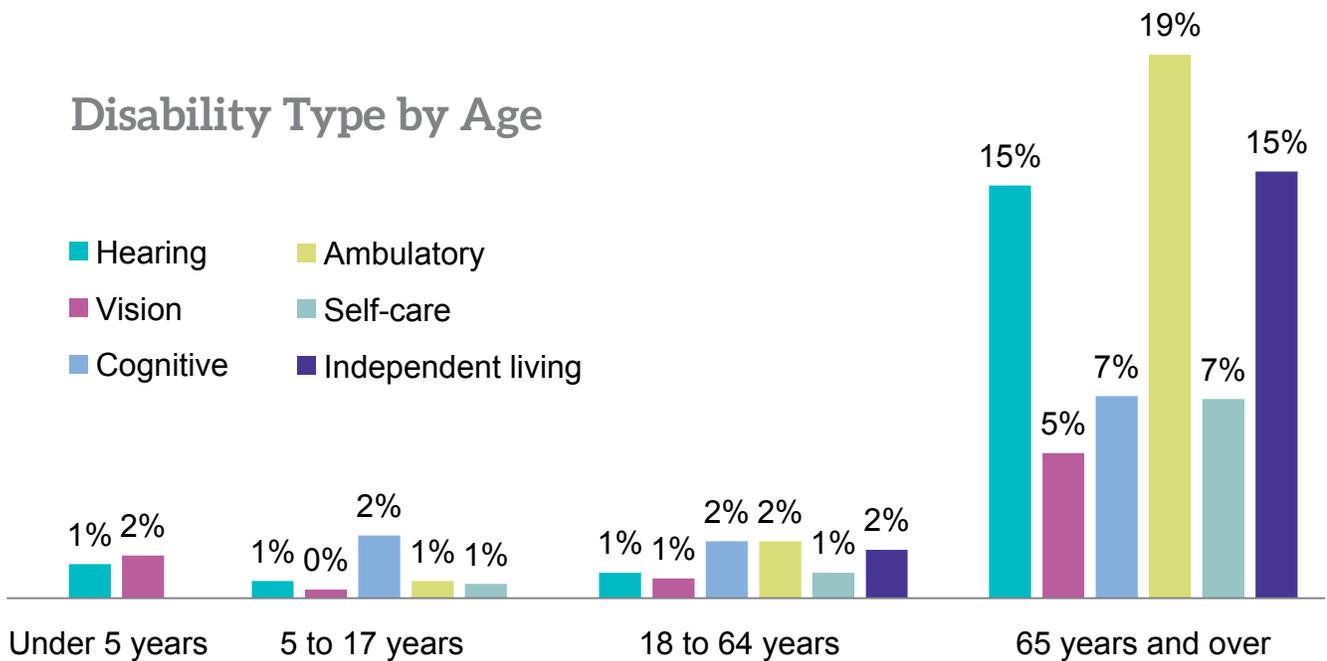
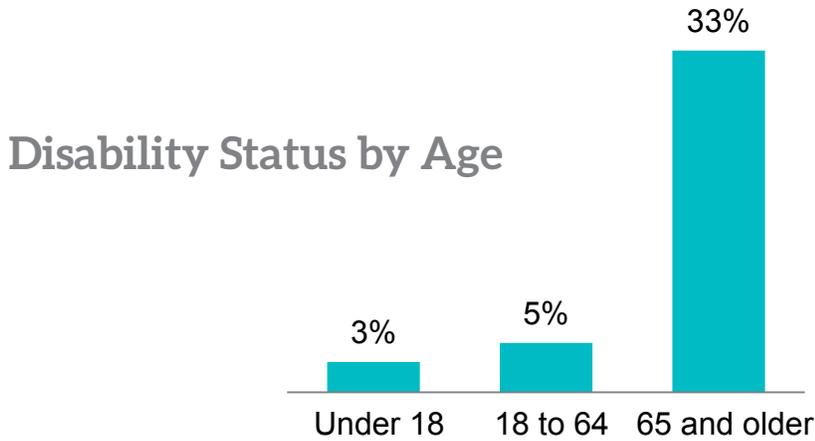
Americans with Disabilities Act:

36.104 Definitions.

Disability means, with respect to an individual, 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.

2016 American Survey (ACS)

Disability Demographics





Resource Guide

Agencies

Alliance of People with Disabilities

1120 East Terrace, Street #100, Seattle, WA 98122

206-545-7055

www.disabilitypride.org

ALS Association – Evergreen Chapter

19226 66th Avenue South #L-105 Kent, WA 98032

www.alsa-ec.org

Chapter of national organization offers support groups, and loans durable medical equipment and specialized communication devices, including laptop computers outfitted for communication needs.

ARC of King County

233 6th Avenue North, Seattle, WA 98109

206-364-6337

www.arcofkingcounty.org

Assists individuals who are living with disabilities and their families through advocacy, referrals, support, and crisis intervention.

Arthritis Foundation

www.arthritis.org

Autism Society of Washington

www.autismsocietyofwa.org

Birth to Three Developmental Center

35535 6th Avenue SW, Federal Way, WA 98023

253-874-5445

www.birthtothree.org

Provides early intervention services and physical, occupational, speech/language, and oral motor/feeding therapies.

Brain Injury Alliance of Washington

316 Broadway Suite #305, Seattle, WA 98122

Local: 206-467-4800, Toll Free: 877-982-4292

www.biawa.org

Provides information and resources regarding brain injuries, their families, and professionals who support them.

Bridge Disability Ministries

12356 Northup Way, Bellevue, WA 98033

425-828-1431

www.bridgemin.org

Provides many services to people with physical or developmental disabilities and their families.

Camp Fire USA – Central Puget Sound Council

2424 SW Andover Street #D-105, Seattle, WA 98106

206-461-8550

www.campfire-usa.org

Offers Saturday recreation for children with disabilities, ages 2-12, and their siblings. Camp experiences are also offered.

Children’s Hospital and Regional Medical Center

1135 116th Avenue NE, Suite 400, Bellevue, WA 98004

425-454-4644, TDD 206-987-8903

www.seattlechildrens.org

Children’s delivers superior patient care, advances new discoveries and treatments in pediatric research, and serves as the main pediatric teaching site for the University of Washington School of Medicine.

Crisis Clinic

9725 3rd Avenue NE #300, Seattle, WA 98115

24 hour crisis line: 966-4CRISIS (427-4747), Local: 206-461-3222, TTY: 206-461-3219

Caregiver Information and Assistance Program 206-461-3200, 800-621-INFO, TDD 206-461-3610

Helps caregivers of older adults and adults with disabilities locate health and long-term care resources and find ongoing support. Caregiver Specialist assists with complex or crisis situations. Offers free respite care and care planning sessions to help caregivers and their families in an emergency.

Disability Information and Assistance Program: 206-461-3200

The Community Information Line is available to help identify and clarify needs, as well as locate resources and find support related to their disability.

www.crisisclinic.org

Deaf-Blind Service Center

1620 18th Avenue, Suite 200, Seattle, WA 98122

TDD 206-323-9178, <http://seattledbsc.org/>

Provides information and referral to community resources, advocacy, case management, interpreter training, community education, and support services.

**City of Bellevue Highland
Community Center**
14225 Bel-Red Road
Bellevue, WA 98007
425-452-7686

Provides recreational
opportunities for those
with physical and
intellectual disabilities.

Office of Deaf and Hard of Hearing

PO 45301, Olympia, WA 98504 (mailing address)
4450 10th Avenue SE, Lacey, WA 98503 (physical address)
odhh@dshs.wa.gov
Voice/TTY: 800-422-7930 or 360-725-3450, Fax: 360-725-3456,
Videophone: 360-339-7382

Down Syndrome Community of Puget Sound

10415 180th Street SE, Snohomish, WA 98296
www.downsyndromecommunity.org

Maintains a network of individuals, families, and groups affected by Down Syndrome.

DSC Helpline: 206-257-7191, Fax: 206-257-7191

DSHS Developmental Disabilities Administration (DDA)

1700 E Cherry Street, Suite 200, Seattle, WA 98122
206-568-5700, 800-314-3296, TDD 206-720-3325
<https://www.dshs.wa.gov/dda>

Coordinates state-funded services for clients with developmental disabilities.

Easterseals Washington

200 W Mercer Street, Ste. 210E, Seattle, WA 98119-3954
206-281-5700, Fax: 206-284-0938
<http://www.easterseals.com/washington/>

Services are provided to children and adults with disabilities (developmental, mental, visual, hearing, speech, learning, physical), their families, and others working on their behalf. Provides information and referral, helps with application for handicapped parking, and operates summer camps for children and adults.

Elder and Adult Day Services

12831 NE 21st Place, Bellevue, WA 98005
425-867-1799
www.eadscares.org

Provides adult day health services for adults with disabilities both physical and developmental (also serves frail elders). Includes health services and daily social, therapeutic, and rehabilitative activities.

Epilepsy Foundation Northwest

2311 N 45th Street, #134, Seattle, WA 98103
206-547-4551, Toll Free: 844-721-EFNW (3369), Fax: 206-400-1651,
Email: mail@epilepsynw.org
www.epilepsynw.org

Offers information and referral services for the public on epilepsy and seizure disorders.

Kindering Center

16120 NE 8th St. Bellevue, WA 98008

425-747-4004

www.kindering.org

Early intervention services for children who have developmental disabilities and are 3 years old or younger.

Lighthouse for the Blind

2501 S Plum St, Seattle, WA 98144

206-322-4200, TDD 206-324-1388

www.seattlelighthouse.org

Employment training program serves persons who are seeking jobs in manufacturing at the Lighthouse, as well as off-site jobs in customer service and office support positions.

Muscular Dystrophy Association

21905 64th Avenue W, Mountlake Terrace, WA 98043

206-283-2183

www.mda.org

Provides medical support, including initial diagnosis, second opinions, and treatment. Muscular Dystrophy support groups are offered at the UW Medical Center campuses in Bellevue and Seattle.

Washington State Association of the Deaf

Email: info@wsad.org

www.wsad.org

Northwest Center

7272 West Marginal Way S, Seattle, WA 98108

206-285-9140

www.nwcenter.org

Provides evaluation, training, work center employment, and training in clerical, janitorial, food services, and word processing skills for adults 21 years and older with developmental disabilities.

Outdoors for All Foundation

6344 NE 74th St. #102, Seattle, WA 98115

206-838-6030

www.outdoorsforall.org

Recreational programs for people with disabilities.

Special Olympics Washington (SOWA)

1809 7th Avenue #1509, Seattle, WA 98101

206-362-4949, 800-752-7559

www.specialolympicswashington.org

Provides sports training and activities, and organizes seasonal sports for fall, winter, spring and summer.

Washington Council of the Blind (WCB)

Business office: PO Box 834, Twisp, WA 98856

Administrative office: 2505 S 363rd Street, Federal Way, WA 98003

800-255-1147

www.wcbinfo.org

Provides information and referral, publications in various media, meetings, and scholarships to visually impaired clients who are attending college or participating in job training programs.

Washington State's Department of Services for the Blind

3411 S Alaska Street, Seattle, WA 98118

206-906-5500, 800-552-7103, TDD: 206-721-4056

General info: info@dsb.wa.gov

www.dsb.wa.gov

Works with clients in gaining the necessary skills, equipment, and access to opportunities to reach the employment goal of their choice.



Publications

Cohen, J. (2003). *Disability Etiquette: Tips on Interacting with People with Disabilities*. Jackson Heights, NY: Eastern Paralyzed Veterans Association.
Email: info@unitedspinal.org and publications@unitedspinal.org

Crisis Clinic. (2004). *Where to Turn Plus: Health and Human Services in King County*. Seattle, WA: Community Information Line: 206-461-3200 or toll free at 800-621-4636, TDD – 206-461-3610

Geralis, E. (1991). *Children and Cerebral Palsy, A Parent's Guide*. Rockville, MD: Woodbine House

Institute for Community Inclusion, Children's Hospital. *Don't Forget the Fun: Developing Inclusive Recreation*. Boston, MA

Journal of Autism and Developmental Disorders. Available from Plenum Publishing Corporation, 233 Spring Street, New York, NY 10013

Kasser, Susan L. (1973) *Inclusive Games: Movement Fun for Everyone*. Oregon State University, Human Kinetics

The Washington Trails Association, (1995). *Accessible Trails in Washington's Backcountry: A Guide to 85 Outings*. Seattle, WA:
The Mountaineers

Support groups / parent groups

Parent to Parent

www.arcwa.org

Washington State Fathers Network

www.kindering.org/our-services/family-support/

Brain Injury

www.biawa.org

Kindering: Family Support

[www.kindering.org/services/family support](http://www.kindering.org/services/family-support)

Down Syndrome

www.downsyndromecommunity.org

Resource / websites

Administration for Children and Families

www.acf.hhs.gov

American Association of People with Disabilities

www.aapd.com

Americans with Disabilities Act (ADA Home Page)

www.ada.gov

CHADD (Children and Adults with Attention-Deficit/ Hyperactivity Disorder)

www.chadd.org

Department of Justice

www.justice.org

Benefits for People with Disabilities

<https://www.ssa.gov/disability>

Division of vocational Rehabilitation

www.dshs.wa.gov

The National Association for Child Development

www.nacd.org

Attention Deficit Disorder Association

www.add.org

National Center on Birth Defects and Developmental Disabilities

www.cdc.gov/ncbddd

National Institute of Neurological Disorders and Stroke

www.ninds.nih.gov

US Department of Labor: Office of Disability Employment Policy (ODEP)

www.disability.gov

Center for Parent Information and Resources

www.parentcenterhub.org

Definitions of Disabilities

Autism Spectrum Disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. In May 2013 publication of the DSM-5 diagnostic manual, all autism disorders were merged under one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS), and Asperger syndrome.

ASD can be associated with intellectual disability, difficulties in motor coordination and attention, and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art.

Cerebral Palsy is considered a neurological disorder caused by a non-progressive brain injury or malformation that occurs while the child's brain is under development. Cerebral Palsy primarily affects body movement and muscle coordination. Though Cerebral Palsy can be defined, having Cerebral Palsy does not define the person who has the condition.

Cerebral Palsy affects body movement, muscle control, muscle coordination, muscle tone, reflex, posture, and balance. It can also impact fine motor skills, gross motor skills, and oral motor functioning. An individual with Cerebral Palsy will likely show signs of physical impairment. However, the type of movement dysfunction, the location and number of limbs involved, as well as the extent of impairment, will vary from one individual to another. It can affect arms, legs, and even the face; it can affect one limb, several, or all.

Balance, posture, and coordination can also be affected by Cerebral Palsy. Tasks such as walking, sitting, or tying shoes may be difficult for some, while others might have difficulty grasping objects. Other complications, such as intellectual impairment, seizures, and vision or hearing impairment also commonly accompany Cerebral Palsy. Every case is unique to the individual. One person may have total paralysis and require constant care, while another with partial paralysis might have slight movement tremors but require little assistance. This is due in part by the type of injury and the timing of the injury to the developing brain.

Deaf/Hard of Hearing Functional hearing loss ranges from mild to profound. Often, people who have very little or no functional hearing refer to themselves as “Deaf.” Those with milder hearing loss may label themselves as “Hard of Hearing.” When these two groups are combined, they are often referred to as individuals with “hearing impairments,” with “hearing loss,” or who are “hearing impaired.” When referring to the Deaf culture, “Deaf” is capitalized.

Although the term “deaf” is often mistakenly used to refer to all individuals with hearing difficulties, the word Deaf usually refers to an individual with very little or no functional hearing and who often uses sign language to communicate. Hard of Hearing refers to an individual who has a mild-to-moderate hearing loss who may communicate through sign language, spoken language, or both. Hearing Impaired, used to describe an individual with any degree of hearing loss, is a term offensive to many deaf and hard-of-hearing individuals. They consider the terms “Deaf” and “Hard of Hearing” to be more positive. Although it is true that their hearing is not perfect, they prefer not to be labeled “impaired” as people.

A hearing loss can be caused by many physical conditions (e.g., childhood illnesses, pregnancy-related illnesses, injury, heredity, age, excessive or prolonged exposure to noise), and result in varying degrees of loss. Generally, hearing loss is categorized as mild, moderate, severe, or profound. An individual with a moderate hearing loss may be able to hear sound, but have difficulty distinguishing specific speech patterns in a conversation. Individuals with a profound hearing loss may not be able to hear sounds at all. The different circumstances under which individuals develop hearing loss can affect the way they experience sound, communicate with others, and view their hearing loss. For example, some individuals may use American Sign Language (ASL) and others may rely on lip reading and voice.

Down Syndrome is a chromosomal condition that is associated with intellectual disability, a characteristic facial appearance, and weak muscle tone in infancy. All affected individuals experience cognitive delays, but the intellectual disability is usually mild to moderate. People with Down Syndrome often experience a gradual decline in thinking ability (cognition) as they age, usually starting around age 50. Down Syndrome is also associated with an increased risk of developing Alzheimer’s disease, a brain disorder that results in a gradual loss of memory, judgment, and ability to function. Approximately half of adults with Down Syndrome develop Alzheimer’s disease. Although Alzheimer’s disease is usually a disorder that occurs in older adults, people with Down Syndrome usually develop this condition in their fifties or sixties.

Intellectual Disability (ID), once called mental retardation, is characterized by below-average intelligence or mental ability and a lack of skills necessary for day-to-day living. People with intellectual disabilities can and do learn new skills, but they learn them more slowly. There are varying degrees of intellectual disability, from mild to profound.

Someone with an intellectual disability has limitations in two areas. These areas are:

Intellectual functioning. Also known as IQ, this refers to a person's ability to learn, reason, make decisions, and solve problems.

Adaptive behaviors. These are skills necessary for day-to-day life, such as being able to communicate effectively, interact with others, and take care of oneself.

IQ (intelligence quotient) is measured by an IQ test. The average IQ is 100. A person is considered intellectually disabled if he or she has an IQ of less than 70 to 75.

To measure a child's adaptive behaviors, a specialist will observe the child's skills and compare them to other children of the same age. Things that may be observed include how well the child can feed or dress himself or herself; how well the child is able to communicate with and understand others; and how the child interacts with family, friends, and other children of the same age. Intellectual disability is thought to affect about 1% of the population. Of those affected, 85% have mild intellectual disability. This means they are just a little slower than average to learn new information or skills. With the right support, most will be able to live independently as adults.

Multiple Sclerosis (MS) involves an immune-mediated process in which an abnormal response of the body's immune system is directed against the central nervous system (CNS), which is made up of the brain, spinal cord, and optic nerves. The exact antigen – or target that the immune cells are sensitized to attack – remains unknown, which is why MS is considered by many experts to be “immune-mediated” rather than “autoimmune.”

- Within the CNS, the immune system attacks myelin – the fatty substance that surrounds and insulates the nerve fibers – as well as the nerve fibers themselves.
- The damaged myelin forms scar tissue (sclerosis), which gives the disease its name.

- When any part of the myelin sheath or nerve fiber is damaged or destroyed, nerve impulses traveling to and from the brain and spinal cord are distorted or interrupted, producing a wide variety of symptoms.
- The disease is thought to be triggered in a genetically susceptible individual by a combination of one or more environmental factors.
- People with MS typically experience one of four disease courses, which can be mild, moderate or severe.

Muscular Dystrophy

The muscular dystrophies (MD) are a group of more than 30 genetic diseases characterized by progressive weakness and degeneration of the skeletal muscles that control movement. Some forms of MD are seen in infancy or childhood, while others may not appear until middle age or later. The disorders differ in terms of the distribution and extent of muscle weakness (some forms of MD also affect cardiac muscle), age of onset, rate of progression, and pattern of inheritance.

Duchenne MD is the most common form of MD and primarily affects boys. It is caused by the absence of dystrophin, a protein involved in maintaining the integrity of muscle. Onset is between 3 and 5 years and the disorder progresses rapidly. Most boys are unable to walk by age 12, and later need a respirator to breathe. Girls in these families have a 50 percent chance of inheriting and passing the defective gene to their children. Boys with **Becker MD** (very similar to but less severe than Duchenne MD) have faulty or not enough dystrophin. **Facioscapulohumeral MD** usually begins in the teenage years. It causes progressive weakness in muscles of the face, arms, legs, and around the shoulders and chest. It progresses slowly and can vary in symptoms from mild to disabling. **Myotonic MD** is the disorder's most common adult form and is typified by prolonged muscle spasms, cataracts, cardiac abnormalities, and endocrine disturbances. Individuals with myotonic MD have long, thin faces, drooping eyelids, and a swan-like neck.

Seizures abnormal movements or behavior due to unusual electrical activity in the brain, are a symptom of epilepsy. But not all people who appear to have seizures have epilepsy, a group of related disorders characterized by a tendency for recurrent seizures.

Non-epileptic seizures (called pseudo seizures) are not accompanied by abnormal electrical activity in the brain and may be caused by psychological issues or stress. However, non-epileptic seizures look like true seizures, which makes diagnosis more difficult. Normal EEG readings and lack of response to epileptic drugs are two clues they are not true epileptic seizures. These types of seizures may be treated with psychotherapy and psychiatric medications.

Provoked seizures are single seizures that may occur as the result of trauma, low blood sugar (hypoglycemia), low blood sodium, high fever, or alcohol or drug abuse. Fever-related (or febrile) seizures may occur during infancy but are usually outgrown by age 6. After a careful evaluation to estimate the risk of recurrence, patients who suffer a single seizure may not need treatment. Seizure disorder is a general term used to describe any condition in which seizures may be a symptom. Seizure disorder is a general term that it is often used in place of the term “epilepsy.”

Spina Bifida, which literally means “cleft spine,” is characterized by the incomplete development of the brain, spinal cord, and/or meninges (the protective covering around the brain and spinal cord). It is the most common neural tube defect in the United States—affecting 1,500 to 2,000 of the more than 4 million babies born in the country each year. An estimated 166,000 individuals with spina bifida live in the United States.





Bellevue Parks & Community Services