



## ***DATI Awarded Second Extension Grant***

The DATI, like its counterpart Tech Act projects in other states, has been funded in a series of multi-year awards from the U.S. Department of Education, National Institute on Disability and Rehabilitation Research. The first grant, awarded in 1991 and spanning three years, was considered a “development” grant; it was during this period that our infrastructure of four sites was established, the initial staffing was completed, and we began addressing the barriers to AT access that existed in the state. In 1994, we applied for a two-year “extension” grant that allowed us to move forward with an even greater emphasis on systems change. In July of this year, we submitted an application for a second extension grant, this time covering a five-year span. Our workscope for this period embraces ten broad initiatives:

1. Improve access to AT devices and services for children in Delaware through the state's public education system.
2. Support the development of a range of options for acquiring/financing AT devices and services that consumers might pursue independent of state agencies or programs.
3. Improve access to AT devices and services for eligible individuals with disabilities through the Delaware Division of Vocational Rehabilitation.
4. Improve coverage for, and timely acquisition of, AT devices and services through public and private medical insurance.
5. Increase the availability and use of AT among older citizens.
6. Improve the accessibility of facilities, equipment and services in the public and private sectors.
7. Improve access to AT devices and services for individuals with mental retardation through the Delaware Division of Mental Retardation.
8. Increase the empowerment of consumers in technology selection and acquisition.
9. Increase the empowerment of consumers and the skill level of providers through the operation of an information-and-referral program.
10. Increase the empowerment of consumers, the awareness of the entire community, and the skill level of providers through a multifaceted outreach and training agenda.

The word from Washington on our recent application is your classic good news/bad news

scenario. We were awarded extension funding yet, as was the case with every other Tech Act project, we were forced to absorb an almost 8% cut in the amount of our funding. This may not seem like a large proportion, but it really is tough to take a hit of this magnitude when costs continue to rise. For example, as the popularity of our Assistive Technology Resource Centers (ATRCs) increases, so do their costs, because they are trying to serve more people, produce more materials, and send out more mailings in response to the requests they receive. A budget increase would have allowed us to direct more resources to the operation of the ATRCs; however, with the cut in funding we are now struggling just to keep them going at last year's funding level.

The simple solution is to trim our aspirations and do less than we had planned. Forget it! Delaware has made tremendous progress in the AT arena in recent years, and we are not going to lose that momentum if we can help it. Our solution is to get creative at every turn. Where can we forge partnerships to advance our mission at the same time that we help others advance theirs? Where can we share costs? Should new services be created, or should some existing services be spun off to others?

The DATI Statewide Advisory Board is addressing this issue, and members have generated several excellent strategies for augmenting our resources and helping us do more with less. If you have suggestions, please share them with us. We would like your feedback about our new workplan as well. Subsequent issues of the AT Messenger will provide more detail about specific activities underway relative to each initiative. Stay tuned... n

**DATI's Annual Conference—  
Another Success Story!**

This year's conference was held at the Sheraton in Dover on September 25. It attracted approximately 300 attendees, 34 exhibitors, and 26 presenters. It is worth noting that, once again, most of the presenters were from Delaware. Local consumers are indeed fortunate to have so many wonderful resources available close to home.

Frequent responses to the question, "What did you like most about the conference?" were:

- *exhibitor display*
- *convenience*
- *variety of subjects*
- *networking*
- *consumer participation (as presenters)*
- *demos as part of the presentation*
- *knowledgeable & informative presenters*
- *short lecture versus all day workshops*
- *having options to workshop selection*
- *quality of professionalism.*

Attendees would like DATI to address AT evaluation & training, assessment methods, AT for the elderly, and more on computer access and alternative funding at future conferences. They would also like to have vendor demonstrations and presentations.

These comments will help us plan for DATI's next conference to be held at ***John M. Clayton Hall in Newark, Delaware in November 1997.***

# The Internet: A Trip into Cyberspace

*by Michael Meyreles*

*Rehab Engineer, New Castle County ATRC*

The Internet—what is it? The Internet is a mystery to many people as well as an intricate part of daily life to many others. This article will discuss what the Internet is, the parts of the Internet, and how to connect to the Internet.

The Internet can trace its beginnings to the late 1960s when the U.S. Department of Defense began an experimental network allowing scientists to communicate with each other. This beginning network consisted of four computers, three located at different locations in California and one located in Utah. Today, the Internet is a worldwide “network of networks” that can communicate with each other. Each of these networks has been developed and maintained either by organizations such as government agencies, educational institutions, major corporations, and commercial on-line services like America Online and CompuServe, or by individuals from the privacy of their homes.

With so many networks and computers connected to each other, a common language or protocol was developed to allow communication between computers. This protocol is called Transmission Control Protocol/Internet Protocol (TCP/IP). TCP breaks the information into small chunks called *packets* that are transferred from computer to computer. For example, a single document may be broken down into numerous packets, each containing parts of the document, as well as the destination address. The destination address is the IP part of the protocol used for communication.

Communication between computers is accomplished with a modem. A modem is a device that connects a computer to a data transmission line, typically a telephone line. A modem acts like a translator; it converts the digital information to an analog signal to be transmitted over a standard telephone line. The modem transmits data as bits, the smallest representation of computer information, over telephone lines at speeds (baud rate) up to 28,800 bits per second (28.8Kbps.) Standard modem speeds range from a baud rate of 2400bps to 28.8Kbps, but there is a newer type of modem that takes advantage of a digital telephone service. This service is called ISDN (Integrated Services Digital Network). With an ISDN telephone line and an ISDN modem coupled to a computer with the appropriate software, a person can connect to the Internet at 56Kbps. Standard modem prices range up to approximately \$200, while ISDN modems can cost up to \$600. Also, there is an additional cost of adding an ISDN telephone line.

There are many components that make up the Internet. The most popular is the World Wide Web. Other components include E-Mail, File Transfer Protocol (FTP), Gopher, and

Usenet Newsgroups. Client software is the term used to describe the software applications needed to access the different parts of the Internet. There is a wide variety of client software available to browse the World Wide Web, send E-Mail, and download files via FTP.

The World Wide Web is a network of computers from all around the world that are connected through the Internet. These computers or servers contain files that can be accessed by any other computer—located anywhere in the world—if that computer has the necessary software, usually called a web browser. Three specifications are needed to connect servers with client software: URL-Uniform Resource Locator, HTML-HyperText Markup Language, and HTTP-HyperText Transfer Protocol. When a person connects to the World Wide Web, a home page or document is loaded into the browser. This page can contain graphic, sound, and text files. It also contains links to other World Wide Web pages. The URL is the address of a document on a network server. HTTP is the protocol in which both the client software and the server can communicate. The document itself is coded in HTML, which allows the browser to identify the elements of the document and then render it.

E-Mail (electronic mail) is a popular way for persons to communicate over the Internet. E-Mail operates in much the same manner as the U.S. Postal Service. When a letter is drafted and sent out using the U.S. Postal Service, the letter is passed from one post office to the next until it reaches the town in which the person lives, at which time it is delivered right to the person. When a message is composed, an E-Mail client software package will send the message from one server to the next server until it reaches its final destination. This means that the sending machine and the receiving machine do not have to be directly connected. The E-Mail address determines whether or not an E-Mail reaches its final destination. For an E-Mail to reach its destination, the address entered in the *TO*: portion of an E-Mail must **precisely** match the receiver's address.

FTP stands for File Transfer Protocol and this protocol is used when a person wants to download a file from a remote computer to his/her own computer, regardless of where the two computers are located, how they are connected, or whether they are using the same operating system. FTP was designed originally to let persons access files on computers where they maintained accounts. Anonymous FTP provided a mechanism for persons wanting to access the broad range of public access databases and services.

Gopher is a tool used for browsing enormous amounts of information. It can be likened to a huge menu system for the Internet. Organizations and individuals from all over the world have set up Gopher servers with menus that can be accessed. While using Gopher client software, a person can search many databases using one or two keywords to quickly obtain the needed information. This information can be text, binary executable, graphic, or

sound files.

Usenet was started as an experimental bulletin board system at the University of North Carolina in 1979. Usenet Newsgroups now number in excess of 16,000. These Newsgroups are a large collection of discussion groups about specific topics which involve millions of people from all over the world. Chances are, if you have a topic that you are interested in, there is a Usenet Newsgroup discussing that particular subject.

Connecting to the Internet can be accomplished in one of two ways. First, the large commercial on-line providers, such as America Online and CompuServe, allow persons easy access to the Internet. This is accomplished using their software and having your computer dial into one of their many local servers located throughout the country. These commercial providers offer many other services in addition to furnishing an on-line ramp to the Internet. These services typically have a free trial period of ten to fifteen hours of use, after which a monthly fee is charged. A set amount of free access time per month is available through these commercial providers, but once this time is used, an hourly charge is then assessed. The second way to access the Internet is by securing an account with a local Internet Access Provider (IAP) and using one of the many client software packages available. Examples of popular client software include Netscape Navigator, NCSA Mosaic and Eudora E-Mail. An IAP typically charges a monthly fee, which is usually somewhat more expensive than America Online or CompuServe, but it generally allows unlimited access time on the Internet.

The Internet is the network of networks connecting millions of people from all over the globe. It can be major corporations conducting business, it can be universities performing vital research, or it can be a person searching for a new recipe or looking for a new computer game to play. Gaining access to the Internet can be a challenging undertaking. If you need any information about gaining access to the Internet or just have questions regarding the Internet, contact your local ATRC. n

## DO YOU SEE WHAT I'M SAYING?

### Telephone Communication For Those Who Are Deaf Or Have Severe Hearing Loss

When Alexander Graham Bell invented the telephone in the late 1870's, no thought was given to giving people with hearing impairments access to the telephone. Generally, face-to-face communication is required by people with hearing impairments. This is accomplished through the use of sign language, lip reading, or written notes. These options are not suitable for telephone communication. Improved access became possible through the advancements in technology of the early 1960's. At the head of this list is the TTY/TDD. In 1964 Robert Weitbrecht developed the acoustic coupler. An acoustic coupler converts the electric signals of a teletypewriter (TTY) into audible tones that can be transmitted over telephone lines. The acoustic coupler, or modem, connects the teletypewriter to the telephone line. Connecting the telephone to the acoustic coupler is accomplished simply by placing the hand set on the rubber cups on the coupler. At about the same time as the development of the acoustic coupler, AT&T upgraded its equipment and donated their old teletypewriters to the deaf community. These TTYs used paper to display the typed telephone conversation. Some of the problems with these donated TTYs were that they were large and cumbersome, slow and, because of their age, prone to mechanical failures. In the early 1970's a smaller electronic version, the Telecommunication Device for the Deaf (TDD) was introduced. It was much smaller, about 9" by 12", lighter, about 2 to 5 pounds and portable. Some models also include rechargeable batteries available for use even on pay telephones. Many have their own carrying cases. Today, TDDs are available with memory for storage of telephone numbers and commonly used messages. Models with the direct connect feature require no additional telephone. In other words, there is no need to put the telephone hand set onto the TDD. The telephone line just plugs into the back of the TDD. These models can also act as answering machines.

There are two codes used in TTY/TDD communication. They are ASCII (*ask - ee*) and Baudot (*baw - doe*). These are like two completely different languages and cannot communicate with each other. If you have a device which uses only Baudot, you can't make a call to a device which uses only ASCII. Most TDDs today use Baudot, but some are capable of using both Baudot and ASCII. Both ASCII and Baudot have their advantages.

Baudot TDDs start around \$240. ASCII is an option which adds about \$50 to \$60 to the cost. TDDs using ASCII are also able to communicate with computers using TDD software. Most TDDs distributed by state programs are able to communicate with both ASCII and Baudot. If you already own a computer, the cost of the upgrading a computer to be

used as a TDD is comparable to the cost of a TDD. Using the proper communication software with the computer will allow access to a broad range of information sources in addition to the ability to use the computer as a TDD and can allow you to communicate with both ASCII and Baudot TDDs.

For additional information on TDDs you can contact the Assistive Technology Resource Center near you, or plan to attend one of the DATI's upcoming TDD workshops. n

## Disability Resources

by Ed Salisbury, AT Specialist

There are numerous publications, conferences, and organizations nationwide that provide information on assistive technology, recreation, therapy, and current disability issues. This article will acquaint you with some of the resources that we find helpful at the Assistive Technology Resource Center.

*Closing the Gap* is a bimonthly publication with content appealing to both consumers and service providers. Articles and advertisements focus primarily on technology for computer access and communication. An annual resource directory of computer software is provided to subscribers of the publication. Closing the Gap also sponsors an annual technology conference featuring a large exhibit floor and a variety of educational seminars. Many manufacturers of assistive technology plan new product releases to coincide with this conference. The conference is five days long and is held every October in Minneapolis, Minnesota. For more information, contact Closing the Gap at (612)248-3294.

*Team Rehab* magazine is a monthly publication targeted toward physical and occupational therapists as well as rehab engineers and assistive technology specialists. Most articles focus on the equipment and techniques used by the therapy team in the areas of seating, positioning and wheeled mobility. A reader service card is included in each issue making it easy to obtain literature on new products from any of the numerous advertisers. For more information, contact Miramar Communications at (800)543-4116.

*HANDI Network News* is a local bimonthly newspaper published by the Help and Advocacy Network of Delaware with articles of interest to people with a wide range of disabilities. The content of HANDI includes success stories, new product information, local events and happenings, equipment classified ads, personals, and more. HANDI also sponsors the Grass Roots Information Network, or GRIN. The purpose of GRIN is to provide people with disabilities computers donated by local businesses and low cost Internet access. For more information, contact HANDI at (302)324-0630.

The Rehab Engineering and Assistive Technology Society of North America (RESNA) provides numerous opportunities for information-sharing. In addition to receiving a bimonthly newsletter called *RESNA News*, members of RESNA can join any number of special interest groups. These include service delivery, special education, sensory aids, job accommodation, gerontology, and more. Each year in June, RESNA holds its week-long conference in a different major city. The conference targets consumers of assistive technology, service and equipment providers, researchers, and developers. The content of the exhibits and seminars is very similar to that of the Closing the Gap conference with an

added emphasis on seating, positioning, and wheeled mobility. While consumer attendance at the RESNA conference is encouraged, the majority of conference attendees are service providers. For more information, contact RESNA at (202)857-1199.

*New Mobility* is a bimonthly magazine focusing on disability life-style, culture, and resources. *New Mobility's* articles deal primarily with issues of interest to adults with mobility impairments such as politics, independent living, sexuality, medical updates, and recreation options. For more information, contact Miramar Communications at (800)543-4116.

*Mainstream* is a magazine published ten times a year by Exploding Myth Inc. Articles are of interest to consumers and rehabilitation professionals. For more information on *Mainstream* magazine, contact your local ATRC.

*Exceptional Parent* is a monthly magazine for parents of children or young adults with disabilities. Articles cover a wide range of topics including mobility, education, nutrition, and assistive technology. Also included in every issue is a reader service card which makes it easy to obtain information on advertised products. The magazine contains a search-and-respond column in which parents share experiences and ideas with other parents who have children with similar disabilities. There is also an Ask the Doctor column in which parents can write in and ask questions. Classified ads and a New Products section can also be found in the *Exceptional Parent* magazine. For more information, contact *Exceptional Parent* at (800)247-8080.

The Trace Center in Madison, Wisconsin publishes its biannual *Trace Resource Book*, a catalog of over 1,500 assistive technology devices from over 400 manufacturers in the areas of computer hardware and software and augmentative communication. Each product entry contains a description of the product, a picture, and ordering information. Easy to use appendices provide information on manufacturers, publications, databases, and service providers. The Trace Center also markets the Co-Net CD ROM. This CD-ROM contains DOS-ABLEDATA for PC computers and Hyper-ABLEDATA for the Macintosh. This searchable database includes information on over 20,000 assistive technology devices for all disabilities. The CD ROM also contains a text document library including the full text of the ADA and technical assistance manuals. For more information, contact Trace at(608)263-2309.

One of the most valuable resources to the ATRCs is the Internet. Most manufacturers of assistive technology for computers and computer access have sites on the World Wide Web, where product information and even demonstration versions of software can be downloaded. Shareware designed to make computing easier for people with or without

disabilities can also be downloaded from numerous sites and archives on the Internet. People with interests in various disabilities can join newsgroups and have up-to-date information electronically mailed to them, or they can chat on-line with consumers and family members of people all over the world with similar disabilities for the price of a local phone call. For information on how to access the Internet and where to find sites of interest, look for an Internet workshop at an ATRC near you.

The resources listed above represent only a small sample of those available nationally as well as locally. Newsletters, support groups, and local conferences are also a valuable resource. For information on any other resources, or for more information on ones listed above, contact your local Assistive Technology Resource Center. n

***My First Incredible Amazing Dictionary*** CD-ROM encourages children to explore language. Go to “a” for “airport” and see planes and helicopters animate! Listen to the pilot communicate to air traffic control! See the airplane’s wings break a few windows of the hangar, while it gets ready to taxi to the runway!

The Word Group Screens show groups of related words. Annotated Picture Screens label parts of the picture. Letter Screens show children how to write the letters of the alphabet. All screens are easily accessed through a mouse or mouse alternative. For these fun experiences and more with ***My First Incredible Amazing Dictionary***, designed for the child 4 to 7 years old, contact your local ATRC.

# FINANCING ASSISTIVE TECHNOLOGY

## *Health Insurance Update: Managed Care Trends & Tips*

*Ron Sibert, DATI Funding Specialist*

Health insurers, both public and private, are moving aggressively toward a managed care model of service delivery. The primary reason for this trend appears to be financial. Health care costs in this country over the past two decades have gradually grown beyond the public and private sectors' ability to foot the bill. The projected growth rate of Medicaid alone—from \$88 billion currently to \$150 billion by the year 2000—is a staggering figure by anyone's standards. Several cost reduction models have been proposed over the past several years—mostly as part of a nationwide health care reform effort. Terms such as “single payer” and “insurance reform” and “managed competition”—highly publicized terms less than a year ago—have been set aside with the reform movement itself. Some observers claim that the health care reform movement was abandoned because the proposed models were so incompatible with our current social, political, and business structures. However, there is that one model that appears to have the right ingredients: provides health care at reduced cost, has been around for some time, and has been reasonably simple to implement (albeit with mixed results). That model is, of course, managed care—health care services delivered by what are known as a health maintenance organizations (HMOs) or managed care organizations (MCOs).

HMOs/MCOs are at once the insurer and the health care service (including AT devices and services) provider. This consolidation in large part enables them to provide less expensive medical coverage. It is not surprising then that private firms are encouraging their employees to enroll in these plans, and public health care agencies are also either offering such plans or requiring their beneficiaries to enroll in them. Delaware Medicaid is an excellent case in point.<sup>1</sup> There are also indications that Medicare, the federal health care program for people who are aged or adults who are permanently disabled, will also be encouraging its beneficiaries to enroll in managed care programs in the near future.

Of course, managed care has both good and bad points. But either way, this increasingly prevalent health care delivery system poses new challenges for doctors and patients alike. HMOs/MCOs (henceforth called “providers”) provide health care services on a contractual basis to individuals as well as groups insured through their employers or other public and private agencies. Providers receive a fixed dollar amount per patient in exchange for agreeing to meet their enrollees' health care needs during the stated contract period, so the

---

1. See pages 8 & 9 of the March/April 1996 issue of the *AT Messenger*.

typical provider only profits when it can hold the cost of medical care delivery to a level significantly below the revenues it generates in premiums. In other words, these companies generate profit by maximizing the number of patients the company serves while minimizing the average per patient treatment cost. These objectives can be accomplished in several ways. Some firms, for instance, are increasing their patient loads and their physicians' hours (less costly than hiring additional doctors) to accommodate the patient influx. U.S. Healthcare, which merged with Aetna, pays its doctors up to 1.5% more per patient per month if the physicians work 50 to 60 hours per week—a model that it says Aetna doctors will adopt.<sup>1</sup>

Some providers have been known to control costs by offering physicians financial incentives to provide the least expensive effective treatment. This approach risks compromising the quality of care patients receive. Fortunately, the private MCOs that are contracted to administer the Diamond State Health Plan (the Delaware Medicaid managed care program) are restricted from engaging in this practice when providing services within the scope of their state contracts.

The quality of service a person receives depends very much on the responsiveness of the individual provider, and the consumer's skill in making informed choices. Service options under managed care may be very limited in comparison to the standard fee-for-service plans to which many of us are accustomed. Different companies offer different options, and consumers must be prepared to play a very active role in selecting their managed care providers, monitoring service delivery, and in making whatever adjustments are required to accommodate individual needs.

Consumers with disabilities should take particular care, both before and after enrolling in a managed care plan, to insure that the plan meets their needs. For instance, nearly all managed care providers furnish a list of physicians from which enrollees can choose a primary care doctor. People with disabilities who require the care of certain specialists (due, for instance, to special respiratory, neurological, or orthopedic concerns) should obtain a list of the each prospective plan's specialists.

For uncommon conditions, it is also advisable to check the candidate doctors' familiarity with the condition(s) in question, and whether the plan will accept previously established treatment plans. In the presence of certain conditions—such as severe allergies, respiratory, or cardiac ailments—that may require emergency care, ask how (i.e., under what circumstances) the plan pays for such visits, and whether there are penalties for seeking assistance at nonapproved facilities.

---

1. *The Wall Street Journal*, August 1, 1996.

After enrollment, pay careful attention to the quality of care you receive, and be prepared to change plans if necessary. However, there may be delays sometimes because plan changes may only be permitted during open enrollment periods, which usually occur annually. You may also elect to change doctors within a given plan at any time. Taking any such action sends an important message to the provider—namely that something needs to be fixed.

Finally, it is not always possible to anticipate and make provisions for every need or emergency situation. Sometimes you may find it necessary to seek medical care outside of your managed care plan at your own expense. If possible, set aside an “emergency medical fund” to help cover unexpected expenses should they occur. n

## **Vandella's Gaining Independence!**

*as dictated by Vandella*

My name is Vandella Dorsey. I am 48 years old. Right now, I live with my brother and his wife. I go to an independent living program three times a week, and am going to get a G.E.D. I have cerebral palsy. I use a communication device to talk and a wheelchair to get around.

Before I got my Vois 160 (an augmentative communication device with voice output) about six years ago, I had a hard time getting people to understand me. When I first started to communicate, I had letters on cardboard. Then my family put letters on a cloth. When I received my Vois 160, I had words on four pages. Now I have sentences on four pages, but I have trouble turning the pages; I use my memory and I remember where all the sentences are programmed in my device.

I like my communication system, because I can talk to people and tell them what I want and they understand. What frustrates me the most about my Vois 160 is that the target areas are too small. Six years ago I wanted to use my hands, but now there are more choices to use other methods, so using my hands may not be the best way. The price is also too high. Sometimes technology breaks down, and then I have to rely on the cloth and the letterboard. It takes more time to tell people what I want, and it would depend on someone else knowing where I place my fingers.

I have a power wheelchair that I operate with my right foot. I can go anywhere I want. Someone has to help me turn on the wheelchair, and it is too big to use at home in my brother's house. Once the battery is charged, my chair is reliable and comfortable. What I want others to know about technology is that it can make you independent. One day I hope to live in my own place with aides.

For the past few months, I have worked with the Occupational Therapist on learning how to use Morse Code to operate the computer and appliances independently. Although I have used Intellikeys alternative keyboard and WiVik (an on-screen keyboard) with scanning, Morse Code is easy to remember and faster. I use the bottom on my left foot to make short and long sounds, and I have learned the entire alphabet. I can't wait to try the No-Hands Mouse!! n

## Picture This!

ORCCA Technology, Inc. has adapted a Polaroid Impulse camera for use with any single switch. Normal camera operation is not affected by the adaptation. To use it in its adapted mode, the 1/8" mono plug switch is inserted into the switch jack on the viewfinder side of the camera. ORCCA recommends plugging the switch in before the camera's electronic flash is raised for use, because raising the flash activates the camera for use. To prevent unintentional or accidental picture taking with the switch, it is suggested that the flash be lowered when not in use. ORCCA is committed to adapted photography, offering not only the switch-adapted Polaroid Impulse Camera, but also a mounting system that attaches the camera to a table or wheelchair and the "Snappy" switch, a foam grip switch that offers tactile feedback and an elastic loop that keeps the switch on one's hand. If you would like more information contact: ORCCA Technology, Inc. 317-B South Ashland Ave., Lexington, KY 40502 or call 606-268-1635, E-mail: orcca@mis.net. n

### ***Delaware Recycles AT***

*If you are interested in an item please call the number listed next to the item. If you would like to add or remove an item from the list, call 800-870-3284, press 1 for English, and then press 3 for the DATI Central Site office. All prices are negotiable and all area codes are 302 unless otherwise noted.*

#### **Devices Available:**

##### **Ambulation/Mobility**

*Brace, Boston Scoliosis for spinal curvature, size x-8-F0<sup>0</sup>, Free, Claire, 674-5735*

*Braces, Child, f/2 year old, \$200 & \$75, Bernie, 455-1432*

*Jay Cushion, 16", black, \$90, Michael, 322-4543*

*Jay Cushion, 18", black, \$90, Michael, 322-4543*

*Walker, New, 2 wheels, folds, \$25, Kay, 994-7249*

*Walker, Swedish Rollator w/wheels & attached seat, \$300, D.C., 629-2045*

##### **Augmentative Communication**

*Lightwriter, SL8, \$500, Carolyn, 856-7946*

##### **Computers/Electronic Equipment**

*B.O.S.S. 8000 Casio Organizer, \$50, Carolyn, 856-7946*

*Scan Man w/catchword PRO OCR for Windows, \$100,*

*Carolyn, 856-7946*

*Unmouse, \$30, Carolyn, 856-7946*

## **Educational**

*Hooked on Phonics, books & tape, \$150, Donna, 337-7642*

## **Hearing**

*Telecaption II Decoder, \$35-Firm, Donald, 892-9038*

*Telecaption Caption Decoder, \$40, Sandy, 328-2872*

*TTY, Ultratec Compact, portable, \$275, Melissa, 410-822-3949*

## **Personal Care/Home Management**

*Bath Chair, std, \$10, Kay, 994-7249*

*Bath Chair, Tubby II Folding Bath Bench Chair, \$70, Sandy, 328-2872*

*Bath Support Seat, Child's (2), \$70 ea., Sandy, 328-2872*

*Bathtub Bench, New, \$100, Sarah, 322-8112*

*Bathtub Transfer Bench, \$45, Sandy, 328-2872*

*Bean Pillow w/liner & cover, \$20, Sandy, 328-2872*

*Bedside Commode (2), \$20 ea., Sandy, 328-2872*

*Commode, Child's, High-Back, \$85, Sandy, 328-2872*

*Commode, Free standing, \$10, Kay, 994-7249*

*Geriatric Chair, new, w/reclining chair, adj. foot rests, & attachable tray, \$400, Sarah, 322-8112*

*Hospital Bed, Electric, \$500, Leroy, 834-4856*

*Hospital Bed, Electric, \$1,200, Billie, 322-7863 after 6 p.m.*

*Hospital Bed, Electric, \$350, Richard, 610-565-3636*

*Lift Chair, Reclines, Tan, Excellent, \$275, Mary, 656-7818*

*Oxygen Machine, \$1,000, Millie, 412-264-6121*

*Patient Lift, Invacare, hydraulic, \$200, Debra, 366-1010*

*Peristaltic Gradient Sequential Compression Pump, Negotiable, Joanne, 658-5878*

*Pulmo-Aide Compressor, \$40, Millie, 412-264-6121*

*Stair Glide, negotiable, Mary, 656-7818*

*Stair Glide, for 14 steps, \$2,000, George, 653-9038*

*Stair Glide, model 25, \$2,000, Carl, 478-1591*

*Toilet Seat, raised, adj., adult, \$10, Sandy, 328-2872*

*Toilet Seat, w/rails, \$20, Sandy, 328-2872*

## **Three-Wheeled Power Mobility**

*Scooter, Rascal, 4 wheel, basket, recharger, new, \$3,000, Josephine, 764-5324*

*Scooter, Omega, 3 wheel, w/arms, basket, double battery, \$300, Judy, 645-9158*

*Scooter, Sun Runner, 4 wheel, inc. lift for car, \$2,000, Steve, 695-1695*

## **Vehicles/Accessories**

*Hand Brake/Throttle, new, GM, \$395, Barbara, 678-0515*

*Ramp, permanently attaches to a van, \$60, Elizabeth, 422-2896*  
*Van, 89 Ford E 150, blue, Braun w/c lift, automatic, \$8,000, Richard, 610-274-0242*  
*Van, '88 Dodge Maxi Van, 50K, lift bed, toilet, storage, electric, \$20,000 or \$12,000 to qualified buyer, Franklin, 368-4675*

### **Wheelchairs**

*Adult, Electric, Joystick Hoverorund, reclines, hi-back, negotiable, Josephine, 764-5324*  
*Adult, Manual, \$500, Rose, 335-4659 evenings*  
*Adult, Manual, 18", Invacare w/footrests, \$500, Cindy, 475-2904*  
*Adult, Manual, Lightweight, 3-wheeled Teladyne, indoor use, person must be able to self-propel, \$50, Clyde, 368-8779*  
*Adult, Manual, std, \$50, Leroy, 834-4856*  
*Adult, Manual, small, E & J, headrest, tray, doesn't recline, \$150, Jeri, 645-4785*  
*Adult, Manual, Invacare, Jay Back, \$600 Firm, William, 652-1914*  
*Child, Quickie P10, Electric, \$3,000, Richard, 610-565-3636*  
*Child, E & J, Electric, Barbie, \$5,000, Joanne, 215-335-0589*  
*Child, Zippie by Quickie, Manual, Pink & Black, tilts, \$500, Jamie, 945-8668*  
*Child, Quickie II, Manual, Pink, negotiable, Kevin, 410-885-5748*  
*Child, Quickie, Manual, w/tray, \$200, Vernessa, 655-9840 evenings*  
*Children's, variety, Free, Kristen, 672-1960*

### **Devices Needed:**

*Accessible Home with w/c ramps and lowered cabinets, Sarah, 322-8112*  
*Bicycle, Pedal w/Hands, Pat, 653-6892*  
*Commode, adult-sized w/restraints, Sheila, 697-8404*  
*Lift for Rascal Scooter, Dawn, 738-5336*  
*Phone Flasher for TTY, Tricia, 832-8082*  
*Scooter, Electric, Heavy Duty, Sarah, 322-8112*  
*Stair Glide, Donna, 653-2457*  
*Standing Table, Ken, 831-2430*  
*TDD, Joann, 834-2518*  
*Tricycle, Adult w/coaster brakes, Mary Anne, 998-2171*  
*Tricycle, Child's, accessible, Marcy, 609-478-0656*  
*TTY, Tricia, 832-8082*  
*Van Lift, Pat, 653-6892*  
*Van Ramps, 7-10', Ez Access, Cindy, 284-9575*  
*Van Ramps, Pat, 653-6892*  
*Wheelchair, Adult (large), Robert, 323-1906*  
*Wheelchair, Adult (small), Manual, Lightweight, Robert, 323-1906*

*Wheelchair, Adult, Manual, donation only, Christine, 378-0523*

*Wheelchair, Electric, 16" seat w/control on right side, Kristen, 672-1960*

*Wheelchair, Electric, Adult (tall), Arlene, 856-5063*

*Wolf, Liz, 429-4062*

###

### **New Information Center Funded**

In an effort to forge new links between consumers and its funded projects, the National Institute on Disability and Rehabilitation Research has provided support for the establishment of the National Center for the Dissemination of Disability Research (NCDDR), located in Austin, Texas.

NCDDR was funded in response to the need expressed by NIDRR-funded centers and projects for additional assistance in reaching out to consumers. NCDDR offers technical assistance to NIDRR's 280 grantees on how to find consumers and determine what the needs of those consumers are.

Consumers may also contact NCDDR at 1-800-266-1832 or on the Internet at <http://www.ncddr.org>. Another service to consumers sponsored by NIDRR is the National Rehabilitation Information Center, NARIC, which can be accessed at <http://www.cais.net/naric/>.

**Plan Ahead for Your Next Family Retreat...JAF Ministries Provides Mission Opportunities**

JAF Ministries reports that it has many mission opportunities—both short and long term, in the U.S. and overseas—for individuals who desire to help people with disabilities.

Most summers there are short-term opportunities for Family Retreat Volunteers. Family retreats are designed specifically for families with a member who is disabled. The retreats offer a much needed respite from the daily routine at home.

Wheels for the World is a JAF program that collects and refurbishes previously owned wheelchairs and distributes them to people in developing countries.

For more information contact JAF Ministries/Wheels for the World by calling 818-707-5664.

**To contact DATI's Central Site office or the ATRC closest to you...  
Call 1-800-870-DATI**

Press #1 for English or

Press #2 for Spanish

then press...



**#3 for the Central Site office or**

**#4 for the New Castle County ATRC or**

**#5 for the Kent County ATRC or**

**#6 for the Sussex County ATRC**

**TDD callers—If you do not press #1 or 2 your call will be answered on a TDD line by someone at the Central Site office.**