



The AT Messenger

bringing technology to you

Delaware Assistive Technology Initiative (DATI) • Volume 7, No. 4 • Oct/Nov/Dec 1999

DATI Studies the “State” of Accessible Housing in Delaware

By the time this newsletter reaches you, DATI will have completed the project “Accessible Living for People with Disabilities: A Feasibility Study.” The project was supported by the Delaware Developmental Disabilities Council with matching funds from the Delaware Division of Mental Retardation and the University of Delaware.

Background on the Project

The need for a study emerged after years of discussion about the benefits of having an accessible home available for tours and demonstrations in The First State. While there is widespread agreement that having actual examples of accessible living spaces is useful for people interested in adapting their homes or building new ones, Delawareans have wide-ranging opinions about how best to accomplish this outcome. The recent study examined the needs statewide, studied various options for promoting access to examples of accessible living spaces, and explored the potential for making such options available in Delaware.

INSIDE THIS ISSUE:
Focus on
Housing and Home Modifications

Who Was Involved?

Central to the activities of the project was the Accessible Housing Coalition, comprised of 37 individuals and agency representatives with an interest in accessibility

issues. The group included representatives from:

- Architectural Accessibility Board
- Delaware Association of Rehabilitation Facilities
- Delaware Contractors Association
- Delaware Developmental Disabilities Council
- Delaware Division of Mental Retardation
- Delaware Division of Services for Aging and Adults with Physical Disabilities
- Delaware Division for the Visually Impaired
- Delaware Division of Vocational Rehabilitation
- Delaware Housing Authority



continued on page 2

Accessible Housing in Delaware (continued)

- DE-MD Paralyzed Veterans of America
- Easter Seals of Delaware and Maryland's Eastern Shore
- Independent Living, Inc.
- Independent Resources, Inc.
- National Homebuilders Association, Delaware Chapter
- National Multiple Sclerosis Society, Delaware Chapter
- PAIR-Disabilities Law Program
- Statewide Coalition on the Americans with Disabilities Act
- State Council for Persons with Disabilities
- The Arc
- United Cerebral Palsy

plus individuals with disabilities, accessibility equipment manufacturers, parents of children with disabilities, and human services consultants.

This stakeholder group met numerous times to determine the needs in Delaware, examine existing approaches to accessible housing, examine barriers to affordable accessible living, and determine those approaches that are most likely to benefit Delawareans with disabilities.

Other Project Activities

The project also sponsored a two-day institute, "Home Modifications: Skills, Approaches, and TeamWork." It was held in June at DelTech's Stanton Campus. Nationally-known trainers were brought in from the Center for Universal Design in North Carolina. As a result of this workshop, participants were able to:

- Work with individuals and families to generate affordable and appropriate modifications and product recommendations;
- Generate solutions to accessibility challenges in conjunction with contractors or designers; and
- Understand the benefits of universal design.

What's Ahead?

The project culminated in the development of an action plan and the finalization of a report detailing key issues and remaining challenges. The final meeting of the Accessible Housing Coalition was devoted to the generation of recommended strategies for promoting accessible living through model demonstration projects, a focus on awareness, and removal of barriers to funding. ■

The Accessible Housing Project Website Has LOTS of Home Modification Information Resources!

Check it out at: <http://www.asel.udel.edu/dati/housing>

Save this Date: January 26, 2000 for the LIFE Conference

Sheraton Dover Hotel • 8:00 am – 4:30 pm
a joint effort of many of Delaware's consumer-focused
organizations
featuring

- Paul Marchand, National Governmental Affairs Office of The ARC,
who will focus on legislation & advocacy efforts at the national level
- Delaware Advocacy Coalition's Awards and Legislative Luncheon

Workshops on: Legislative Advocacy on the Federal Level, Adapting Toys & Play Activities for Preschool Children, Empowerment & Self-Advocacy Programs, Mobility Training, Info Dissemination & Legislative Advocacy, Accessibility in Delaware, Medicaid Supports for Children with Disabilities, Positive Behavioral Supports, Employment Discrimination & the Law, Computers & Young Children, Accessing Division of Children Mental Health Services, Transition TQM Project (*school to work*).

Registration flyer to come in November!

For more information, contact the DATI Central Site 1-800-870-DATI (in state)
or 302-651-6790, <http://www.asel.udel.edu/dati>

U.S. Supreme Court Addresses Ambiguities in the Americans with Disabilities Act: More Litigation Likely

by Daniel G. Atkins

Disabilities Law Program

Community Legal Aid Society, Inc.

In 1999, the United States Supreme Court issued three major decisions interpreting the Americans with Disabilities Act, the seminal 1990 federal legislation that protects individuals with disabilities in the workplace and in the community.

Social Security and the ADA

After suffering a disabling stroke and losing her job as a background checker because she suffered damaged concentration, memory, and language skills, Carolyn Cleveland applied for and ultimately obtained Social Security Disability Insurance (SSDI) benefits. In order to qualify for SSDI, a claimant must be disabled and unable to work. Ms. Cleveland then filed a lawsuit alleging that her employer had discriminated against her in violation of the Americans with Disabilities Act (ADA) by not reasonably accommodating her disability. In order to be a qualified person under the ADA, a claimant must be able to perform the essential functions of her job, at least with reasonable accommodation. The employer took the position that applying for SSDI and filing a claim under the ADA are mutually exclusive—how can you be unable to work and at the same time be able to perform the essential functions of the job? On May 24, 1999 the Supreme Court, in *Cleveland v. Policy Management Systems Corp.*, unanimously held that it is possible for someone to be eligible for SSDI and at the same time be a qualified person under the ADA. The key, according to the Court, lies in the term “reasonable accommodation.” In order to qualify for SSDI, claimants must show an inability to do their own job or other jobs **without** a reasonable accommodation. Therefore, SSDI claimants can allege at the same time that **with** a reasonable accommodation, they are able to perform their jobs. The *Cleveland* case is obviously a victory for the many members of the disability community who are or were recently employed. It preserves the availability of two very different, yet both vitally important, avenues of recourse.



Narrowing the Scope of the ADA

Just one month later, in *Sutton v. United Air Lines, Inc.*, the Court issued a blow to the disability community. Karen Sutton and Kimberly Hinton, twin sisters, applied to

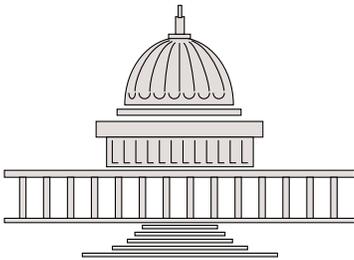
continued on page 5

ADA Rulings (continued)

be commercial airline pilots. They met United's age, education, experience and FAA certification qualifications, yet they were rejected because they did not meet United's minimum vision requirement, which was uncorrected visual acuity of 20/100 or better. The sisters have severe myopia, with uncorrected visual acuity of 20/200 in the right eye, and 20/400 in the left eye. However, with the use of corrective lenses, each has at least 20/20 vision. The sisters alleged that they were being discriminated against on the basis of their disabilities.

United sought to dismiss the lawsuit on the basis that the sisters were not qualified individuals under the ADA because they had fully correctable visual impairments, and thus were not substantially limited in a major life activity as is required under the ADA's definition of a qualified individual. The sisters alleged that without corrective lenses they could not see to drive, watch TV, or shop, but that with corrective lenses, they conceded that they function identically to individuals without myopia.

If the case had been allowed to proceed to trial, the airline would have been able to avoid liability by showing that the vision requirement is job-related and consistent with business necessity or that myopia, even if corrected, poses a safety hazard. However, instead, the Court held that the sisters do not have a disability that substantially limits a major life activity because their condition is correctable. Furthermore, the Court reasoned that if Congress had intended for everyone with a correctable condition such as myopia to be covered by the ADA, then 160 million might be covered, rather than the 43 million referenced in the Act's preamble.



Obviously, the significance of the Sutton decision reaches far beyond people with myopia and the employment context. Millions of individuals with severe disabilities, who with rehabilitation, self-improvement, medication, or prosthetic devices, can perform major life activities could be precluded from protection under the ADA. People who take insulin to control diabetes¹, medication to combat mental illness, or even those who use wheelchairs or other devices to gain mobility could be considered "not disabled." The Court seems perversely unreceptive to the argument that a person who is hard of hearing is substantially limited in the major life activity of hearing, even though the loss may be corrected through the use of a hearing aid. The cruel irony is that now the Court may have rendered the ADA inaccessible for a huge portion of the 43 million people with disabilities contemplated in the Act. At the very least, it has invited employers, public accommodations, and government entities to

continued on page 6

¹ Following the same logic in another case this term, *Murphy v. UPS*, the Court held that taking medication to control hypertension precludes eligibility under the ADA.

ADA Rulings (continued)

challenge the disability-related status of millions of people whose conditions have triggered discrimination.

Community Integration

Falling somewhere between *Sutton* and *Cleveland* is *Olmstead v. L.C.* In *Olmstead*, two Georgia women, dually diagnosed with mental retardation and mental illness (one with a personality disorder, the other with schizophrenia), had been confined to a mental institution. The women, with the help of a legal aid lawyer, filed a lawsuit alleging that the state of Georgia was discriminating against them on the basis of their disabilities, and thus violating Title II of the ADA (the public or government services portion) by not treating them in a community placement instead of an institution. The preamble of the ADA states that:

(2) historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem;

(3) discrimination against individuals with disabilities persists in such critical areas as ...institutionalization...;

(5) individuals with disabilities continually encounter various forms of discrimination, including outright intentional exclusion, ...failure to make modifications to existing facilities and practices, ...[and] segregation.... 42 U.S.C. § 12101(a)(2), (3), (5).

In its relevant portion, the body of Title II of the ADA mandates that:

...no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

Congress instructed the Department of Justice to issue regulations implementing Title II. The Department promulgated the following regulation:

A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. 28 CFR § 35.130(d) (1998).

The Court interpreted the provisions detailed above and held that unjustified isolation of individuals with disabilities is unlawful discrimination on the basis of disability. The Court reasoned not only that such segregation perpetuates unwarranted assump-

continued on page 7

ADA Rulings (continued)

tions that people with disabilities are incapable and unworthy of participating in community life, but also because confinement in institutions severely curtails everyday life activities, such as family relations, social contacts, work, educational advancement, and cultural enrichment.

However, the Court indicated that deinstitutionalization should not come at all costs. States should consider the cost of providing community-based care to the individuals, the range of services available to others similarly situated, and the effect that community placement would have on others in similar situations. If the State can show it has a comprehensive, effectively working plan for placing qualified persons with disabilities in less restrictive settings, and a waiting list that moves at a reasonable pace, the State would be justified in not moving an eligible person from the wait list to a community placement. Moreover, the Court held that the State may rely on the reasonable assessments of its professionals in determining whether an individual would be appropriate for community placement.

Conclusion: Is the Glass Half Empty or Half Full?

The Supreme Court took the opportunity this past year to address some important provisions of the Americans with Disabilities Act. On the bright side, the Court clarified inconsistency between the ADA and the Social Security process to the benefit of individuals with disabilities, and reaffirmed the significance of the ADA's community integration mandate. However, at the same time, the Court significantly narrowed the definition of disability, and created some gaping exceptions to the community integration mandate.

With an important case on the Court's agenda for next term that questions the applicability of the ADA to States, individuals with disabilities and their advocates have a right to be very concerned about the vitality and viability of the ADA. At least two of the decisions this year do not portend good things to come. ■

Making a House a Home: Ideas for Making a Home Wheelchair Accessible

Amy Bowles and Michael Meyreles, AT Specialists
Sussex and New Castle County ATRCs

What areas do you need to consider when making a house accessible to a person using a wheelchair? In this article, we will examine this question using a hypothetical case—a man in his late 20s who uses a wheelchair following a car accident—to illustrate the task of home modification.

Background Information

The first thing you need is background information: the more you can get the better. Our subject lives alone in a two-bedroom, two-bath one-story home. He is paralyzed from the waist down, has good upper body strength, and can transfer independently from his wheelchair to a bed, toilet, and bath. Prior to the accident he worked as a carpenter. He has some money in savings, but most has gone to his medical expenses. As we gather background information, it's important to consider the goals of the consumer, which are very pragmatic ones. He is realistic about his abilities and has structured his goals accordingly. His goals include returning to school to obtain a college degree and securing employment in a computer-related field.

Home Assessment

The next item we tackle is the home assessment. When conducting a home assessment, work from the outside to the inside. The driveway surface should be firm to allow a smooth ride in a wheelchair. Negotiating a path to the front door is determined by the change in height from the driveway to the entrance. Our subject's home has an approximate two-foot change in height between the driveway and the front door. Two approaches can be considered. The first is a ramp. It is generally recom-



mended that for every inch in rise, a corresponding twelve inches in length is added to the ramp (1:12). However, a 1:16 slope is becoming more widely accepted. Therefore, our subject's ramp, using the 1:16 guideline, has to be thirty-two feet long. The second approach is changing the grade to allow a small but steady incline to the front door.

The next area of concern would be the entrance. Two items to consider are door width and threshold height. Most exterior doors in today's homes are three feet wide and would be sufficient to accommodate an individual in a wheelchair. Threshold height should measure no more than 1/4 inch (1/2 inch if

continued on page 9

Making a House a Home (continued)

tapered) to allow easy access through the door.

Inside the Home

Now that we are inside the consumer's home, areas that need to be examined include: changes in level, furniture arrangement, floor coverings, and doorway widths. Since his home has only one floor, change in level is not a problem for him. In all other ways, his home is a typical one. The furniture needed to be arranged so that he can enter and exit any room without obstruction. There also needs to be enough floor space for him to move about within any room. When considering floor coverings, the surface needs to be firm and smooth. A low pile carpet can also be used for easier mobility. Most interior doors measure thirty inches in width. While the consumer can negotiate these doors when using his wheelchair, he does tend to scrape his knuckles once in a while. One inexpensive solution to this problem is offset hinges. These allow the door to open away from the doorjamb for easier passage through the doorway.

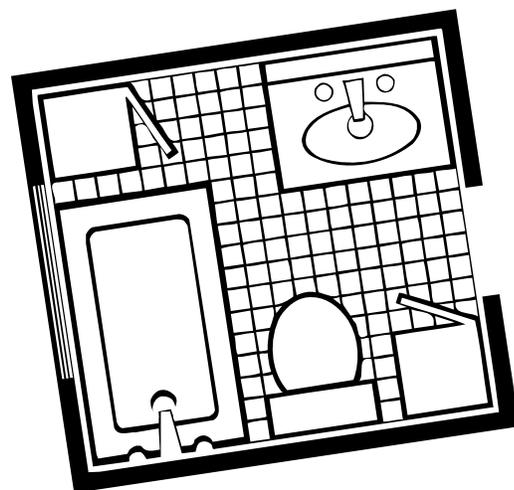
Bathrooms are a challenge

Bathroom access can be a problem for people using wheelchairs. Older homes typically have a narrower door—one that measures only two feet—entering the bathroom. In this case, architectural restructuring would need to take place to allow entrance. If the door were located in a load-bearing wall, major reconstruction would be needed. Also, bathrooms in older homes tend to be smaller in size. In this consumer's home, major reconstruction is required because the size of the bathroom does not allow for easy maneuverability of the wheelchair. The first thing to consider is the clear floor space. Clear floor space allows unobstructed turning of the wheelchair. Generally, a five-foot turning radius is recommended.

The bathroom sink should be easily accessible, and this can be achieved by using either a pedestal sink or a wall-mounted sink, making sure that the hot water pipe and drainpipe are insulated to guard against burns.

To transfer from a wheelchair to a bathroom toilet, the toilet seat height should be as close to the height of the wheelchair seat as possible. Typically, this means that the height of the toilet seat should be eighteen inches above the floor.

When addressing the bath/shower needs, personal preferences should dictate whether a roll-in shower or standard bath is to be used. Our subject prefers to transfer to a tub bench to take a shower. Therefore, a standard tub can be used with a tub-



continued on page 10

Making a House a Home (continued)

transfer bench, but a hand-held shower would be preferable to one that is wall-mounted.

Grab bars are usually placed behind and to one side of the toilet. They are also placed both horizontally and vertically within the shower at predetermined heights based on the individual's preferences.

Kitchen Concerns

The kitchen is the other major area to be addressed. Since this consumer lives alone, he needs to be able to access every area of the kitchen, including cabinets, appliances, countertops and the sink.

Wall-mounted cabinets should be lowered to allow for easy reaching. Usually, floor cabinets with countertops measure approximately thirty-six inches above the floor. For someone using a wheelchair, this height is too high. Therefore, when making accessible countertops, some work areas should be built to be approximately thirty inches above the floor. This also applies to the height of the sink, again making sure the wheelchair can roll under and that the drainpipe and hot water pipe are insulated. The top of the stove should be approximately thirty inches above the floor, with the controls in front to protect against burns. Ovens should be placed within easy reach. The most accessible oven is one that has a side-opening door. The side-by-side refrigerator/freezer is considered the most accessible. Personal preferences should be taken into consideration when deciding on appliances. Front-loading washers and dryers with front mounted controls are the most accessible.

Finding Funding

The last item on the list is funding. Finding the needed funding to make an existing home barrier-free can be a daunting task. However, for the person who perseveres, the reward can be satisfying. Local and state agencies such as the Housing Authority, Division of Vocational Rehabilitation or Division of Services for Aging and Adults with Physical Disabilities can be resources. Civic organizations can also be a source for funding, and many banks offer low-interest loans for making a home barrier-free.

Individual abilities and limitations need to be considered on a case-by-case basis when deciding what is needed for home modifications. For more information, contact your local Assistive Technology Resource Center. ■

Home, Here I Come!

JoAnn Tate

In May of 1998, I suffered two strokes and was hospitalized for two months. The strokes have negatively affected my ability to perform activities of daily living: seeing, speaking, hearing, standing, walking, lifting objects, travelling and working. Even though I received extensive inpatient rehabilitation, home adaptations for the purposes of safety, accessibility and independence were—and continue to be—essential. I have to admit that home adaptations were not the first thing on my mind when my inpatient rehabilitation therapy team was planning my discharge. It was not until our home was evaluated by the occupational therapist and physical therapist that I realized how many things would need to be changed.

Many Things Needed to Change!

One of the first adaptations to our house to prepare for my “homecoming” was replacement of the water heater. Because I cannot feel pain or temperature on the left side of my body and the right side of my face, the new water heater regulates the temperature of hot water (approximately 120°F) to prevent scalding. We also installed two sets of railings—one on the front porch and one in the stairwell between floors—to assist with climbing stairs. We also installed central air conditioning because I cannot regulate my own body temperature, especially during the summer months.

Every room required rearrangement or removal of furniture to provide wheelchair accessibility. I ordered a lightweight and easy-to-maneuver wheelchair, which helps tremendously since I live in a house with relatively small rooms. Currently, I do not require the use of the wheelchair inside my home. I am able to walk with the assistance of a wheeled walker, and I can climb stairs with the help of the railings. However, I cannot carry the walker up or down stairs. Therefore, it was essential that I have walkers on both floors of the house. It is important to note that when using a wheelchair or walker, electrical cords, wires or other items lying on the floor may impede your mobility.

A Temporary Bathroom Solution

My husband and I have only one bathroom on the second floor of our house. Because I was physically unable to walk up or down stairs when I first came home, we ordered a portable commode for use on the first floor. The portable commode was placed in a corner of a room that provided privacy from the front view of the house. We draped a bed sheet across a tall, portable clothes rack and placed it on the opposite side of the commode for complete privacy during use. (A friend suggested putting up rods and attaching a circular shower curtain as a privacy screen.) We purchased a

continued on page 12

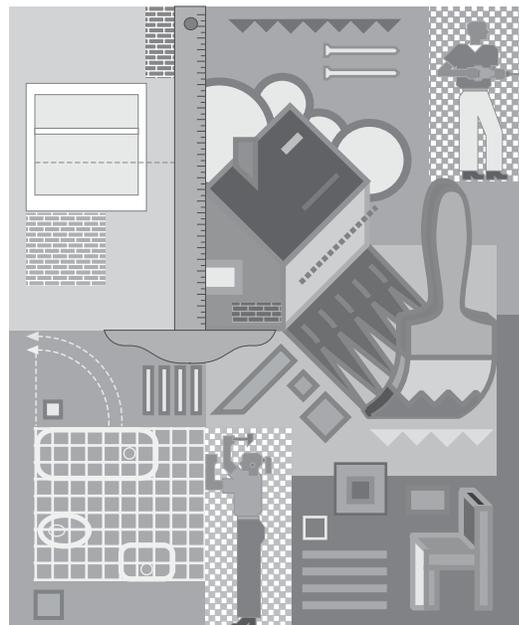
Home, Here I Come! (continued)

three-tier, wheeled cart to store necessary hygiene items like toilet paper, hand wipes, and paper towels beside the commode.

Minor adaptations were made to the second floor bathroom. Because I cannot safely stand to shower, we ordered a shower bench. To help control the direction of the flow of water, we installed a handheld shower. We replaced the sliding glass doors with a shower rod and curtain. We purchased a plastic tub/shower mat to help prevent slipping during transfers.

In the bedroom, we positioned our bed in the corner of the room to allow the wall to serve as a “bed rail.” Because I cannot completely trust my sense of balance, I utilize the wall to prevent me from rolling out of bed. This keeps me safe while eliminating the need to install a railing for my side of the bed. Because our closet is very small, a portable clothes rack helps me to store and retrieve clothing.

In the kitchen, we rearranged the location of our pots and pans and pantry items. We placed frequently used items onto lower shelves and spaced them so that I can lift/slide one item without knocking over other items. We also purchased a three tier wheeled cart for the kitchen so it can be pulled to the place where I am working, making select kitchen items accessible. We installed an under-the-counter jar opener; it makes opening tight jar lids a snap. This is a great device for individuals who are able to use both hands but don't have the hand strength to open a jar. We utilize paper plates and cups when possible since they can be thrown away rather than washed, and paper products don't break if you drop them.



Having independence to go in and out of the house is very important to me. In order to pull the front door shut when I go outside, I tied a piece of twine (about 16 inches) with a loop at one end to the front door handle. I simply put my wrist through the loop, step out onto the porch and reel in the twine to pull the door shut.

Safety Modifications Are Important

Safety is always a vital concern. Prior to my hospital discharge, my husband contacted the Wilmington Fire Marshals Office regarding smoke detectors for the deaf / hard of hearing. Following the strokes, I am completely deaf in the left ear and profoundly hard of hearing in the right ear. The Fire Marshals Office informed us about strobe light smoke detectors. We installed a strobe light smoke detector on the first and second floor of our house.

continued on page 13

Home, Here I Come! (continued)

Because I have a paralyzed vocal cord, I am unable to project my voice very loudly. My husband can not hear me call him if we are on different floors of the house or separated by a great distance. For safety reasons I carry a whistle in my walker basket and I have a bell located on the second floor.

I am not able to utilize a regular voice telephone or hear an alarm clock. I utilize a TTY (text telephone) to talk with family/friends, schedule appointments, etc. I utilize a wrist watch and alarm clock (placed under my pillow) that vibrates for the alarm, very similar to a vibrating beeper. I have been using the vibrating watch for 4 months to remind me about taking medication. The vibrating alarm is very effective and very reliable; I have not become annoyed with or habituated to the vibrations.

Finally, I have become very organized. It is important to me that everyday household items are put back in the same place; this eliminates me having to take extra steps to locate an item. Items are grouped together for similar needs and placed accordingly.

I have found that the above adaptations make life a little easier. They may take a little more time to set up or develop. Once they are set into place, I find that they are worth it. Home adaptations, either temporary or permanent, are an essential part of my life. ■

To Contact DATI's Central Site office or the ATRC closest to you, call 1-800-870-DATI

Press

#1 for English or
#2 for Spanish,

then press

#3 for the Central Site office
#4 for the New Castle County ATRC
#5 for the Kent County ATRC
#6 for the Sussex County ATRC

TDD callers: Do not press #1 or #2 and your call will be answered on a TDD line at the Central Site office.



Delaware Recycles Assistive Technology

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, then press 3 for the DATI Central Site office. All prices are negotiable and all area codes are 302 unless noted. You may also find an up-to-date recycle list on the DATI web site:

<http://www.asei.udel.edu/dati/recycle/index.html>.

Devices Available

Ambulation/Mobility

Brace, plastic, used to control drop foot, free, Mary, 629-4643

Cane, three prong, free, Patricia, 999-9226

Cane, Cord, 4 prong, neg., Doris, 368-9887

Crutches, adult, adj., aluminum, \$10, Alison, 427-0405

Crutches, adult, adj., Lofstrand, \$10, Alison, 427-0405

Prone Stander, Rifton, for 5 year old, w/ wheels, free, Linda, 239-6243

Walker, adult, \$40, Connie 653-7341

Walker, adult, standard, free, Patricia, 999-9226

Walker, adult, standard, folding, \$15, Alison, 427-0405

Walker, for 5 year old, 2 wheels in front, like new, free, Linda, 239-6243

Communication

Canon 7P Communicator, w/tape print out, single switch scanning or keyboard access, new, \$650, Dick or Gloria, 910-686-9744

CheapTalk 8, brand new, \$125, Amy, 349-5996

Computers/Software

Powermac 4400/200 PC, \$1,000; Apple Multiscan, \$200; high resolution printer, \$200; 10 ft nonlaser printer cable, \$12; above computer & components can be purchased separately or as a pkg for \$1,412, Margaret, 836-0559

Co:Writer & Write:OutLoud/Mac, \$200; Simon Sounds It Out, \$18; Access to Math, \$39; Intellikeys/Mac, \$200; Set of 3 Living Books--*Arthur's Birthday*, *Arthur's Teacher Trouble*, & *Little Monster at School*, \$20; No 1 & 2 Instant Access Sets for Living Books, \$12; IntelliTalk/Mac, \$20; IntelliPics, \$60; Hands-On Concepts/Mac, \$39; Holidays Coloring Bk, \$27; Learning to Tell Time, \$27; Set of 4 Edmark Software--*Millie's Math House*, *Bailey's Book House*, *Sammy's Science House*, & *Thinkin' Things*, \$25; Set of 4 Instant Access Overlays from Edmark, \$30; above software

can be purchased as a pkg for \$706 or separately at prices listed above, Margaret, 836-0559

Personal Care/Home Management

Alternating Air Pressure Relieving Bed, fully computerized, full size, made w/ gortex for prevention of skin breakdown, operates on 120 volts, used 3 months, \$10,500, Barry, 716-924-0409

Bath Chair, w/commode, arm rests, back support, \$100, Catherine, 652-6641 after 5 p.m.

Bath Chair, arm rests, back support, \$30, Kathy, 644-2214

Bedside Commode, arm rests, freestanding or over the commode, brand new, \$30, Tony, 378-3780

Bedside Commode, free, Patricia, 999-9226

Bedside Commode, (2), \$15 ea or 2 for \$25, Alison, 427-0405

Commode, portable, neg., Doris, 368-9887

Circulating Air Mattress, w/ motor, \$75, Nancy, 654-3217

Environmental Control Unit-one unit w/two controls, one for bedroom and one to be mounted on w/c, can be used from bed or w/c; TASH infrared remote for TV, speaker phone, 2 pneumatic switches, wireless transmitter, modulars, and many extras, \$2,000, Firm, Jim, 734-9106

Foot Protectors, soft, \$25, Nancy, 654-3217

Geriatric Chair, new, reclining, w/tray, \$400, Sarah, 322-8112

Hospital Bed, electric, adj., traction bar, \$1,500 or B/O, ask for Michele only, 368-8864

Hospital Bed, electric, \$150, Richard, 610-565-3636

Hospital Bed, electric, 3-position, \$600, Stephen, 947-1637

Hospital Bed, electric, 2 months old, \$800, Richard, 226-2909

Leg Pump, for circulation, needs liners, \$500, Jessica, 410-546-5006

Lift Chair, brown tweed, like new, \$350, Doris, 834-5769

Lift Chair, teaberry, used 6 months, w/ back vibrator, \$400, Dottie, 475-7895

Lift Chair, blue, good condition, \$350, Kathi, 429-6693

Obusform, full length back support, detachable neck pillow, straps to any type of chair or car seat, \$30, Alison, 427-0405

Platform Lift, hydraulic, outdoor, 4' rise, free w/ receipt for charitable contribution write off, Arturo, 777-3763

Regulator for H Tank, \$150, Doris, 834-5769

Roll Pillows, assorted, free, Nancy, 654-3217

Shampoo Tray, plastic, free, Nancy, 654-3217

Shower Chair, w/back & arm rest, attaches to the tub, \$65, Sarah, 322-8112

Shower Chair/commode, w/arm rest, \$75, Ruby, 764-8585

Stair Glide, 12', needs new control box, \$500, Jessica, 410-546-5006

Stair Lift, National Wheelovator Falcon, for 4 steps, neg., Cheryl, 368-7230

Tens Unit, Century 2100, carrying case & supplies, B/O, Sharen, 856-0969
Wedge, large, plastic, \$50, Nancy, 654-3217

Three/Four Wheeled Power Scooters

Legend Pride, \$1,000, Elma, 337-8304

Legend Pride, 3 wheeled, dismantles into 3 pieces, \$1,700, Rick, 239-7187

Omega, \$2K, Brad, 517-773-2158

Pace Saver Junior, small adult, 3-wheeled, upholstered seat, 2 baskets, charger,
Shirley, 368-3383

Rascal 240, 3 wheeled, long frame, blue, \$1,350, Edna, 335-3428

Rascal 130, 3 wheeled, upholstered seat and lift for auto/van, built in battery charger,
like new, \$2,700, Ralph, 945-8523

Scooter lift for minivan, \$100, Dick, 764-1714

Vehicles/Accessories

Curb-Sider, lifts w/c or scooter into trunk of car, 1 year old, excellent condition,
\$1,500, Patrick, 653-6892.

Gresham Driving Aid, left-hand control for brakes and gas, B/O, Richard, 998-9666

Hand Brake/Throttle, new, GM, \$375, Barbara, 678-0515

Lift, Bruno, for van, \$1,600, Bonnie, 836-5892

Wells-Berg Hand Controls for brake and throttle, \$75, Dick, 764-1714

Vision

Aladdin Video Reader...a personal reader and magnification system, \$1,200 or B/O,
Paul, 478-7714

Optalec 20/20 CCTV, 13", B&W, BO, Denny 227-5916 or Betty 227-8590

Vantage CCD, a personal reader and magnification system, by Telesensory, 14" blk &
white screen, good condition, insured for service, \$1,100, Bernhard, 778-5853

Video Eye, w/ 27" monitor, \$2,000, Joanne, 678-3453

Wheelchairs/Accessories

Adult, electric, \$1,500, Barbara, 654-6723

Adult, electric, w/charger, E&J, \$900 or B/O, Mary, 984-1225 after 6 p.m.

Adult, electric, Joystick Hoveround, reclines, hi-back, video and manual inc., neg.,
Josephine, 764-5324

Adult, electric, w/charger, manual inc., std, \$900, Dolores, 856-3261

Adult, electric, Action 9000, inc. joystick & battery charger, 1 1/2 yrs old, \$1,500,
Ruby, 764-8585

Adult, electric, Invacare, 18 inch, w/gel seat & charger, good condition, \$350, Gail,
737-8721

Adult, electric, std, reclines, swivel seat, adj. desk arms, recline leg rest w/tilt foot-

plates, 4 speeds, \$2,700, Susan, 410-546-5810
 Adult, electric, \$4,000, Judy, 655-9408
 Adult, electric, Amigo, w/ battery charger, \$150, Fran, 573-3580
 Adult, electric, new, w/ joystick, 2 batteries & charger, oxygen charger, \$3,500, Lou, 798-5475
 Adult, electric, Tempest, needs repair, free, Fran, 573-3580
 Adult, electric, standard, needs batteries & tires, \$500, Jessica, 410-546-5006
 Adult, electric, oversized, w/ charger, good condition, \$2,500, Kathi, 429-6693
 Adult, electric, Arrow Storm series, large back wheels, head rest, 6 months old, customized for tall person, \$11,500, Richard, 226-2909
 Adult, manual, La-Bac Tilt 'n Space, \$1,500 or B/O, Sandi, 992-0225
 Adult, manual, Invacare, w/Jay Back, \$600 Firm, William, 652-1914 after 9 p.m.
 Adult, manual, Invacare, large, \$500, Nancy, 654-3217
 Adult, manual, Quickie 2, standard, free, Martha, 410-620-2670
 Adult, (5) manual, oversized, good condition, Dana, 424-1871
 Child, manual, Quickie, w/tray, \$275, Vernessa, 655-9840
 Child, manual, Zippie by Quickie, Pink & Black, tilts, \$500, Jamie, 945-8668
 Child, manual, for 5-6 year old, good condition, free, Retha, 475-5979
 Child, manual, for 7-8 year old, good condition, free, Retha 475-5979
 Children's, variety, free, Kristen, 672-1960

Devices Needed

Adult Tricycle, able to pay something, Mary Jane Fletcher 269-2186 ext 316
 Computer, w/pentium processing, Windows 3.5 or 95, donation only, Ida, 633-6905
 Computer upgrade to 1GB, fast modem, reasonable price or donation, John, 994-3067
 Geriatric Chair, extra width, Sarah, 322-8112
 Hoyer Lift, Sarah, 322-8112
 Lift for Scooter, one that attaches to a car, free or reasonable price, Zoan, 697-1291
 Outer 2 Lift for van, free or reasonable price, Elma, 337-8304
 Lift Chair, reasonable price or donation, Anthony, 993-0513
 Lift Chair, reasonable price or donation, Courtney, 235-6073
 Lift Chair, Sue, 645-6894
 Portable Ramps, Linda, 292-3066
 Shower Transfer Bench, willing to pay reasonable price, Sue, 645-6894
 Speech Language Master (Franklin), willing to pay reasonable price, Diane, 284-0514
 Stair Glide, willing to pay reasonable price, Chris, 834-8734
 Stair Glide, willing to pay reasonable price, Linda, 292-3066
 Stair Glide, willing to pay reasonable price, Barbara, 832-7178
 Stair Lift for bi-level-stairs, landing, and then stairs again, total of 14 steps, Sharon,

410-398-7238

Stationary Bike, Beth, 994-6865

TTY, Linda, 292-3066

Van, accessible, Sue, 645-6894

Wheelchair, adult, manual or electric, extra width, Sarah, 322-8112

Wheelchair, adult, lightweight transfer, Shirley, 737-4666

Wheelchair, adult, lightweight, willing to pay reasonable price, Rose Marie, 764-1643

Wheelchair, manual, for small adult, willing to pay reasonable price, Theresa, 302-235-0303

Wheelchair, adult, manual, Theresa, 658-6151

Note: If you are looking for items not on the list, contact the Central Site office at 1-800-870-DATI. New items are added regularly. If there has been no activity or interaction with the contributor to the list within six months, items are automatically removed from the list.

Note on liability: The DATI assumes no responsibility for the condition of any products exchanged through this information service. It is the responsibility of the owner to provide accurate information about product specifications and condition. Additionally, terms or arrangements made for any product exchanges are the sole responsibility of the exchanging parties. ■

DATI Equipment Loan Policy

DATI has a wide variety of equipment at the Assistive Technology Resource Centers for the primary purpose of demonstration and short-term loan. The policy for the loan of the equipment is as follows:

The standard loan period is two weeks, defined as the day borrowed (e.g., Monday the 10th) to the same day two weeks later (e.g., Monday the 24th). Loans may be extended providing there are no names on the waiting list and/or that an extension will not interfere with an existing reservation. The maximum loan period is 4 weeks.

A maximum of four (4) devices may be borrowed at a time, i.e., during any single loan period. However, combinations of devices may be treated as a single device if the components are interdependent—either operationally, or because one component is required for the user to access another.

Equipment loans across State lines are not permitted. Equipment must also remain in Delaware throughout the loan period.

DATI PUBLICATIONS LIST

The following publications are available from the DATI Publications Office. All prices include shipping and handling (ask about large quantity orders).

Funding Fact Sheets

Set of five fact sheets providing overviews of the policies and practices of five major funding streams in Delaware relative to assistive technology.

Price: Single copies are free. 2–9 copies are \$1.00 ea. 10 or more copies are 50¢ ea.

Public Schools

Medicaid

Medicare

Voc Rehab & Independent Living

Social Security

Set of five (*single set is free, 2-9 \$5.00/set, 10 or more copies \$2.50/set*).

1997 Guide to Funding Resources for Assistive Technology in Delaware

Comprehensive guide to the primary resources for assistive technology funding in Delaware. The guide contains information on eligibility, coverage policies, and application procedures. The material is bound, with index tabs for convenience.

Prices: 1–9 copies are \$20 ea. 10 or more copies are \$15 ea.

Assistive Technology: The Right Tools for the Right Job

A video profiling Delawareans working in their chosen professions with support from assistive technology. (Please indicate: open-captioned or closed-captioned format)

Prices: 1–9 copies are \$15 ea. 10 or more copies are \$10 ea.

Independence Through Technology Video

An introduction to the many ways in which assistive technology can impact lives. The video contains information about the DATI and other AT resources in Delaware.

(Please indicate: English or Spanish)

Price: \$10 ea. (any quantity)

Free Publications

Independent Living Brochure Series

Five colorful brochures describing the benefits of assistive technology for activities of daily life.

You Can Get There From Here (Reaching and mobility aids)

Zip It Up (Clothing adaptations and dressing aids)

Around the House (Housecleaning and storage)

Cleanliness Is Next To... (Personal care and grooming)

What's For Dinner? (Cooking and dining)

Set of Five Brochures

Delaware Recycles AT Brochure

Description and contact information about the DATI's equipment recycling program—includes punch-out Rolodex card for easy reference.

Selecting & Obtaining Assistive Technology Brochure

Outline of steps to be taken in acquiring assistive technology, including assessment, vendor selection, funding, training, and follow-up.

ORDER FORM

Ship to: Name _____ Title _____
Affiliation _____
Address (check one) __Business__ Residence _____

City/State/Zip _____
Phone: Business _____ FAX _____ Residence _____
Email Address: _____
I am a: consumer family member friend/advocate professional other _____
For printed materials, I need: braille large print 15/16 audiotape 1-7/8 audiotape Spanish

Items: *Make checks payable to: University of Delaware/DATI (EIN 51-6000297).*

quantity	publication titles	price	total

Send your
order to:

Delaware Assistive Technology Initiative
University of DE/duPont Hospital for
Children, P.O. Box 269, 1600 Rockland
Rd., Wilmington, DE 19899-0269
FAX: (302) 651-6793

total enclosed



Please Keep Us Posted!

Has your address changed? Are you receiving duplicates?

If the address we have for you is incorrect, please type or print your correct address and forward it to DATI along with the current mailing label. If you no longer wish to receive this newsletter, please contact our office or send us your mailing label with "discontinue" written next to the label. Thanks for your cooperation.

DATI Mailing List Application



Name _____ Title _____

Affiliation _____

Address (check one) Business Residence

City/State/Zip _____

Phone: Business _____ FAX _____ Residence _____

Email Address: _____

Non-Delaware Residents: If you wish to receive copies of *The AT Messenger*, the annual subscription fee is \$20. Make checks payable to the University of Delaware (EIN 51-6000297) and mail it to the address shown below with this completed application form.

Delaware Assistive Technology Initiative
University of DE/duPont Hospital for Children
P.O. Box 269, 1600 Rockland Rd.
Wilmington, DE 19899-0269

Phone: (800)870-DATI or (302)651-6790, TDD: (302)651-6794 FAX: (302)651-6793

I am a:

- Person with a disability
(please specify): _____
- Family member of a person with a disability
- Friend/advocate/colleague of someone with a disability
- Professional working with people who have disabilities
(please specify) _____
- Interested citizen
- Other (specify) _____

Accessibility Needs:

- Braille
- Large print
- 15/16 Audiotape
- 1-7/8 Audiotape
- ASL Interpreter
- Tactile Interpreter
- Transportation
- Spanish

I would like to be involved in:

- Technology users peer network
- Service provider network
- Funding initiatives
- Presenters network
- Project governance
(boards & committees)
- Advocacy activities
- Volunteer work as: _____

10111299

DATI THROUGHOUT THE STATE...

1-800-870-DATI

New Castle County ATRC
Easter Seals of Delaware and Maryland's
Eastern Shore
61 Corporate Circle, Corporate
Commons
New Castle, DE 19720-2405
(302) 328-ATRC; (302) 328-2905 (TDD)

Kent County ATRC
Easter Seals of Delaware and Maryland's
Eastern Shore
Kent County Community School
65 Carver Rd.
Dover, DE 19904-2716
(302) 739-6885; (302) 739-6886 (TDD)

Sussex County ATRC
Easter Seals of Delaware and Maryland's
Eastern Shore
Delaware Technical & Community
College
Arts & Science Building, Room 320B
Rt. 18, P.O. Box 610
Georgetown, DE 19947-0610
(302) 856-7946; (302) 856-6714 (voice
or TDD)

The AT Messenger is published quarterly by the Delaware Assistive Technology Initiative (DATI).

Delaware Assistive Technology Initiative
Center for Applied Science & Engineering
University of Delaware/duPont Hospital for
Children
P.O. Box 269, 1600 Rockland Road
Wilmington, DE 19899-0269
Phone: (800)870-DATI or (302)651-6790
TDD: (302)651-6794; FAX: (302)651-6793
E-mail: dati@asel.udel.edu; URL:
<http://www.asel.udel.edu/dati/>

Beth Mineo Mollica, Director
Joann McCafferty, Staff Assistant
Julia Mercier, Information and Outreach
Coordinator
Sonja Simowitz, Project Coordinator

DATI is a joint project of the Center for Applied Science & Engineering at the University of Delaware and the duPont Hospital for Children.

DATI is funded by the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education, Grant #H224A10005. This publication does not necessarily reflect the position or policy of NIDRR/ED, and no official endorsement of the materials should be inferred.

The University of Delaware is an equal opportunity employer and prohibits discrimination on the basis of race, color, creed, age, national origin, marital status or disability in conformity with applicable laws.