

The AT Messenger bringing technology to you

Delaware Assistive Technology Initiative (DATI) • Volume 9, No. 3 • Summer 2001

Assistive Technology Act Sunsets

f state Assistive Technology Act projects, such as DATI, are to continue, Congress will have to approve an amendment to the Appropriations bill this year. Because of the sunset clause included in the original Tech Act of 1988, which provided for a maximum of ten years of funding for each state and territory, nine states will drop out of the program at the end of this fiscal year. The Assistive Technology Act of 1998 authorized an additional three years for each state project at a 50% funding level, but did not remove the sunset clause. DATI has been working with other state projects, through the Association of Tech Act Projects (ATAP), to educate and inform Senators and Representatives in the U.S. Congress about the importance of assistive technology (AT) in the lives of individuals of all ages with disabilities, and the role of the Assistive Technology Act projects in providing access to AT. Although President Bush's New Freedom Initiative acknowledges

FAQs (Frequently Asked

Questions)

the critical contribution of AT to independence, the

Administration's commitment is to increased funding for AT research-and-development and low-interest loan programs. A glaring omission is support for programs that will enable consumers to make good technology decisions through operation of demonstration centers—such as DATI's Assistive Technology Resource

New Location for Kent County ATRC See page 9!

Centers—training programs, and outreach and awareness activities. ATAP is working with senators and representatives to sponsor amendments to the appropriations bill this year that would waive the sunset clause, and provide a reasonable amount of funding for each state and territory project. This amendment would allow for continuation of all the projects until the Assistive Technology Act could be reautho-

rized next year with appropriate amendments. Once the states start dropping off, the momentum of the national program that is specific to the states will be lost, and assistive technology access to the individuals in these states will suffer. In order for the amendment to pass, individuals of all ages with disabilities, family members, and providers must let their Senators and Representatives know the importance of the Tech Project in their states. If you would like to see DATI con-

tinue its work, please write, call, fax or email Delaware's Congressional Delegates and ask them to support the amendment in the FY2002 Labor-HHS-ED Appropriations bill that would provide for the continuation of the Delaware Assistive Technology Initiative (DATI) under Title I of the Assistive Technology Act of 1998. Be sure to tell them what DATI has meant to you, and what you would miss if DATI were not in existence: the quarterly newsletter, the website, fact sheets, training, information about assistive technology and referral to other assistive technology resources, conferences, no-cost equipment loan, funding information and processes, technical assistance, a catalyst for collaboration among stakeholders, and any other support you or others you know received from DATI. If for any reason you do not believe

Assistive Technology Act Sunsets (continued)

that DATI should continue, please contact Beth Mineo Mollica immediately with your comments. For more information, please contact

Beth at DATI at (800-870-DATI [in state] or 302-651-6790) or Jane West (301-718-0979) or Ellin Nolan (202-289-3900) at ATAP. ■

Congressional Delegates

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NOTE: The DATI website has a sample letter available at: www.asel.udel.edu/dati/ATmessenger/summer2001/letter.html

This article is based on "Assistive Technology Act Sunsets" appearing in the May 2001 **Great Possibilities**, published by LATAN, PO Box 14115, Baton Rouge, LA 70898-4115

A Glimpse at Upcoming Inclusion and LIFE Conferences

Inclusion Conference When: November 15, 2001

Where: John M. Clayton Conference Center,

Newark

Cost: \$20 (\$10 for students)

his year's theme, "Do All Kids Belong in All Classes?" will be supported with strands titled: Inclusive Education, Delaware Blueprint: Making It Work in a District, Adapting Curricula, and Technology Tools in Balanced Literacy Instruction. In contrast to previous Inclusion Conferences, repeat sessions will be sacrificed in order that we might offer presentations exploring issues in greater depth.

The keynote speaker will be Norman Kunc, a writer, speaker, and disability rights advocate. Born with cerebral palsy, Norman attended a segregated school for children with physical disabilities until the age of 13, when he was integrated into a mainstream school. He completed an honors degree in Humanities and a Master of Science. Norman is a lecturer with the Principals' Center at the Harvard Graduate School of Education, as well as an associate of The Facilitated Communication Institute at Syracuse University.

"The power of his argument for inclusive learning environments comes from his abil-

ity to summon our principals to think globally about the learning and social needs of all students, not just those with disabilities," says Millie Blackman, Director of the Principals' Center.

In addition to the keynote, Kunc will offer breakout sessions titled Non-Coercive Discipline: Practical Alternatives to Traditional Classroom Management and New Students: New Questions Supporting Classroom Teachers in Inclusive Schools, which together comprise the conference's Inclusive Education Strand.

LIFE Conference

When: January 24, 2002

Where: Sheraton Dover Hotel & Conference

Center

Cost: \$35 (\$20 for students, consumers, and

family members)

The keynote speaker for the LIFE Conference will be Dr. Al Condeluci, a national leader in human services and community issues. Since 1973, Condeluci has worked as an attendant, caseworker, advocate, planner, program director, and now CEO, for UCP of Pittsburgh. His books, Interdependence, Beyond Difference, and The Essence of Interdependence, have won praise for their thoughtful approach to culture and community.

Working With a Disability: It Can Be Done!

Frequently Asked Questions About Social Security Work Incentives

By Laura J. Waterland, Staff Attorney Disabilities Law Program

People with disabilities continue to be under-represented in the work force. Despite legislation designed to open employers' doors for people with disabilities, such as the Americans with Disabilities Act, people with disabilities continue to post high unemployment rates.¹

For many years, the Social Security Administration (SSA) has developed and promoted work incentive rules that encourage recipients of SSDI and SSI to access vocational rehabilitation services, to attempt work, and to maintain eligibility for cash benefits and medical insurance as earnings increase.²

One new piece of legislation, the Ticket to Work and Work Incentives Improvement Act, or TWWIIA, seeks to enhance existing incentives as well as expand health insurance eligibility.

This article will briefly summarize how existing SSA, Medicaid and Medicare rules can ease the way into employment for people with disabilities. These rules are very complex, so please seek advice from SSA or from advocates to see

of circumstances.

Q: How can I work and retain my SSDI and SSI cash benefits?

how the rules might apply to your particular set

Both the Supplemental Security Income (SSI) and Social Security Disability Income (SSDI)³ programs have rules that allow a recipient to work and receive benefits, to maintain eligibility even though no cash benefits are being paid due to earnings, and to extend medical benefits when earnings disqualify a recipient from cash benefits.

Social Security Disability Income SSDI rules encourage individuals to attempt to work by allowing a Trial Work Period (TWP) of nine months. Months in which the individual receives earnings of \$530⁴ or more count as a TWP month. The nine months must occur within a rolling 60-month period. During the TWP, the individual may earn any amount and continue to receive a full monthly benefit.

After the TWP, the Social Security Administration will conduct a review to see whether the work is "substantial gainful activity" (SGA). Earnings of \$740.00 or more per month is the current standard for SGA. If SSA finds that SGA is occurring, then the recipient will get three more months of benefits, then cash benefits will stop. If the individual is found not to be engaging in SGA, then cash

benefits will continue.

Certain SSDI rules allow individuals to adjust their earnings to arrive at the countable income amount used to evaluate SGA. Impairment-related work expenses (IRWE), and certain subsidies can be deducted from gross earnings before SGA is calculated. IRWE might include work-related costs for attendant services, transportation,

assistive technology, medical expenses, and environmental modifications. These deductions can help to maintain cash benefit eligibility by reducing earned income used to calculate SGA.

Finally, once an individual has successfully completed a TWP, a 36-month Extended Period of Eligibility (EPE) will begin in the month following the ninth TWP month. During the EPE, individuals will receive a benefit check for any month in which countable earnings fall under SGA. The individual does not need to reapply for benefits during the EPE. After the EPE, an individual would have to reapply for benefits should it become necessary. Expedited reinstatement of eligibility can be requested within 60 months of benefit termination. During this expedited reinstatement process, an individual is eligible for up to six months of temporary benefits while SSA

Social Security Work Incentives (continued)

reviews the case, without risking an overpayment.

Social Security Income

The earned income rules for SSI are not as generous as for SSDI. Nevertheless, SSI recipients can work up to a point and still receive a check. In calculating income, SSA allows a \$20.00 general income exclusion, and a \$65.00 earned income exclusion. SSA then counts one-half of the remaining earned income. The remaining amount of earned and unearned income is combined to calculate total countable income. SSI payments are reduced by this

income. SSI payments are reduced by this amount. Once countable income is equal to the monthly benefit amount (currently \$530.00 per month), cash benefits cease.

SSI rules allow certain deductions in calculating earned income. These include certain Student-Earned Income Exclusions. As in the SSDI program, SSI recipients are also allowed to deduct the cost of certain impairment-related work expenses (IRWE). SSI recipients can also develop a Plan for Achieving Self-Support (PASS), which allows them to set aside income and/or resources to be used to achieve work goals.

Q: But if I am working, doesn't that mean by definition that I'm not disabled anymore?

The definition of disability for SSA has two components; *medical disability* (a medically determinable impairment likely to last at least 12 months or end in death) and *vocational dis ability* (the inability to do substantial gainful activity). To be eligible for SSDI or SSI, an applicant must satisfy both components of the disability test, as well as meet other non-disability program criteria.

Generally, SSA conducts continuing disability reviews (CDRs) every three years if medical improvement is possible or every five to seven years if it is not. SSA also conducts a

CDR if SSA receives information that an individual has improved, such as a report of SGA-level earnings. Effective January 2002, TWWI-IA prohibits a work-triggered CDR for SSDI recipients who have been receiving benefits for more than 24 months. SSA can continue to

conduct CDRs according to its regular schedule. A CDR will also not occur during participation in a vocational rehabilitation program, including a ticket to work program under TWWI-IA.

Q: How can I keep my health insurance once I start working and lose my benefits?

SSDI

SSDI recipients are eligible to receive Medicare,⁵ Parts A (hospitalization) and B (supplemental medical insurance), although there is a 24-month waiting period from the date of SSDI eligibility in order to receive Medicare.⁶ SSDI recipients who lose cash assistance due to work remain eligible for Medicare for 93 months. This 93-month eligibility period commences at the end of the TWP. The 24-month waiting period must still be satisfied and counts as part of the 93-month period, if they coincide. Individuals who are working at SGA but are not medically improved qualify for this extension of Medicare.

Individuals who have exhausted the 93-month Medicare eligibility period may "buy-in" to Medicare by paying premiums, so long as they remain "medically disabled." The Qualified Disabled and Working Individuals (QWDI) program, administered by the Medicaid program, can help pay Part A Medicare premiums for individuals who have lost free Part A due to work.

SSI

SSI recipients do not have a waiting period before becoming eligible for Medicaid. However, the SSI program does not have a three

Social Security Work Incentives (continued)

year EPE or the lengthy extension of benefits for people who lose benefits due to earnings found in the SSDI and Medicare programs.

If you have been ineligible for SSI for 12 months or less, for a non-medical reason such as earned income, you may be able to seek reinstatement of SSI and/or Medicaid without a new application. Should you lose your SSI due

to work, you may be eligible for continuing Medicaid benefits under Section 1619(b). To qualify under § 1619(b), you must have been eligible for SSI cash benefits for at least one month, be disabled, meet other eligibility rules, such as resource limits, need Medicaid in order to work, and have gross earned income insufficient to replace SSI, Medicaid and any publicly-funded attendant

care. Section 1619(b) recipients are entitled to automatic reinstatement of SSI if earnings fall below allowable levels.

TWWIIA⁷ expanded the State's ability to extend Medicaid coverage to lower income people with disabilities. States now can opt⁸ to create a buy-in program for Medicaid and to extend Medicaid coverage for those with incomes up to 250% of the Federal Poverty Level who meet the SSI definition of disabled and would be eligible for benefits if not for earnings. States can also extend Medicaid to individuals whose condition has improved to the point that they have lost SSI or SSDI but they continue to have a severe, medically determinable impairment.

Q: I need some training before I try to work. How do I get these services?

Vocational rehabilitation (VR) has always been an important element in SSA's strategy to encourage people with disabilities to work. TWWIIA increased choice in available VR services by creating a Ticket Program. SSDI and SSI recipients will receive a ticket that they can use to obtain employment-related services, VR

services, or other support services, such as assistive technology. The recipient can assign the ticket to any SSA-approved Employment Network. The Network then devises an individualized plan in coordination with the recipient. Recipients need not use the ticket, and can opt for traditional vocational rehabilitation services through the state VR agency.

Delaware is in the first phase-in of the Ticket to Work Program. Maximus is serving as national Program Manager for the Ticket Program, under contract to SSA. Their toll free numbers are 866-968-7842 and 866-833-2967 (TTY).

TWWIIA also includes funding for advocacy services for beneficiaries. The Disabilities Law Program (DLP) of Community Legal Aid

Society is the designated protection and advocacy system in Delaware, and can assist with information, advice, referral and other services to individuals accessing services under TWWI-IA. Please call the Disabilities Law Program at 302-575-0690, 302-575-0696 (TTY). The DLP is also the protection and advocacy system for individuals with mental illness, developmental disabilities, and physical disabilities.

SSA work incentive rules can be used creatively to make the transition to work easier for many people with disabilities, especially SSDI recipients. To reiterate, careful consideration must be given to each individual's circumstances in crafting an employment plan that maximizes the benefit of these rules. In Delaware, United Cerebral Palsy of Delaware has contracted with SSA to provide statewide benefits planning services. The MEANS Program (Making Employment A New Success) offers a tailored analysis of the impact work can have on the range of public benefits, including, SSI, SSDI, food stamps and subsidized housing, so that an individual can make an informed choice about entering the workplace. The MEANS Program's toll-free number is 1-800-640-9336. ■

Social Security Work Incentives (continued)

Notes

¹ According to data from a 1998 National Organization On Disabilities/Harris Poll of Americans with Disabilities, the unemployment rate for people with disabilities is around 70%, while the rate for the total non-disabled population is around 18%.

²Of course, cost savings through reduction of the rolls is an important motivation in SSA work incentives; however, policy makers will tell you that working has the potential to dramatically increase the standard of living of recipients and their dependents.

³SSDI is an insurance-based disability scheme for individuals with a significant work history who become disabled. SSDI recipients are eligible for Medicare after a 24-month waiting period. SSI is a needs-based program for elderly and disabled individuals who have not worked a sufficient number of quarters to be eligible for SSDI. SSI recipients receive Medicaid. Individuals can be eligible for both programs, depending on the SSDI payment amount.

⁴This earnings figure recently jumped to \$530 from \$200 per month. This figure is now linked to the national average wage index.

⁵Medicare recipients must pay a premium for Part B. However, several programs (QMB, SLMB, QI-1 and QI-2) administered by the State Medicaid office can pay Medicare premiums for lower-income SSDI recipients.

⁶Additionally, there is a five-month waiting period for receipt of cash benefits from the date of eligibility. During that time, individuals may be eligible for SSI benefits and consequently Medicaid. Delaware recently created a Medicaid eligibility category for former SSI recipients who lose SSI due to receipt of SSDI cash benefits, but are not yet eligible for Medicare and are not eligible for Medicaid under another program. Low income SSDI recipients may be eligible for Medicaid under the Low Income Adults Program until Medicare is available.

⁷While many employers offer health insurance to employees, people with disabilities, who frequently have chronic health issues, can be severely affected by pre-existing condition exclusions. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 26 U.S.C. Subtitle K, Chapter 100 is an insurance reform law that in part encourages people to maintain insurance and seeks to remove insurance as a factor in a decision either to take a job or change jobs. While HIPAA's rules are extremely complicated, the law allows people to establish credits for months that they are covered by insurance. These credits are portable from job to job, so long as there are no significant lapses in coverage. Insurers can impose no more that one 12-month pre-existing condition exclusion on an individual. Once an individual has twelve "creditable months" of coverage, an individual should not be subject to a pre-existing exclusion. Insured months under a public insurance program can count as "creditable" insurance.

⁸Delaware has not yet taken advantage of these options to extend Medicaid coverage to the working people with disabilities.

Frequently Asked Questions: Policy and Funding Issues

by Beth Mineo Mollica, DATI Director

ATI staff members receive many calls related to funding for AT devices and services. People want to know whether AT is covered under their insurance plans, school or employment programs, or other benefits programs. They also want to know the steps they need to follow to take advantage of potential funding options.

We thought it would be helpful to share some of the most frequently-asked questions with our readers because—chances are—you are likely to have wondered about the same things.

QUESTION: Medicaid purchased my child's augmentative communication device, which is now broken. Who is responsible for paying the

cost of the repair?

ANSWER: If your child is still a Medicaid beneficiary, Medicaid will cover the cost of the repair. Depending on the cost, you may need to secure prior approval first. If the device is also

written into your child's IEP because the device is an important part of his education, the school also has an obligation to ensure that your child has access to a working device.

QUESTION: My insurance company refuses to pay for my child's hearing aid, claiming that the policy doesn't cover hearing aids. Do I have any recourse?

ANSWER: Your first course of action is to make sure that you have two documents from

Frequently Asked Questions (continued)

the insurance company: a written Denial of Benefits containing the specific reason for the denial, and a copy of your policy coverage manual. The Denial of Benefits statement must tell you why your request was refused, and that will dictate your response. It may be something as simple as the omission of a physician's signature on the Letter of Medical Necessity, which can easily be remedied. If the insurance company indicates that your claim has been denied because a particular device or service is not a covered benefit, read your coverage manual carefully. You may find that the item in question is indeed covered, and you will need to bring this to the insurance company's attention. All insurance companies have appeals processes in which beneficiaries may request reconsideration of a denial based on additional information or on clarification of the request or the policy. Follow your insurance company's procedures for appeals precisely, and make sure that all communication between you and the insurance company is documented in writing. If they inform you of a denial over the phone, ask for it to be sent to you in writing, with the reason for the denial clearly stated.

QUESTION: I've heard that Medicaid will cover the cost of many AT devices, but that it is near impossible to get the cost of an AT evaluation or follow-up training paid by Medicaid. Is this true?

ANSWER: It depends on your circumstances—your age, your disability, and what type of services you need. For example, augmentative and alternative communication (AAC) training is typically provided by a speech/language pathologist. If you are eligible for speech therapy services under Medicaid, this affords you access to AAC services as well. Individuals under the age of 21 have access to a very broad array of services; the menu of services look somewhat different for an adult, or someone covered under one of the many Medicaid waiver programs. Contact Delaware Medicaid or DATI to discuss how this impacts your own situation.

QUESTION: We have used our savings to purchase a laptop computer for our child who has severe fine motor disabilities and is unable to write. He needs to use the computer at home to do his homework. The school principal refuses to allow him to bring it to school because she claims that the school cannot be responsible if it is damaged. Is there anything I can do?

ANSWER: If your child needs an AT device to benefit from his educational program, it should be written into the IEP. The Office of Special Education Programs in the U.S. Department of Education has issued a policy letter on the subject of school liability for family-owned devices. The letter states: "If a child needs assistive devices to benefit from his education program, the school is liable for a family-owned device used at school." Conversely, federal special education regulations also indicate that the school may be responsible for providing AT in the home, or other settings, if the IEP team determines, on a case-by-case basis, that the student will need AT in that setting to receive a Free Appropriate Public Education (FAPE). 34 C.F.R. Sec. 300.308.

QUESTION: I am aware of my rights to access AT, but I can't get the funding agency to comply with its own guidelines. What recourse do I have?

ANSWER: Although this is an incredibly frustrating situation to be in, you may have several options for help. DATI staff are familiar with most funding streams and can help you devise and implement a strategy for breaking through the barriers you've encountered. Another option is to pursue a legal remedy. Delaware's Protection and Advocacy (P&A) agency, Community Legal Aid Society, Inc., gets funds allowing them to handle assistive technology cases. Be sure to ask for the AT attorney when you call the P&A office. The number in New Castle is 575-0660, in Dover 674-8500, and in Georgetown 856-0038. ■

Ask the AT Specialist: Maintaining Independence in Spite of Visual Limitations

by Mike Meyreles, ATP

ne request I frequently hear is: "Is there any type of device available to help me read?" Many times, this question is posed by someone with macular degeneration.

Macular degeneration is the physical disturbance of the center of the retina called the macula. The macula, which is about the size of the capital letter "O" in this sentence, is the part of the retina which is capable of our most acute and detailed vision. We use the macula for reading, driving, recognizing faces, watching television, and fine work. Macular degeneration is the leading cause of legal blindness in people over age 55. (Legal blindness means that a person can see 20/200 or less with eyeglasses.) Even with a loss of central vision, however, color vision and peripheral vision may remain clear. Vision loss usually occurs gradually and typically affects both eyes at different rates. ¹

The following article is about one such call and the process that took place to help give some residents of Luther Towers the ability to read again.

by Dee Oldham, Manager, Luther Towers I

anaging a retirement facility makes one very aware of the many disabilities that may accompany the aging process. Loss of one's eyesight is one of the most debilitating impairments. It affects an individual's total quality of life.

Just imagine how difficult it would be if

you could no longer read your mail, check your prescription, balance your checkbook, or write a check! When vision becomes impaired, obstacles seem insurmountable. Your independence goes out the window, and you become very dependent on others' help.

Knowing all this, my interest was really aroused when an article appeared in the *News Journal* on December 1, 2000 touting a magnification system purchased by the South Coastal Library in Bethany Beach. My first instinct was to show the article to a particular resident at Luther Towers. Ruth is one of our most active and involved seniors who just hap-

pen to have macular degeneration.

Ruth had done everything she could to be as independent as possible. She continued her active lifestyle by using a magnifier to read word for word. She had been fitted with magnifying eyeglasses to aid her vision when trying to read small print. In addition, she had been evaluated by the Division for the Visually Impaired and kept up with books and newspa-

pers with their audio tape service. Although Ruth remained active and in good spirits, she realized that in order to maintain her present living style, more sophisticated equipment was needed. Ruth was excited when she heard what a magnification system, otherwise known as a CCTV, could do for her. She presented the

suggestion of purchasing a CCTV for resident use to our Executive Director, Rolf Eriksen, who encouraged further research.

After researching some assistive reading devices on the net, I called DATI and was referred to Mike Meyreles, Rehab Engineer, at

Maintaining Independence (continued)

the New Castle County Assistive Technology Resource Center. Our organization is familiar with DATI since we are on the mailing list and receive *The AT Messenger*. Mike arranged a meeting with Ruth and me to demonstrate some assistive devices available for people with visual limitations.

What an "eye opening" experience the demonstration was! Mike presented us with options ranging from simple, non-electronic

visual guides, such as lined paper to aid writing to electronic equipment, such as a CCTV system and computer software. He demonstrated a the CCTV system, which was a hand-held magnifier connected to a TV screen. When Mike left that day, Ruth was bubbling with excitement as she thought about the possibility of Luther Towers pur-

chasing a CCTV for residents' use. With a population of 370 elderly residents in both our buildings, Ruth and I knew there was a need for such a device.

After considering all the information that Mike presented, I approached him about borrowing the demo CCTV. From the moment the equipment was set up in our facility, I knew there was no turning back—we needed to find a way to purchase a CCTV for the residents in both of our buildings. A steady stream of residents waited their turn to read books, enjoy personal letters and cards, balance checkbooks, read newsletters or read inspirational literature. Among this deluge of seniors lined up to use the CCTV was Ruth, who was organizing a 45page hymnal for our weekly church service. Ruth had volunteered to do this very time-consuming task, which would have been almost impossible for her without the aid of the CCTV. What a selling point that was!

Once we knew the residents were receptive to this type of technology and the help that it could provide, funding was the issue. As a member of the Luther Tower Aides, a faith-

based volunteer group at Luther Towers, Ruth could plead her case for purchasing a CCTV for our many residents with visual problems. Having a completed project like the hymnal only added emphasis to what a person with visual limitations could do with the right assistive equipment. After our Executive Director added his verbal endorsement to Ruth's plea to the Aides, all that was needed was a written proposal recommending the particular brand

and model.

This story does have a happy conclusion! Thanks to the Luther Tower Aides and their long-term commitment to the residents of Luther Towers, we now have two color CCTVs for residents' use in both Luther Towers I and II. The equipment is set up in a relatively quiet area in each of the buildings so residents will be able to read private

and personal correspondence. In addition, Ruth purchased a CCTV for herself. She is as excited as ever with her newfound independence.

Because of DATI and the help of Mike Meyreles, Luther Towers has been able to continue its goal of helping its residents maintain a good quality of life by providing services to support an independent-living style. ■

Notes

¹ From the website Your Eyes and You, www.eri.harvard.edu/htmlfiles/youreyes.html

New Address for Kent County ATRC

Kent County Assistive Technology Resource Center, Easter Seals of Delaware and Maryland's Eastern Shore 100 Enterprise Place, Suite One Dover, DE 19904-8200

Phone numbers remain the same 302-739-6885; 302-739-6886 (TDD) 302-739-6887 (fax)



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-DATI, press 1 for English, then press 3 for the DATI Central Site office. All prices are negotiable and all area codes are 302 unless otherwise noted. You may also find an up-to-date recycle list on the DATI web site:

http://www.asel.udel.edu/dati/recycle/index.html.

Devices Available:

Ambulation/Positioning

Cane, standard, free, Gloria, 324-1214

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

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

Crutches, adult, adj., aluminum, \$5, Judy, 945-7449

Crutches, adult, adj., wood, \$5, Judy, 945-7449

Prone Stander, for person 4'-5', free, Janet D., 424-1770 x5011

Walker, for youth 4'7"-5'5", Guardian, standard, folding, never used, \$35, Jon, 610-255-3931

Walker, adult, adj., no wheels, free, Gloria, 324-1214

Communication

Artificial Larynx, \$100, Wes, 243-1444 or 633-1815 (pager)

DynaVox 2C, perfect condition, 3 yrs. old, \$3,000, Andrea, 212-605-0423

DynaVox 3100, back up kit, carrying case, mini cup switch, communication desk mount kit, new, \$1,000, Angela, 834-9374

Liberator, battery charger, handle, learning guide, needs new battery, free courtesy of DATI, Joann, 651-6790

Personal Care/Home Management

Air Mattresses, automated, for decubitus skin problems, originally \$3,500 and \$58,000, negotiable, Herbert, 215-365-1122

Bed Rails, for a hospital bed, \$40, Carolyn or Charles, 322-5036

Cervical Collar, adult, large, foam, \$5, Judy, 945-7449

Commode, portable, arms & back, free, Gloria, 324-1214

Commode, portable, arms & back, like new, negotiable, Herbert, 215-365-1122

Commode Chair, portable, wheels, arm rests, child/youth ages 8-15, \$300, Lynn, 610-869-7407

Hoist, electric, for travel, lifts scooter into minivan/pickup, \$250, June, 645-0467

Hospital Bed, manual, side rails, excellent condition, \$200, Angela, 834-9374

Hospital Bed, electric, adj., excellent condition, free, Richard, 610-361-0108

Hospital Bed, electric, adj., like new, make an offer, Ellen, 454-2142 x143

Hospital Bed, electric, adj., trapeze, \$600, Beatrice, 349-4295

Hospital Bed, electric, adj., 2 motor, negotiable, Herbert, 215-365-1122

Hoyer Lift, never used, negotiable, Herbert, 215-365-1122

Kangaroo Pump, built in battery back-up, negotiable, Herbert, 215-365-1122

Lift Chair, motorized recliner, colonial blue, originally \$1,100, asking \$400, Millicent, 838-9232

Lift Chair, brown, lifts a person to a standing position, free, Gloria, 324-1214

Multi Lift, electric, install base in van/home/car, lifts wheelchair occupant into driver/passenger seat/bed/tub, \$1,000, June 645-0467

Oxygen Tanks, (3), aluminum, gauges, pull cart, \$100, Marcene, 677-0155

Parallel Bars, manufactured by Bailey, Model 597, 7' long, chromium plated, height and width adj., portable, \$350, George, 302-984-2048

- Safe-Lock Elevated Toilet Seat, 4" elevation, arm rests, standard round shape, never used, \$25, Jon, 610-255-3931
- Shoes, P.W. Minor leather, extra-depth shoes, taupe, size 6-1/2, 3W, \$170 new, \$100, Becky, 594-6576 day, 292-1834 evening
- Shower/Commode Chair, adult, standard, wheels, arms, made with PVC pipe, \$25, Jeri, 645-4785
- Shower Bench, \$20, Carolyn or Charles, 322-5036
- Shower Chair, adult, Quickie, originally \$1,000, \$100, Herbert, 215-365-1122
- Tens Unit, Century 2100, carrying case & supplies, B/O, Sharen, 856-0969
- Transfer Bench, adj. height, back rest, padded seat, never used, \$40, Jon, 610-255-3931.

Recreation

Exercise Bike, \$50, Judy, 945-7449 Formula Stepper/Climber, exercise equipment, \$900, Lynn, 610-869-7407

Power Scooters

- Rascal, convertAble 4-wheeled, joystick control, \$2,000 or B/O, James, 731-7768
- Rascal, 3-wheeled, Model R245, less than one year old, \$3,000, Mark, 764-8370

Vehicles/Accessories

- Braun Assistive Device for Front Seat Access, assists a person in getting in and out of a van, \$1,500, Oneida, 349-5725
- Car Seat, Columbia Orthopedic Car Seat (Gorilla), provides full spinal support for children up to 100 lbs, tethering kit included, free, Saint Vincent DePaul Society at Saint Ann in Wilmington, 658-9876
- Car Seat, Columbia, provides full spinal support for children up to 60 lbs, new, \$100, Lynn, 610-869-7407
- Lift, Bruno, lifts w/c or scooter (without passenger) into van, \$1,600, Bonnie, 836-5892
- Pac-All, wheelchair carrier & cover, requires a Class 1 hitch installed on vehicle, purchased 12/99, used once, instructions available, \$250, Becky, 594-6576 day, 292-1834 evenings

- Van, 92 Ford conversion van, Braun wheelchair lift, wheelchair tie downs included but not installed, less than 50,000 miles, \$10,800, will sell with or without wheelchair lift, John, 934-5088
- Van, 98 Ford Windstar GL Advantage mini van, summit conversion, air kneel, power door & ramp, remote entry, automatic tie downs, rear air & heat, 25,000 miles, \$30,000, Angela, 834-9374
- Van, 96 Chevy conversion, wheelchair lift, vcr & tv, all power, approx. 33,500 miles, \$16,900, Betsy, 610-358-3743
- Van, 88 Ford, 57,000 original miles, new motor w/3,000 miles, new exhaust system, 4 new tires, air condition unit recharged, wheelchair lift, \$5,000, Jeri, 645-4785
- Van, 83 Ford Econoline, 8 cylinder, original engine, w/c lift w 5 way operation, can accommodate driver or passenger in w/c, interchangeable seat for ambulatory drive, \$2,500, Beth or Jean, 284-0123
- Van, 2000 Dodge Caravan Sport minivan, loaded, superb condition, Bruno VSL-600 curb sider scooter lift, \$17,500, Vickie, 239-5942

Wheelchairs/Accessories

- Amputee Board, new, use on wheelchair for right or left leg, free, Janet, 323-9120
- Wheelchair Pad, posey quilted; peach, turquoise, & white plaid; \$10, Becky, 594-6576 day, 292-1834 evening
- Power, adult, standard, new, \$3,000, Judy, 655-9408
- Power, adult, standard, wide tires, right hand control, air pump, battery charger, \$700, Sylvia, 875-0611
- Power, adult, standard, battery included, 18" roho cushion (originally \$1,200), excellent condition, cost \$6,000 new, \$2,000, Millicent, 838-9232
- Power, adult, Invacare Action 9000, 18" seat, battery charger, needs a new battery, \$500, Noelle, 610-494-5085
- Power, adult, Quickie, standard, charger, 5 years old, \$700, Jaime, 424-1823

Manual, adult, Invacare, w/Jay back, \$600 Firm, William, 652-1914 after 9 p.m.

Manual, adult, Invacare Action, ventilator tray, head rest, cushions, never used, \$500, Angela, 834-9374

Manual, adult, oversized, footrests, excellent condition, \$100, Val, 738-2695

Manual, adult, Invacare, deluxe, folding, \$225, Carolyn or Charles, 322-5036

Manual, pediatric, ages 8-10, free, Marge, 945-4675

Manual, pediatric, Quickie II, 14" seat, GS cushion and back seat, \$350, Gay 453-1837 Ramp, EZ Access, portable, expands 3'-7', for home or van access, \$250, Richard, 239-4243

Devices Needed

Bed rail, fits under mattress, willing to pay reasonable price, Leon, 424-4244

Computer, willing to pay reasonable price, P.J., 349-9116

Hospital Bed, low to the ground, willing to pay reasonable price, Ruth, 422-5294

House, accessible, in Delaware, willing to pay reasonable price, Lorenzo, 201-930-9819

Laptop computer, pc compatible, willing to pay reasonable price, Helen, 764-6220

Rehabilitation Exercise Machine, passive motion, willing to pay reasonable price, Lori, 633-6389

Of Interest on the Web

A new on-line resource for assistive technology and disability-related information: www.assistivetech.net

International Conference, Parents with Disabilities and their Families, October 11-14, 2001, San Francisco Bay Area, USA: www.lookingglass.org/conference

Low-Cost Switch Interface(s), SwitchHopper and Switcheroo: www.rjcooper.com/



Scooter Lift, fits into trunk of car, willing to pay reasonable price, Zoan, 697-1291

Van, wheelchair accessible, willing to pay reasonable price, Ruth, 422-5294

Van, wheelchair accessible, willing to pay reasonable price, Michele, 846-0789

Wheelchair, adult, manual, donation only, Fred, 283-1741

Wheelchair, adult, manual, Barbara, donation only, 422-1510

Wheelchair, adult, manual, lightweight, similar to a stroller, willing to pay reasonable price, Asha, 737-2098

Wheelchair, adult, manual, standard, high back, recliner, willing to pay reasonable price, Kenneth, 697-1816

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.

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#6 for the Sussex County ATRC

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DATI PUBLICATIONS LIST

The following publications are available from the DATI Publications Office. All prices include shipping and handling (ask about large quantity orders). Please be sure to indicate the items you wish to purchase and include a complete mailing address for shipment.



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 punchout 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.

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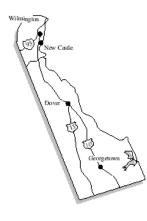


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Delaware Technical & Community College
Jason Technology Center, Room 104
Rt. 18, P.O. Box 610
Georgetown, DE 19947-0610
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