

summer 06  
Volume 3, Issue 2

# FAAST *Access*

The Official Publication of The Florida Alliance for Assistive Services and Technology



## The Road To Recovery

**Planning for Disasters  
Is the First Step**



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President  
The Buoniconti Fund  
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\* For information about The Buoniconti Fund, call 1-800-STAND-UP.





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## Hope for the best, plan for the worse

### If we learned anything from the people with disabilities who lost so much last year, that lesson is this: Have a disaster response plan BEFORE a disaster strikes

Natural disasters such as hurricanes and floods can be horrific and devastating events. At the same time, those same disasters can be opportunities to bring out the best qualities in human beings. The destruction and disruption caused by Hurricane Katrina last year certainly reminded Americans of the awesome power of nature, but for many people, that infamous storm also demonstrated just how kind, generous and selfless people can be towards those in need.

For the disability community in Louisiana and Mississippi, the quick evacuations forced by the coming storm required many people to leave their assistive technology behind. Thinking they would only be gone for a short time, many found themselves days and weeks later without the critical devices they rely on to live independently. Fortunately for some, donations of assistive technology equipment poured in from all over the country to replace what was lost in the storm. While the outcome was positive, it would have obviously been better for everyone involved if there had been a plan to ensure that people were able to evacuate with their special needs equipment.

If we learned anything from the people with disabilities who lost so much last year, that lesson is this: Have a disaster response plan BEFORE a disaster strikes – and be sure it includes a strategy for your AT and special needs equipment.

Here are some things for persons with disabilities to consider when developing a personal disaster preparedness and response plan:

- Establish a personal support network of individuals and organizations that you can call on for assistance before, during and after a disaster. Include names, contact information and the type of support each person or organization can provide. Check in with those people periodically (before a storm hits) to make sure they will still be available to help you.
- Determine what type of transportation you will use to evacuate yourself and your assistive technology and/or personal care assistant. Be sure your transportation will be able to accommodate any large equipment you might need.
- Procure alternative power sources for any equipment that needs electricity – preferably primary and contingency sources.
- Set aside enough food and fluids for at least 72 hours that can travel with you along with a week's supply of any medications that you might need.
- Write up a list of instructions regarding any special needs you might have and keep it with you in a waterproof container in the event you are unable to communicate verbally.
- In addition to an evacuation plan, develop a detailed plan in the event that you have to remain in your home for an extended period of time without electric power or running water.
- Purchase adequate food and fluid supplies in advance of the disaster that do not require refrigeration or the ability to cook.
- Don't forget about food and water for your pets.

*continued on page 6*





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Braille Displays
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## faast resource

# County Emergency Management Office Listings

Get information about your county's special needs registry, shelters and more

Alachua  
352-384-3116  
[www.alachua-em.org/](http://www.alachua-em.org/)

Baker  
904-259-6111  
[www.bakercountyfl.org/eoc/](http://www.bakercountyfl.org/eoc/)

Bay  
850-784-4016  
[www.bcem.co.bay.fl.us/](http://www.bcem.co.bay.fl.us/)

Bradford  
904-966-6336

Brevard  
321-633-1770  
[www.embrevard.com/](http://www.embrevard.com/)

Broward  
954-831-3905  
[www.broward.org/disaster/](http://www.broward.org/disaster/)

Calhoun  
850-674-8075  
[www.calhounem.org/](http://www.calhounem.org/)

Charlotte  
941-505-4620  
[www.charlottecountyfl.com/emergency/](http://www.charlottecountyfl.com/emergency/)

Citrus  
352-746-6555  
[www.bocc.citrus.fl.us/disaster/disaster.jsp](http://www.bocc.citrus.fl.us/disaster/disaster.jsp)

Clay  
904-284-7703  
[www.claycountygov.com/](http://www.claycountygov.com/)

Collier  
239-774-8000  
[www.collierem.org/](http://www.collierem.org/)

Columbia  
386-758-1125  
[www.columbiacountyem.com/](http://www.columbiacountyem.com/)

DeSoto  
863-993-4831  
[www.co.desoto.fl.us/emr/](http://www.co.desoto.fl.us/emr/)

Dixie  
352-498-1240  
[www.dixieemergency.com/](http://www.dixieemergency.com/)

Duval  
904-630-2472  
[www.coj.net/Departments/Fire+and+Rescue/](http://www.coj.net/Departments/Fire+and+Rescue/)

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## faast direction

*Continued from page 4*

- Establish a system for communicating with your support network – without electricity.
- Have cash on hand for emergency purchases if banks and ATMs are closed.

These suggestions are general guidelines.

Each person's disaster preparedness and response plan should be personalized to their specific disability and situation. Now is the time to develop your plan or update an existing one to make sure it works with your current circumstances.

There are many helpful resources available to help you develop a plan at [www.disabilitypreparedness.gov](http://www.disabilitypreparedness.gov).

Here's to a safe and enjoyable summer!

*Jane E. Johnson, Executive Director*



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# Know the drill



## Red Cross Disaster Service Volunteers mobilize in Tallahassee for a Hurricane exercise

The Hurricane Zoe Exercise on June 3, 2006 was designed to challenge participants in all eight of the counties served by the Capital Area Chapter of the American Red Cross. The chapter's Disaster Services Volunteers and volunteers from the chapter's various partner organizations were assigned to Emergency Operations Centers, Shelters, Points of Distribution, Emergency Aid Stations and Service Centers in the Big Bend Area. Disaster Services Volunteers from two American Red Cross chapters in Southwest Georgia also participated.



In any emergency, what you don't know can hurt you. If you're a Big Bend resident living with blindness or a visual impairment, you can still stay safe, informed and independent with the "911" Emergency Prevention and Readiness guide on compact disc. The guide was produced by FFAST in partnership with the American Red Cross, Volunteer Florida, and the Corporation for National and Community Service. Specific Emergency Management Office contact information is included for the following counties: Dixie, Franklin, Gadsden, Hamilton, Jefferson, Lafayette, Leon, Suwannee, Taylor, and Wakulla

### In audio format, you'll be able to access information such as:

- Types of disasters that can occur in your area
- How your environment could change in a disaster
- How residents in your area are informed of emergencies
- How a disaster could affect your independence
- Creating a personal support team
- How to reduce the impact of the disaster on you
- Personal disaster preparation
- Personal safety plan and tips
- Plus, specific Emergency Management Office contact information for your area



The guide is free, so contact FFAST now to receive a copy. You can play the CD on your computer or on a CD player. If you do not have a CD player, you can request the guide on cassette tape. Contact FFAST toll-free at 888-788-9216 or by e-mailing [sharris@faat.org](mailto:sharris@faat.org) for more information.

*faat resource*

## County Emergency Management Office Listings

Escambia  
850-471-6411  
[www.escambia-emergency.com/](http://www.escambia-emergency.com/)

Flagler  
386-437-7381  
[www.flagleremergency.com/er/](http://www.flagleremergency.com/er/)

Franklin  
850-653-8977  
[www.tallytown.com/redcross/franklin/](http://www.tallytown.com/redcross/franklin/)

Gadsden  
850-875-8870  
[www.tallytown.com/redcross/gadsden/](http://www.tallytown.com/redcross/gadsden/)

Gilchrist  
352-463-3198  
[www.gilchrist.fl.us/](http://www.gilchrist.fl.us/)

Glades  
863-946-6020  
Gulf  
850-229-9110  
[www.gulfcountygovernment.com/emd.html](http://www.gulfcountygovernment.com/emd.html)

Hamilton  
386-792-6647  
[www.hamcoem.com/](http://www.hamcoem.com/)

Hardee  
863-773-6373  
[www.hardeecounty.net/](http://www.hardeecounty.net/)

Hendry  
863-612-4700  
[www.hendryfla.net/](http://www.hendryfla.net/)

Hernando  
352-754-4083  
[www.co.hernando.fl.us/em/](http://www.co.hernando.fl.us/em/)

Highlands  
863-385-1112  
[www.hceoc.org/](http://www.hceoc.org/)

Hillsborough  
813-276-2385  
[www.hillsboroughcounty.org/emergency/home.cfm](http://www.hillsboroughcounty.org/emergency/home.cfm)

Holmes  
850-547-1112

Indian River  
772-567-2154

Jackson  
850-482-9678  
[www.emergencymanager.org/](http://www.emergencymanager.org/)

Jefferson  
850-342-0211  
<http://leeeoc.com/tallytown.com/redcross/jefferson/>

Lafayette  
386-294-1950

Lake  
352-343-9420  
[www.lakegovernment.com/departments/public\\_safety/](http://www.lakegovernment.com/departments/public_safety/)  
Lee  
239-477-3600  
[www.leeeoc.com/](http://www.leeeoc.com/)

Leon  
850-488-5921  
[www.lcso.leonfl.org/em.htm](http://www.lcso.leonfl.org/em.htm)

Levy  
352-486-5213

Liberty  
850-643-2339  
[www.libertycountym.com/](http://www.libertycountym.com/)

Madison  
850-973-3698  
[www.tallytown.com/redcross/madison/](http://www.tallytown.com/redcross/madison/)  
Manatee  
941-749-3022  
[www.co.manatee.fl.us/](http://www.co.manatee.fl.us/)

Marion  
352-622-3205  
[www.sheriff.marioncountyfl.org](http://www.sheriff.marioncountyfl.org)

Martin  
772-288-5694  
[www.martin.fl.us/GOVT/depts/esd/EMA/](http://www.martin.fl.us/GOVT/depts/esd/EMA/)

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**AT WITHIN REACH.**  
FAAST's Northeast Regional Demonstration Center at Hope Haven Children's Clinic and Family Center in Jacksonville, FL provides aids for daily living, such as reachers and phones with magnified buttons, through its AT lending closet.

*regional updates*   
By Kelli Bloom, BAEd  
FAAST Northeast Regional Coordinator

## Northeast Region: Hope Haven Children's Clinic and Family Center

FAAST at Hope Haven Children's Clinic and Family Center offers a variety of services to meet the needs of consumers in its region. Counties served include Nassau, Duval, St. Johns, Flagler, Clay Putnam, Marion, Baker, Union, Bradford, Alachua, Hamilton, Columbia, Gilchrist, Levy, Suwannee, Lafayette, and Dixie.

We provide evaluations and training on specific assistive technology, including: Communication Devices (AAC) and Computer Access (like switches or voice recognition software). AAC evaluations

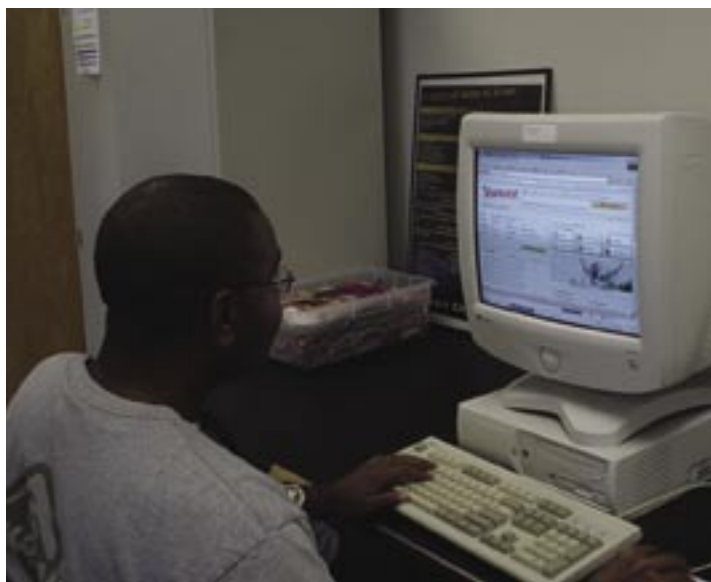
benefit people who have severely limited vocal or verbal communication skills. Computer access evaluations open doors of opportunity to persons with disabilities by exploring alternative methods for accessing a computer. Once we complete an evaluation and the equipment or software is received, we can assist consumers with device specific training.

The Northeast Regional Center also provides a Computer Recycling Program. This program provides refurbished computers to any person who has a disability. Each

refurbished computer is equipped with a modem for internet access, a sound card, and Microsoft Windows.

We have expanded our lending library. It's not just toys anymore! Come see what's new. Items may be borrowed for up to 30 days.

Is there a piece of equipment or type of software you would like to try before you buy? Give us a call or visit our website to see if we have it. In some cases, we can arrange to have a vendor come in and present the product to you.



**WIRED.** The Computer Recycling Program at FAAST's Northeast Center provides refurbished computers to eligible applicants. The computers are equipped with Microsoft Windows and modems for Internet access.



**Try before you buy.**





**LEARN BY DOING.** FAAST Regional Coordinator Kelli Bloom provides training on computer adaptations such as modified keyboards.

FAAST provides information about assistive services and technology in our area.

FAAST demonstrates AT during community events such as educational conferences, workshops, staff in-services and community fairs.

Our Assistive Technology Education Awareness Meeting (ATEAM) meets quarterly. ATEAM invites the community to learn about assistive technology and related issues. Various vendors are invited to highlight their products. Contact us if you would like to be added to our mailing list.

For more information about any of these services please call us at 904-346-5100 ext. 240

**WINNING TEAM.** The Assistive Technology Education Awareness Meeting (ATEAM) includes members of the community and assistive technology professionals.



**RAID THE CLOSET.** ACC devices (to enable users with speech impairments to communicate) and keyboards with large keys (to allow greater access for those with low vision) are all available in the center's AT lending closet.



**PLAY, LEARN AND EXPLORE.** The adapted toy lending library at FAAST's Northeast Center features creative options for playtime. Switch adapted toys that light up, play music, talk and wiggle help kids stay engaged.





# Seating and Positioning aids get a makeover

## Span-America leads the way in pressure reducing technology

By Michael Daniels, ATP

Led by its founder, Don Spann, Span-America began operations in 1975 as a manufacturer of polyurethane foam patient positioners.

During the next several years, the company expanded its product lines to produce lapidus (flat foam) and convoluted foam mattress overlays for the wound care market.

In the late 1970's, Span-America also began producing foam products for industrial applications as a way of maximizing its design and manufacturing capacity. In 1985, Span-America introduced its patented, anti-shearing Geo-Matt® mattress overlay.

Geo-Matt, which was designed in conjunction with clinical studies performed by the Institute for Rehabilitation and Research at the Baylor College of Medicine, went on to become the company's leading product and the best-selling therapeutic overlay in the US. At the same time, the company began selling its mattress overlay products to consumer retailers throughout the United States.

In 1992, Span-America entered the replacement mattress segment of the pressure ulcer care industry through the acquisition of Healthflex, Inc. and its PressureGuard product line.

The company is currently marketing the PressureGuard series of replacement mattresses directly to hospitals, long-term care facilities, and home health care dealers.

Span-America has a long-term commitment to build upon its current position as a leading health care manufacturer specializing in wound management products

used in the prevention and treatment of pressure ulcers.

Most of Span-America's medical products are currently directed toward wound care applications, and future endeavors in developing or acquiring new products will be directed at this market segment as well.

In addition, the company seeks to further develop and manufacture consumer and industrial applications of its medical products.

### Medical Products

Span-America produces a variety of foam mattress overlays, including convoluted and lapidus foam pads and its patented Geo-Matt® overlay.

The company's mattress overlays disperse body heat, increase air circulation beneath the patient, and reduce moisture build-up in order to prevent the development or promote the healing of pressure ulcers.

In addition, the Geo-Matt overlay's geometrically contoured design also significantly reduces shear forces while evenly distributing the patient's body weight, thereby minimizing the pressure that causes ulcers.

### Replacement Mattresses

Span-America's non-powered therapeutic replacement mattresses (as distinguished from overlays) are of two types.

Geo-Mattress® products are single-density or multi-layered foam mattresses topped with the same patented Geo-Matt surface used in the company's overlays.

These mattresses are sold as alternatives to standard innerspring and all-foam mattresses found facility-wide in acute and long term care settings. A version is also made specifically for use in home health care.

The company's more complex non-

powered replacement mattresses consist of products from the PressureGuard® Series.

The company also offers the PressureGuard CFT®. This model incorporates patented design principles of constant force technology.

First introduced as the CustomCare mattress, the PressureGuard CFT is unique in that it is a dynamic support surface that rivals very expensive powered surfaces, yet requires no power source of any kind.

Span-America's powered therapeutic replacement mattresses consist of the remaining models in the PressureGuard Series.

Building on the comfort and support of the original PressureGuard design, PressureGuard IV was designed as a sophisticated, powered system for providing pressure reduction and patient comfort, with the added ability to turn the patient.

The system was designed to automatically sense the patient's weight and position, and to continually adjust the pressures appropriately while slowly and quietly repositioning the patient at angles up to 30 degrees in cycles of up to two hours.

The newly upgraded version, renamed the PressureGuard Turn Select®, incorporates all of these capabilities, as well as several additional features.

Of particular note is a pendant-operated, microprocessor-controlled motion system built into the mattress, instead of hanging on the bed frame as a separate unit.

Launched in November 1997, the PressureGuard Site Select includes many of the features of the Turn Select, including the built in microprocessor-controlled motion system.

However, instead of turning the patient, the Site Select is designed to give the caregiver the ability to selectively adjust



the pressure at particular body sites based on patient need. Like the Turn Select, it is completely programmable through a hand-held pendant.

All of the powered products in the PressureGuard Series are sold primarily through home health care equipment dealers for daily rental in acute, long term, and home care settings.

Another powered system in the PressureGuard line is the PressureGuard APM®, a simpler but very effective alternating pressure mattress. Originally introduced as the DynaGuard®, in November 1994, the APM is targeted primarily at the home care market.

A second version called the PressureGuard APM<sup>2</sup> was introduced in February 2000. It incorporates a second treatment mode - basic lateral rotation - which the user can select at the flip of a switch.

**Patient Positioners.** Span-America's specialty line of patient positioners is sold primarily under the trademark Span-Aids®.

This is the original product line of the Company and consists of more than 300 different foam items that aid in relieving the basic patient positioning problems of elevation, immobilization, muscle contraction, foot drop and foot or leg rotation.

Span-Aids patient positioners hold the patient's body in orthopedically correct positions, provide greater patient comfort and tend to promote healing for long-term comatose patients or those with a flaccid or immobilized condition.

The positioners also aid in the prevention of pressure ulcers by promoting more effective dispersion of pressure, heat and moisture.

Span-Aids are intended for single-patient use throughout the patient's entire treatment program. Among the Span-Aids products presently marketed are abduction pillows, body aligners, head supports, limb elevators and various foot and wrist positioners.

Span-America's patient positioners are sold primarily to hospitals and long-term care facilities through several national medical products distributors.

Span-Aids are widely recognized as the most effective patient positioning devices

available in the health care market, as compared to pillows, rolled towels and other similar materials traditionally used by nursing personnel to position immobilized patients.

Span-Aids are constructed of open-cell polyurethane foam which allows air to circulate next to the patient's skin, thereby reducing extensive heat and moisture build-up.

Most Span-Aids patient positioners are compression packaged to reduce the amount of storage space required by the hospitals and other facilities that use them.

This unique packaging method, which is actually patented by the company, reduces the package size by as much as 75% while protecting the positioners from dust and contamination during transportation and storage.

**Seating Products.** The final category of medical products made by Span-America consists of seating cushions and related products that address the needs of the patient when in the seated position.

Seating products made specifically as an aid to wound healing include the Isch-Dish® and Sacral Dish® pressure relief cushions.

These products became part of the company product line through the acquisition of seating specialty manufacturer Embracing Concepts, Inc. in February 1996.

Seating products made for patient positioning and general pressure management include the Isch-Dish Thin and the Geo-Matt Contour cushion.

The latter product, introduced in June 1997, combines positioning aid with the Span-America's proprietary Geo-Matt anti-shearing surface.

Seating products designed to address pressure management without additional positioning benefits include the Gel-T® cushion and the Geo-Matt and Geo-Matt PRT® wheelchair cushions.

The Gel-T is a gel/foam combination cushion popular with elderly patients. The Geo-Matt and Geo-Matt PRT cushions incorporate the anti-shearing Geo-Matt surface in a 4" and 3" heights, respectively.

## Custom Products

Span-America's custom products segment includes two major product lines: Consumer Products and Industrial Products.

The company's Consumer Product line consists primarily of convoluted mattress overlays and specially designed pillows for the consumer bedding market.

In 1990, Span-America introduced its TerryFoam® comfort products, which are designed for use on all types of outdoor furniture.

They are sold and distributed directly by Span-America to retailers nationwide.

Span-America's Industrial Product line consists of packaging, cushioning, filtering, gasketing, flotation, and sound insulating components.

The majority of these products are made of various types of foam, though many others materials are also used.

Its customers represent a wide variety of markets, including the photographic film, durable goods, electronics and sports equipment industries

## Patents and Trademarks

Span-America holds 54 United States patents and 5 foreign patents relating to various components of its patient positioners, mattress overlays, and replacement mattresses.

Span-America's principal patents include the patents on its PressureGuard replacement mattress, its Geo-Matt overlay and its Span-Aids patient positioners.

The Company also holds 37 federally registered trademarks, including SPAN-AMERICA, SPAN-AIDS, GEO-MATT, PRESSUREGUARD, and ISCH DISH. Other federal registration applications are presently pending.

Span-America's corporate headquarters and principal manufacturing facility is located in Greenville, South Carolina.

This facility, which encompasses approximately 125,000 square feet, is located on a 13-acre site.

The company also operates a 40,000 square feet West Coast facility in Norwalk, California outside of Los Angeles.

# Live or let die?

**Life after spinal cord injury is about being independent through whatever means.**

**Assistive Technology can be a lifesaving bridge between trauma and rehabilitation.**

I had an interesting conversation with a clinical psychologist recently. She works at a hospital as a trauma and Intensive Care Unit (ICU) psychologist. The conversation revolved around a patient who had sustained a cervical level injury after being thrown from a vehicle. The injury was so high on the neck that the client is on a respirator and cannot move his limbs.

As anyone in the Spinal Cord Injury (SCI) community will tell you, high quads have the trump card. None of us with any

function in our limbs can know what it is like to be 100% dependent on others. Unfortunately, it is this idea that stunts the emotional growth of these high level injuries after they return to the community.

I say this to help explain a counseling tool I use with new injuries. The technique is simple. I take a word like *hope* and dissect it for its concrete meaning. This meaning is then personalized for the individual client and their life. The intended result is that by examining meta-concepts like hope, self-reliance, and perseverance, we gain language to talk about our experiences of suffering. When we talk about these experiences we allow ourselves to go beyond our isolated experience and enter the world of shared experience.

Our experiences then become stories and what was once painful is transformed into but another experience along life's journey.

To make this abstract approach more concrete, we could ask which word encompasses the overall goal of rehabilitation. While I could look for a definition in many textbooks, I believe that the common goal of rehabilitation is maximum indepen-

dence upon discharge.

If the client entered rehab with no seating tolerance, they must leave with some seating tolerance. Examples like this show how small the steps may be while still operating under the guise of restoring the individual's ability to act and affect their environment.

Now back to our despondent high quad that has been lying in a hospital bed for months. His sense of being able to affect his environment evaporated in the initial trauma. Now, with massive pressure issues, he thinks he sees the end in sight and has exercised his right to refuse care.

For rehab staff, this presents a clear and present conflict. Do they neglect his secondary complications from his spinal cord injury which will eventually lead to his death? Or does the staff intervene and revoke his ability to affect his care so that he can stabilize and move on to rehabilitation where he truly will learn to be active again?

The short term intervention has been to provide him with assistive technology.

Something as simple as a hands free device enabled this client to interact at will with family and friends. This empowered him to called his best friend, they mended their relationship, and he now has the desire to live again.

The point I am trying to make is that isolation and thinking you are all alone is a huge source of depression. By using assistive technology, or even through talking, the client is made to feel not so alone and hope re-enters. Not the hope of walking, but hope that he might make it through rehabilitation and one day be independent again through employment. As a result, the level of injury does not matter.

Life after SCI is about being independent through whatever means. Through this agency we experience positive emotions about life again and we are inspired to participate.

you've felt fear you've felt alone you've felt anger

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### EMO listings *Continued*

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*continued on page 25*

Doug Miller and Patti Barrett in the T-Rex. "This thing gets more looks and attention on the road than a Ferrari. You can't own one of these things and be an introvert."



# Easy Rider

By Jane Johnson

**Disabilities don't necessarily change who a person is. They change the way they do things. Thanks to the amazing versatility of assistive technology, many persons with disabilities can now do things that might have been considered impossible before.**

While swimming laps at a local pool one day, I noticed that the guy swimming in the lane next to me wasn't using his legs

at all, but was able to move up and down the pool rather quickly with just his upper body. When I saw him finally lift himself out of the deep end and into a wheelchair using just his arms, it was clear that this was someone with uncommon ambition and determination.

Doug Miller has been a motorcycle enthusiast since the age of 13. By his early 20's, he was an avid racer, and was ranked first in his class for 250cc engines. The thrill of speed and the challenge of racing represented more than just a part-time hobby for him – they were his passion.

Several years ago, while Doug was working in an office in Tallahassee, a tragic incident threatened to take that passion away from him. When a co-worker's husband entered the office and opened fire in an

attempt to shoot her, Doug wound up taking one bullet to his spine and another that entered behind his ear and out his eye.

Doug's spinal cord was severed at the T-11 vertebra, rendering him paraplegic and destroying his eye. For ordinary mortals like us, that would have also meant the end of a motorcycling career. But not for Doug Miller. Before he even left rehab, Doug was thinking about how to design a motorcycle for himself that he could operate with just his hands. He had seen motorcycle sidecars before, and thought that would solve the problem of not being able to use his legs to balance the bike.

## **A sidecar named persistence**

After leaving rehab, Doug built his first modified bike from scratch. Before long, he took his first post-injury road trip, travel-





This picture shows the position of the hand control with the steering wheel in place. The three functions of the hand control include: pushing forward activates the brakes on all three wheels; pulling the clutch lever facilitates shifting and disengages the transmission at stops; and the twist grip throttle replaces the normal foot gas pedal.



ing 7,000 miles all over the United States. He was able to carry his wheelchair in the sidecar or in a little trailer attached to the back of the bike. He has since owned six different sidecars.

When a group of Doug's motorcycle racing friends let him ride their All Terrain Vehicles (ATVs), he had such a good time, they held a fundraiser race and purchased him his own ATV with the proceeds. The model he currently rides is a T-Rex, which he purposefully modified so that it could easily be converted back to foot controls. Everything is bolted on, not welded, cut, or drilled so as not to destroy the integrity, look, and value of the vehicle.

Doug doesn't view his story as particularly heroic or unusual. And that is perhaps the most remarkable thing about him. He was an ambitious and adventurous person before his injury – and he is still the same person.

Acquired disabilities don't necessarily change who a person is. They change the way they do things. And thanks to the amazing versatility of assistive technology, many persons with disabilities can now do things that might have been considered impossible before.

*You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I have lived through this horror. I can take the next thing that comes along." . . . You must do the thing you think you cannot do.*

—Eleanor Roosevelt

This picture shows the hydraulic brake master cylinder that was converted to activate the hydraulic clutch. A cable runs from the clutch lever on the hand control unit to what used to be a brake master cylinder that was modified and attached to framework in the nose of the T-Rex. The brake lever was cut off and modified to accept the end of the clutch cable. When the clutch lever is squeezed on the hand control it pulls the cable attached to the modified hydraulic brake lever forcing fluid through the line back to the clutch plates in the motor.

# Technology Access for injured service members gets a boost

## **Federal Program Provides Free Assistive Technology to Employees with Disabilities and Wounded Service members**

The Computer and Electronic Accommodation Program (CAP) was established in 1990 by the Under Secretary of Defense for Personnel and Readiness as the centrally funded reasonable accommodations program for employees with disabilities in

the Dept. of Defense.

Following the National Defense Authorization Act of October 2000, Congress granted CAP the authority to provide assistive technology, devices, and services free of charge to all Federal agencies that have a partnership agreement with CAP.

CAP's mission is to ensure that federal employees with disabilities and wounded service members have equal access to the information and opportunities throughout the Federal government.

While this important program has been recognized as a model for all employers because of the opportunities it provides

federal employees with disabilities, it is expected that CAP's role will become even more vital, as members of the

American military who are wounded in Iraq and Afghanistan return to the United States and seek employment.

For many military personnel, the loss of mobility, sight, hearing or even limbs can pose a daunting challenge as they attempt to reintegrate into the workplace.

Particularly for those whose physical agility played a central role in their career, it can be difficult to imagine being productive again after a disabling injury.

Assistive technology and job accommodations can open up a world of possibilities for wounded individuals and show them just how much they can still accomplish.

In addition to assistive technology devices, CAP provides a wide array of services including: Sign Language Interpreters for individuals who are deaf or hard of hearing, Readers for individuals with visual impairments, Personal Assistants to support training requirements of individuals with mobility impairments, CART Services, Relay Conference Captioning so that deaf and hard-of-hearing individuals can participate in meetings, videoconferences, and multi-party conference calls using real-time text streamed to an Internet-connected computer, and Video Relay Services.

CAP's ability to provide reasonable accommodations to employees quickly and easily ensures that everything possible is done to support recruitment, placement, retention and promotion of people with disabilities. In fiscal 2005, CAP filled more than 3,000 requests for accommodations within the Dept. of Defense and more than 2,000 in other federal agencies.

For more information about CAP, go to: [www.tricare.osd.mil/cap](http://www.tricare.osd.mil/cap).





# Tips for safeguarding your computer against emergencies

In today's world, technology changes everyday. The most efficient way to communicate, work, and socialize is through some type of technology, mainly computers.

No matter how up to date your PC is, you can never be too prepared when it comes to hackers and natural disasters such as storms. Both of these threats can ruin your computer.

Hackers can use the Internet to access your personal information, such as your credit card numbers and email addresses. Natural disasters can occur at any time and if important information you store on your PC is not backed up on a regular basis, that information could be lost. In the event that you have to evacuate your home, you will not have enough time to do an information backup.

However, there are many things you can do to protect your computer in advance. Here are some ways to accomplish this:

- Always use a surge protector.
- Use an Internet firewall.
- Run or update your antivirus and anti spy ware programs.
- You should install only the programs that you really need, stick with legitimate software, and try to minimize the number you install

and uninstall.

- Run disk clean up and defragment your computer at least once a month.
- Be careful when opening attachments in email.
- Don't click on every link in an email message.
- Disable file and print sharing. This allows hackers from the Internet to gain access to your computer.
- Make your password at least eight characters long; 14 is better. Popular password-cracking methods use words out of a dictionary, so don't use words that are in the dictionary. Passwords should contain a combination of alpha, numeric, and symbol characters for the best security.
- Always back up your important information and have a plan for recovering from a system failure.
- Save important files to compact disc. They are waterproof.

## **When Preparing for a Storm**

- Save what you are working on and unplug your computer.
- If flooding is a factor, keep your electronics in an area that will not come in contact with water.

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By Bruce Pelham

# By the grace of God ...

## Exercise as Assistive Technology?

*From my assigned post along the course of a local 5k run, I spotted the final participant making his way towards the finish line in the cold drizzle.*

*He was carrying an umbrella and appeared to be staggering, so I ran to see if he needed assistance. He assured me he was fine – he just gets a little unbalanced at times – and he definitely did not want any part of the shortcut I suggested he could take to the finish line.*

*He wanted to take the same course everyone else did. I was impressed.*

*As we walked and talked our way to the finish, I became even more impressed and asked Bruce to please share his inspirational story with us.*

—Jane Johnson

I did my first 5K run (walk for me) a few weeks ago. It will not be my last. Nine years have passed since finding out that I had Multiple Sclerosis. I still am learning, and relearning, about the disease.

For several weeks before that run, I had been walking three miles a day on a treadmill. I learned that walking on a treadmill is easier than walking outside. I also was reminded of the age old expression “If you don’t use it, you will lose it.”

Because of a bad cold, I did not walk for eight days before the race. Finishing the race took a lot out of me, and I took another week off to recover.

After walking for one day in that two week period, it was like starting over. I was reminded very quickly that I needed to walk every day.

The first day back, I could barely walk one mile and I was fatigued. The second day back I walked two miles. I am rebounding quickly and I am reminded of a very valuable admonition given to me by my doctor several years ago after I had been diagnosed.

He told me to walk three or four times a

week for at least thirty minutes each time. If I did not, he said, I would wake up one morning and not be able to get out of bed. Once that happened, he said, I would never walk again. This has provided me with much needed motivation ever since.

I quickly was walking six or seven days each week. I learned back then, if I missed a day I was likely to miss another, and then another, and then... There were many days, of course, that I simply did not want to walk. I was too tired.

A distance runner may face this fatigue during a race, and fighting through the fatigue, finds the energy to go on many more miles. I constantly had to remind myself that I could not give in to this fatigue.

I forced myself to walk even when I was so exhausted that I did not think I could go another step. At times it was embarrassing, because I would be walking through the mall looking like I was drunk.

At one time, I was stopped by a policeman who thought that I was.

Much is still unknown about MS. One thing that is known is that people with MS have different sets of symptoms.

For me, it was the garbled speech, the staggering gait, the loss of short term memory, the sporadic loss of analytical ability, and the general feeling at times that I really did not know who I was or where I was.

Overall, a rather frightening feeling as I look back. Fortunately, I had a really supportive family. I will be forever grateful to my mother and siblings.

From the time that I was first experiencing all of these symptoms until my miracle occurred, was about eight years.

During that time, I had some really rough years. I prayed a lot. I asked simply that God, in His own time, would take this disease away from me.

Eight years passed before my prayers were answered. There were times, of course, that my faith wavered. During those times He sent many angels to assist me.



They came in the form of my doctors, my speech therapist, my exercise trainer, my family, people that I knew only on the phone, and my friends.

Every year, from the beginning, my neurologist would give me an MRI. My brain would always be covered with scar tissue, or lesions.

It always looked the same with dozens of lesions. And then, almost two years ago, the MRI showed no lesions. The neurologist, in his many years of practice had never seen this.

I had never taken medicine for my MS, and the lesions were gone. I still have some of the symptoms and they are improving. My speech isn’t slurred and I haven’t used a walking cane in two years.

I thank God everyday, along with the angels he has sent to assist me.

Bruce Pelham is 60 years old and has lived in Tallahassee since he was a freshman at FSU in 1963. He works as an attorney with the Department of Financial Services. After being diagnosed with MS, Bruce worked his way from 15 minutes to three miles of walking in preparation for the Run for the Cookies 5k. He was never a runner or walker before his diagnosis.



# Unforgettable

## **Who could forget last hurricane season? Or the one before that? Still, we all need a little reinforcement before summer storms come calling**

A hurricane is a natural disaster that most individuals living on the east coast of the USA and the Caribbean experience at least every few years.

Anyone who has ever experienced a hurricane knows that they are the most scary, destructive, and life threatening phenomenon that can occur.

Individuals with disabilities are especially at risk during a hurricane. However, by preparing yourself and your home for the worst, while hoping for the best, you can significantly protect yourself and reduce the stress associated with hurricane seasons.

Familiarizing oneself with the terms used by the National Hurricane Center to inform the public of weather conditions is the first step in the preparation process.

A hurricane watch is an advisory issued for coastal areas when the threat of hurricane conditions is expected to occur within 24 to 36 hours.

Safety measures should be taken in the event of a direct hit. A hurricane warning is issued when hurricane-force winds will occur within 24 hours or less. Take immediate shelter.

A hurricane occurs when circulation of wind speeds hits 74mph or greater. The intensity of a hurricane is measured on the Saffir-Simpson Scale, which ranks hurricanes on a scale of 1 to 5 according to wind speed, barometric pressure, storm surge, and damage potential.

The hurricane season for the Atlantic, Caribbean and the Gulf of Mexico runs from June 1<sup>st</sup> to November 30<sup>th</sup> each year.

As mentioned, preparation is the key to reducing risk associated with hurricanes. The radio and television are simple ways to keep abreast of important information on weather conditions.

However, plan ahead now to protect yourself in the event a hurricane warning is issued.



### Establish a Personal Support Network

It is highly recommended that individuals with disabilities establish a personal support network ahead of time. Your network should be comprised of individuals who will check-up on you in an emergency to ensure you are O.K. and to give assistance if needed. This network can consist of friends, roommates, family members, relatives, personal attendants, co-workers and neighbors.

The American Red Cross recommends that you do not depend on one person. Instead, identify a minimum of three people at each area where you usually spend a lot of your time such as: job, home, school, volunteer site, etc.

In spite of our best planning (remember to expect the worst) sometimes a personal support network must be created instantly on the spot.

If by chance you must go to a shelter and need the assistance of others, think ahead about what you will need, how you want it done and what kind of person you would select.

The following information should be shared with your network:

- An emergency health card with information about medications, physicians, equipment you use, allergies and sensitivities, communication difficulties you may have, preferred treatment, medical providers, and the important individuals to contact.
- How to provide personal assistance to you, such as practicing strict cleanliness by using latex gloves during bathing and dressings.
- How to evacuate your home if it becomes necessary.
- How to move your mobility aids.

### Protect Equipment and Assistive Devices

Make sure important equipment and assistive devices are convenient and in a safe place for easy access during a disaster.

These devices include items such as

hearing aids, prosthetics, mobility aids, canes, crutches, walkers, respirators, argumentative communication devices or electronic communicators, artificial larynx, wheelchairs, sanitary aids, batteries, eye glasses, contact lens and cleaning solutions, etc., in secured water proof containers.

Large plastic bags and containers are very handy for storing your items and preventing water damage.

Larger items such as oxygen tanks and wheelchairs should be anchored to the bed or wall to prevent them from rolling away during a disaster. Additionally, do not place large unsecured items in paths of exit since they could fall and block your access to safety.

### Protect Your Home

During the hurricane season consider the assistance of others to assist you with the necessary task involved in protecting your place of residence.

Individuals who reside in rental units should consult with their landlords to ensure that the dwelling is reasonably safe to withstand hurricane winds. Your check list of tasks to complete should also include:

- Making sure the house number where

you reside is clearly visible.

- Protecting windows to reduce risks from heavy winds.
- Repairing leaky roofs if necessary
- Locate and tag all the Main shut off valves, including the incoming water to your residence.
- Make an emergency generator a part of your plan whenever possible.
- Make trees more wind resistant by removing damaged or weakened limbs.
- Remove or strongly strap all objects outside the home that could become destructive missiles from high winds.

### Prepare a Disaster Supply Kit

Assemble a disaster supply kit that contains at least a 2 week supply of non perishable food, water, medication, clothing, toilet paper, first aid supplies, blanket and a manual can opener.

Similarly, plan to have at least two weeks supplies of disability related products such as: syringes, colostomy, catheter, and respiratory aides.

Please continue to read the other articles in this magazine for additional information to prepare you for the hurricane season.



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# Medicaid State Plan Revealed

## The Agency for Health Care Administration's

## answers the most common questions about the plan

As I was preparing to write this article, there were so many things I wanted to write about. My initial intentions were to write about the Aged and Disabled Home and Community Based Medicaid Waiver.

However, two other things were happening that I felt important enough to mention.

The Agency for Healthcare Administration (AHCA) recommended a bid winner for the Statewide Incontinence Medical Supply Program.

The recommended winner is a joint venture of Florida Home Medical Supply from Orlando and Binson's Hospital Supplies from Michigan. At publication time, AHCA was unable to comment in addition to what was announced the announcement.

The other issue had to do with an informational spot issued during the week of February 6, 2006. The memorandum from APS Healthcare Midwest stated that items as rolling shower chairs, bath systems, toilet systems and ceiling lifts for all ages are available through Medicaid State Plan using the Miscellaneous Durable Medical Equipment procedure code E1399. The consumer must supply documentation to support medical necessity, which must be presented with the request for miscellaneous DME supplies.

So you can see my challenge. What issue should I focus on for this edition in FAAST Access? Luckily I received the answer on May 9<sup>th</sup> when AHCA issued some Frequently

Asked Questions (FAQs) about the Medicaid State Plan. I thought this information from AHCA should be shared.

*How does the Medicaid State Plan handle DME requests when the individual is also covered by Medicare?*

If an individual has Medicare, all DME requests must be submitted to Medicare first. If Medicare denies payment, a copy of the denial must be included in the Medicaid prior authorization package submitted to the Medicaid area office. The Medicaid area office reviews and submits the package to ACS for approval based on medical necessity. If the prior authorization package is denied by ACS for Medicaid State Plan, the waiver may purchase the item. When submitting the request for waiver funding, the waiver support coordinator should include a copy of the Medicaid State Plan denial.

*When would the State Plan cover ceiling lifts rather than the waiver? How does a provider justify this under the State Plan? On the waiver, an assessment is required, but on State Plan it is not, why?*

Per the Medicaid State Plan DME Handbook, a patient lift is a device used to transfer a recipient between a bed, a chair, wheelchair, or commode. Medicaid may reimburse for patient lifts (E0630 and E0635) for use in the recipient's home when the assistance of more than one person is necessary and:

- the recipient's condition is such that periodic movement is necessary for effective treatment or care, or
- the device is used to prevent deterioration of a condition where the alternative is bed confinement.

An assessment is not addressed in the DME Handbook as a separate service. The provider of the equipment may provide an assessment to ensure the ceiling can handle the load. An assessment of the

location to verify the effect of the load on the structure is considered good practice by the provider.

*Gloves are covered on the Medicaid State Plan. However, sometimes individuals are denied gloves on the Medicaid State Plan when the individual has Medicare. How should this be handled?*

Gloves may be ordered (A4927, A4930) from Medicaid State Plan if the request has been denied by Medicare. If the individual has Medicare, a copy of the Medicare denial should be included with the Medicaid State Plan request.

*On the Medicaid State Plan, adults can receive 60 visits by a home health nurse per lifetime. What do these types of visits entail? For individual over 21, do they need to exhaust these visits before accessing nursing on the waiver?*

Please see pages 2-12 through 2-14 of the Home Health Handbook for details on the limitations on home health visits. Page 2-10 of the handbook lists the Exclusions to the service. As with other Medicaid covered services, the nursing Medicaid allotment of 60 visits must be exhausted before being provided by waiver dollars.

*If an individual has a wheelchair funded by Medicaid State Plan that is more than 5 years old and some repairs are needed, how is it determined whether a new chair should be purchased or if repairs to the existing chair should be made?*

Medicaid State Plan covers the replacement of wheelchair parts as specified in the DME Coverage and Limitations Handbook, Appendix B, K0015-K0177. This may include replacement of armrests, seatbelts, adjustable angle foot plates, tires, casters, caster forks, etc. Replacement of parts should be billed under the Appendix B procedure codes and are not included with Medicaid State Plan prior authorization.



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Prior authorization through the Medicaid State Plan is required for custom replacement and modification, such as custom seating and multiple replacement parts from the K0015-K0177 list. Wheelchair evaluations are valid for up to six months from the date of initial evaluation.

*How can we address the concern of the lack of availability of nursing providers on the Medicaid State Plan for individuals under 21 who need nursing that the waiver cannot cover due to Medicaid State Plan coverage?*

AHCA is aware of this issue and has proposed fee increases for home health services in order to attract more providers,

but so far none of the increases have been approved by the legislature. AHCA continues to work with local Medicaid area offices in an effort to recruit new home health agency providers. AHCA will continue to handle concerns with specific individuals on a case by case basis at this time.



# 2006 Session In Review

*They always say time changes things, but you actually have to change them yourself.*

—Andy Warhol

## **The voice of Florida's disability community grows stronger each year and policymakers and elected officials in Florida appear to be listening.**

The 2006 Legislative session produced another round of public policy victories for persons with disabilities, thanks to the powerful and effective advocacy of many individuals and disability organizations throughout the state. Although the process is often slower than we would like, it is still exciting to watch systems change for the better and to see access to education, information, employment and community living become a reality for more and more

individuals. The public policy changes that were realized this year covered a broad spectrum of programs and services that affect persons with disabilities. Here are some highlights from the 2006 session:

### **Education**

HB 7087 by Rep. Rafael Arza (R-Hialeah) was affectionately dubbed the Dept. of Education's "A++ Plan" and it made substantial changes to Florida's education law by increasing educational accountability, instituting secondary school reform, and expanding support for reading, mathematics, and career education. For Exceptional Students, the bill:

- Adds Speech and Language Pathology Services to the list of services needed for an ESE to benefit from education.
- Provides that an exceptional student with a disability who resides in a residential facility and receives special instruction or services is considered a resident of the state in which the parent is a resident and prohibits school

districts from reporting these students for FTE funding in the FEFP. The bill requires the parent's state of residence or the student's parent to pay the cost of the nonresident student's instruction, facilities, and services received in Florida.

- Requires the DOE to coordinate the development of a uniform IEP form to be made available to all school districts in the state for developing, implementing, and transferring IEPs for exceptional students. The bill also requires that the uniform IEP form be available electronically and contain notice to parents of available testing accommodations.
- Requires the DOE to implement an alternative assessment for measuring the competency of students seeking a special diploma and requires the learning gains of exceptional students seeking a special diploma to be included in each school's school grade calculation by the 2009-2010 school year.

## *faast finance*

By Tina Torrance, MS  
FAAST Loan Fund Director

## Floods, tornadoes, and hurricanes ... oh my!

Yes, once again, we are all preparing for the upcoming hurricane season here in Florida.

I can recall a time when hurricane season meant two things – hurricane parties and days off from school.

Growing up in south Florida, I was accustomed to the continual threat of storms. I remember watching tearfully as my reading/thinking/drawing/climbing tree slowly lost the battle to the fierce winds of Hurricane David.

This was also the tree that I so carefully

strung my handmade ghosts from each Halloween. After the storm, I had to watch it be cut apart into pieces and hauled to the curb. There was not much that I could do for that tree, but there are many things we can do for ourselves to be prepared.

There are so many things to remember when preparing for violent weather, but one of the most important ones is sometimes overlooked – personal documents.

The last thing anyone wants to do during an emergency is to go digging in the file cabinet looking for important docu-

ments, especially if an evacuation deadline is looming.

Because of the uncertainty of being displaced, it is imperative that one has a three way plan to cover all possible scenarios. Just a little bit of effort before the storm will pay off in a big way after the storm when all of the information you need is at your fingertips.

Thus, to be fully prepared ahead of time, take the following steps: 1) create

*continued on page 29*



- Specifies that accommodations that are not allowed during administration of the FCAT may be used during classroom instruction if use of the accommodation is included in the student's IEP.
- Authorizes the Commissioner to develop additional assessments for general use in measuring the competency of exceptional students.

Another bill (HB 429 by Rep. William Proctor, R-St. Augustine) aligned the mission of the Florida School for the Deaf and Blind with the mission of IDEA, and expanded the ages of children that can be served by the school. Another bill by Sen. Lisa Carlton established the K-8 Virtual School Program to deliver academic instruction using online and distance learning technology to full-time students in kindergarten through eighth grade.

The eligibility requirements for the McKay Scholarship for Students with Disabilities program were changed to allow students who spent the prior year in the Florida School for the Deaf and Blind, a Dept. of Juvenile Justice commitment program or any Florida public school to qualify for the scholarships. The source of funding for the scholarships was also clarified so that public school funds will not be used.

### **Hurricane Preparedness**

In an effort to encourage Floridians to stock up on hurricane supplies before disaster strikes, HB 47 called for a sales tax holiday from May 21<sup>st</sup> – June 1<sup>st</sup> on a variety of hurricane preparedness items.

Wheelchair users and individuals with mobility impairments will be served by a provision in HB 7121 by the Domestic Security Committee that requires all multi-family dwellings at least 75 feet high with an elevator to have at least one elevator that is capable of operating on an alternate power source available to residents for a number of hours each day over a 5-day period following a disaster. The bill also requires retail gas stations to be capable of operating using an alternate generated power source for a minimum of 72 hours, no later than 36 hours after a major disaster.

### **Affordable Housing**

Most of the affordable housing proposals this year were merged into a single omnibus bill, HB 1363 by Rep. Mike Davis (R – Naples). In a blow to affordable housing advocates, the bill did not repeal the cap on the monies allocated to the state's Affordable Housing Trust Fund each year. The \$243 million cap is set to take effect in 2007, but more than \$500 million was set aside for the 2006-2006 fiscal year to help Florida's low income residents purchase, rent and rehabilitate housing. Of that amount, \$30 million was targeted to help individuals earning less than 30 percent of Area Median Income (the category that individuals earning SSI or SSDI fall into.) Another bill (HB 573 by Rep. Gus Bilirakis) exempts certain disabled veterans from local license and permit fees associated with making their homes wheelchair accessible.

### **Disability Awareness**

A resolution was adopted recognizing the week of November 13-19, 2006, as "Spinal Cord Awareness Week" in the state of Florida and there will be another specialty license plate in Florida called "A State of Vision" that will provide funds for direct-support services to blind and visually impaired people.

### **Information Technology**

A provision that requires the executive, legislative, & judicial branches of state government to make state funded electronic and information technology systems accessible to individuals with disabilities was included on another disability-related bill. This was a watered down version of the recommendations proposed by the Governor's Accessible Electronic and Information Technology Task Force, but accessibility advocates plan to come back next year and more thoroughly address this issue. Rep. Ed Jennings (D-Gainesville) passed a bill that creates a program to offer discounted computers and Internet access to public school students and students in home education programs in grades 5 through 12.

### **Community Living**

An Interagency Services Committee for Youth and Young Adults with Disabilities was created by SB 1278 by Sen. Stephen Wise (R-Jacksonville). The committee, composed of representatives of the various state agencies that serve persons with disabilities, is charged with developing strategies to ensure the successful transition to employment or higher education of young adults with disabilities.

### **Medicaid**

HB 241 by Rep. Shelley Vana (D-West Palm Beach) will allow children who are ineligible to participate in the Medikids or Florida Healthy Kids programs to participate if the family pays the full premium without any premium assistance.

Another waiver-related bill that passed requires the state to seek federal approval to expand the home and community-based waiver serving children with Familial Dysautonomia to include adults.

This is by no means an exhaustive list of the bills and issues that were addressed this year. As with any Legislative session, there was much compromise on just about every bill that passed, but we definitely saw positive progress on several disability issues. The voice of the disability community is truly growing stronger and policymakers are listening. So please stay involved in the process and let's work together to create better access for all Floridians to education, employment and community living!

*The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man.*

—George Bernard Shaw



# 10 Questions about Disaster Preparedness

In anticipation of Hurricane Season 2006, this issue's Q and A is about Disaster Preparedness. I spoke with Linda Carter, Chairperson of the ADA Advisory Board of Southwest Florida, who works on this issue with an emphasis on people with disabilities. You can learn more by visiting <http://www.nopersonleftbehind.org/>.

## Q: What exactly is No Person Left Behind?

**Carter:** The mission of No Person Left Behind is to ensure that all persons with disabilities are accounted for and have an action plan in place in the event of a hurricane or other disaster.

## Q: How did you get started in No Person Left Behind?

**Carter:** I realized the need for a plan to see that no person was left behind in 1994, but could not get anyone interested at that time.

After the active hurricane season of 2004, I began gathering all the information usually distributed to the general populace, converting it to large print and sending it to agencies, departments and organizations to distribute to those who are visually impaired, as this had never been done.

This information was gratefully accepted and appreciated by those agencies and individuals who received it.

Next, I created a plan for correcting the problems that had been identified and presented it to our local Center for Independent Living of SW Florida and ADA Advisory Board, requesting their input and support.

The ADA Advisory Board of Southwest Florida includes Lee, Charlotte, Collier,

Henry and Glades Counties.

The ADA Advisory Board wholeheartedly supported this plan, so with the help of their members, we started to fine tune a plan identifying and addressing all the issues that can arise for persons with disabilities during a hurricane or disaster.

We have worked on a plan to ensure that no person with disabilities gets "left behind."

## Q: Have you ever had to stay in a Special Needs shelter?

**Carter:** Yes. Years ago I was a Red Cross shelter manager.

The problem we had in those shelters were they were not disability friendly.

Even today, that's why people stay away from shelters and they stay with friends and families.

We have to get shelters more disability friendly.

## Q: So far, how many people have registered with No Person Left Behind?

**Carter:** We have over 200 people registered.

We have over 500 applications out. Organizations throughout South Florida and Southwest Florida are assisting people in completing the registration.

As storms approach, we tend to get a lot more applications. Our goal is to have 100% of Floridians with disabilities registered with No Person Left Behind.

## Q: Going back to Special Needs shelters, each county has some. What are the criteria for a special needs shelter?

**Carter:** All 67 counties have special needs shelters. All 67 counties have different requirements for special needs shelters.

Some counties go by Department of Health Standards and some go by other agencies. I think if you just need medical attention, then you can go to a special needs shelter. If you require medical attention then you will need to go to a hospital.

The real problem with the requirements is you might be eligible for a special needs shelter in one county but not in another.

This could very well happen and has happened to people as evacuation orders have been issued.

## Q: In terms of people who depend on ventilators, what special precautions should be taken?

**Carter:** Notify a special needs shelter or county or a county coordinator.

A person can be assigned to a hospital or special needs shelter as space is available.

Also, I suggest a person prepare a disaster kit with important documentation. It should be double bagged and have insurance cards, birth certificates, medical papers, and anything else that is important.

## Q: In your plan, I read a lot about southwest Florida. Have any plans been made for the Panhandle region from Tallahassee to Pensacola?

**Carter:** No, not at this time. Since most storms come up from the Caribbean, the Keys and South Florida experience most storms in some manner.

We needed to have some method to deal with the logistics. We have 50,000 people with disabilities in South Florida.

We need to make sure we have the right kind of transportation for these people if a storm is coming.

## Q: What are the best steps



## to take for people with disabilities entering hurricane season?

**Carter:** #1 Prepare a disaster kit with all important documentation. Double bag it and have it ready to go.

#2 Make sure you have supplies for yourself, a service animal, or any other for at least three to five days.

#3 Make sure you are registered in one system.

#4 Make sure you have a family disaster plan. Make sure the plan includes multiple options. If Plan A doesn't work go to Plan B.

Preplan as much as possible. Especially if you don't drive.

## Q: Since you began this project, how would you describe the improvement in a year or so?

**Carter:** The awareness has definitely increased but it is still not to the level needed. Certainly we need to work together to make sure every Floridian's life counts.

## Q: Do you think the Florida Hurricane Season of 2004 or Katrina had more impact on shedding light on disaster preparedness?

**Carter:** It's a combination.

Definitely 2004 brought attention to our state. I always ask people, "would you leave a mother or father, brother or sister in a situation?" The answer is always "no."

Given the response from the state of Florida, I know the Governor wants every Floridian to be safe. He doesn't want a New Orleans in his state.

## faast finance

a case filled with personal documents 2) obtain a safety deposit box and 3) find a person that you trust to keep a copy of your documents.

### Grab and Go Case:

Collect these documents and put them in a sealable waterproof case such as a plastic tub or other plastic container.

Remember, to wrap everything inside the container in a plastic bag, and put the container itself inside a plastic bag to ensure these items are not damaged by water.

The following items should be included in your Grab and Go Case:

- Will and/or Trust documents
- Power of Attorney
- Insurance Policies
- Contact phone list
- Recent investment statements
- Recent tax return
- Copies of birth/marriage certificates
- Social security cards
- Passports and other identity documents
- List of prescriptions each family member takes
- Emergency cash
- Safe combination

- Safe-deposit box keys
- Copy of driver's license
- Computer user names and passwords
- List of checking/savings account numbers
- List of credit card numbers and company information including phone numbers

### Safe Deposit Box:

Plan ahead and secure a safety deposit box at your nearest banking institution.

The safety box should include the following documents:

- Copies of wills and/or trust
- Copies of Powers of Attorney
- List of insurance policies
- List of financial account numbers
- Family birth, marriage and death certificates
- Adoption papers
- Citizenship papers
- Military service records
- Loan agreements
- Certificates of deposit
- Real estate deeds
- Vehicle titles
- Mortgage paperwork
- Stock and bond certificates
- Inventory of home contents including photos and a list

- Jewelry/precious metals
- Employment contracts/business agreements

### Friend, Relative or Advisor

Prepare a package to be kept securely with someone you trust. This may include a family member, a close friend or a caregiver. Remember, this requires preparation well ahead of time before an emergency occurs.

- Paper or digital copies of all documents in your grab and go case
- Your emergency contact information (including email and cell phone)
- Contact list for heirs and advisors should something happen to you

Other important items to consider purchasing and keeping on hand in case of an emergency, are walkie-talkies, phone debit cards, and medications.

By planning ahead and spending the time following these simple guidelines to prepare yourself personally and financially, you could gain valuable time to do other emergency activities such as reinforcing windows with plywood, putting up storm shutters, or bringing outdoor furniture inside.

All of this information can be found on the AARP website at [www.aarp.org](http://www.aarp.org)

June 29 - July 2, 2006  
The 21st International Con-  
vention of the Hearing Loss  
Association of America  
Orlando, FL  
Email [kborzell@verizon.net](mailto:kborzell@verizon.net) for  
details.

July 20-23, 2006  
The Able Trust's Florida  
Youth Leadership Forum  
Tallahassee, FL  
Visit <http://abletrust.org/lylf> for  
details.

August 18, 2006  
Florida BLN EmployAbility  
Symposium  
Tampa, FL  
Email [Kristen@abletrust.org](mailto:Kristen@abletrust.org)  
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