

# 2006 Needs Assessment

## Jefferson Area Disability Services Board



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Jefferson*

Planning District Commission

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**NEEDS ASSESSMENT REPORT 2006**  
**JEFFERSON AREA DISABILITY SERVICES BOARD**

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**NEEDS ASSESSMENT REPORT 2006**  
**JEFFERSON AREA DISABILITY SERVICES BOARD**

**I. EXECUTIVE SUMMARY**

Since the Disability Services Board's last Needs Assessment in 2003, services available in the region have remained about the same, while demand has increased. Funding of services for persons with disabilities has remained a low priority.

Over the past three years, the DSB has focused its efforts on the priorities identified in the previous Needs Assessment, especially employment, transportation, and housing. This assessment of needs has validated that approach, but also highlights the need for continuing efforts; transportation, housing, and employment remain critical needs, along with special needs such as assistive technology and personal assistance. The DSB has developed a plan for action based on those needs.

**A. SHARED NEEDS**

Many significant needs for people with disabilities are the same as for people without disabilities: housing, transportation and employment. The needs of people with disabilities cannot be addressed in a vacuum, but must be integrated in regional planning and initiatives for land use, transportation and economic development.

*1. Transportation and Housing*

- a) New initiatives that the JADSB is contributing to include the Transportation Housing Alliance and the Easter Seals Project Action Mobility Planning Services Institute.
- b) The JADSB will continue to:
  - (1) Participate in other regional planning efforts.
  - (2) Promote a nodal system of regional development.

*2. Employment*

The JADSB will continue to work with the Department of Rehabilitative Services, the One Stop Center, and other agencies to educate employers.

**B. SPECIAL NEEDS**

People with disabilities also have special needs directly related to the presence of a disability. These needs include assistive technology, personal assistance, accommodations in the schools and the workplace, supportive services, and independent living skills.

*1. Cooperation Among Agencies*

More knowledge sharing among agencies and more accessible, unified consumer information are needed.

*2. Increase Public Awareness*

Provide information through material, the web, and events.

*3. Pursue Funding and Resources*

- a) Seek additional funding and resources with community partners.
- b) Promote public/private partnerships.

## II. INTRODUCTION

The Jefferson Area Disability Services Board (JADSB) covers the full geographic area of the Thomas Jefferson Planning District, Planning District 10 (PD-10). The geographic area includes the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson. The Thomas Jefferson Planning District staffs the JADSB.

Jurisdictions are represented on the DSB in proportion to the number of people with physical and sensory disabilities in that jurisdiction. The allocation of members is based on 2000 census data. The Board composition was changed since the 2003 Needs Assessment with a revision to the operating guidelines, adding a seat for the Independence Resource Center and changing the number of Albemarle's representatives to increase the size of the Board. The current members of the Board are as follows:

<u>Jurisdiction</u>	<u>No. of members</u>	<u>Current DSB Members</u>
Charlottesville	3	Jim Herndon, Government Representative, has a physical disability Doug Owens, Business Representative Donna May, Citizen Representative, has a sensory disability
Albemarle	4	Robert Walters, Government Representative, has a family member with a physical disability Don Crosby, Citizen Representative, has a physical disability Tony Alexander (Chair), Citizen Representative, has a physical disability Robin Clark, Citizen Representative, has a physical disability
Fluvanna	1	Shelly Wright, Government Representative
Greene	1	Linda Seidel, Government Representative
Louisa	2	Paul Oswell, Government Representative, has a family member with a physical disability Citizen Representative – vacant
Nelson	2	Allison McGarry, Government Representative Christina Delzingaro, Citizen Representative
IRC	1	Tom Vandever

The Jefferson Area Disability Services Board was formed in 1992 and has fulfilled the minimum requirements established by the Virginia Department of Rehabilitative Services. The JADSB has successfully managed RSIF grants from FY1996 through FY2002. In 1998, 1999, 2001-2005, the JADSB recognized local employers who have empowered people with disabilities by presenting Employer of the Year awards at a public function. The JADSB maintains a web site providing information about the Board and its activities and links to related sites.

The Thomas Jefferson Planning District Commission (TJPDC) has provided staffing for the DSB since the Board's inception. As a part of the TJPDC, the DSB has access to the planning process for transportation, housing, workforce development and to a variety of groups and individuals throughout the region. State funding for staff has enabled the Board to take a more visible and active role in the community. The needs identified by this assessment will guide the activities of the Board as it strives to become a more effective voice and advocate for people with disabilities in our region.

### III. PURPOSE

The assessment of needs is the first step of a process to mobilize resources to fill gaps in services for people with physical and sensory disabilities in the Thomas Jefferson Planning District. This assessment is based on both quantitative and qualitative data. The analysis considers the services currently being provided in the region and the needs of people with disabilities in order to identify gaps in those services. The DSB will use the assessment to inform and educate local governments and other service providers, to provide local information to state-level agencies and organizations, and to highlight areas where the Board can effectively work to coordinate and stimulate activities to fill the identified gaps in services. This information will also be used as the basis for the selection process for choosing proposals for Rehabilitative Services Incentive Fund grants.

### IV. DATA COLLECTION

This assessment combines data from the 2000 census and other data sources, available to TJPDC as a state data center, with the results of 93 surveys completed by person with disabilities, their caseworkers, or their caregivers. Additional data were obtained through interviews and discussions with board members and service providers in the region. The 2006 Needs Assessment Survey used by the JADSB was modified from what was sent out by the Department of Rehabilitative Services, primarily by the addition of more demographic questions and opportunities for comment. The survey as distributed by the JADSB is attached in the Appendix. The survey was made available through the TJPDC's website. Links and/or a PDF version of the survey were widely distributed through e-mail, including through the Thomas Jefferson Area United Way's weekly Information and Referral Bulletin and the Parent Resource Center's e-mail distribution list. Agencies that assisted in distributing and returning surveys included the Charlottesville Redevelopment and Housing Authority, the counties' Departments of Social Services, Region Ten, the Piedmont Regional Education Program, Nelson County High School, and no doubt others, as many surveys came in with no indication of how they had reached the respondents.

Determining dissatisfaction levels with services with this survey was somewhat tricky. The survey offered the respondent the following choices for each type of service:

- Service is OK
- Service is not OK
- Service is needed but not available
- Service is needed but too costly
- I have an unmet need for this service and it affects me (seriously, moderately, slightly).

Some respondents chose one way to express dissatisfaction, such as "service is not OK" or "I have an unmet need for this service," some chose two, some chose three, and some chose four. Therefore, the total number expressing a problem for any service in the survey was determined by the total number of people choosing at least one response that expressed dissatisfaction, and not by attempting to add the total respondents for "service is not OK" + the total respondents for "service is needed but not available" + the total respondents for "service is needed but too costly" + the total respondents for "I have an unmet need."

The DSB, through its staff, members and by outreach to community organizations, provided input as part of the public planning process for the United Jefferson Area Mobility Plan, the Consolidated Plan for housing programs and the strategic plan for the Workforce Investment

Board. The DSB collected information on needs and available services in developing grant applications. These included the Transportation Housing Alliance. These applications drew from data sources and input from a variety of community partners.

The Disability Services Board recognizes the importance of identifying needs and developing strategies to meet needs within the context of regional planning and the integration of transportation, land use, and economic development in the region. This type of integration requires collaboration among community organizations and agencies as well as between the public and private sectors. The Thomas Jefferson Planning District Commission seeks community input in all its endeavors. Identifying the needs of people with disabilities is incorporated as part of the larger effort to get community involvement into the development of regional plans.

## V. DEMOGRAPHICS

### A. DATA

Population figures are based on 2000 Census data. The number of students in special education is based on the Department of Education report as of December 1, 2004, and shown for comparison with the 1999 figures reported in the 2003 Needs Assessment. The number of SSI recipients is based on the Social Security Administration's December 2004 Report, and shown for comparison with the 2001 figures reported in the 2003 Needs Assessment.

Jurisdiction	Total Population Age 21 to 64	No disability - % Employed	Pop'n w/ a disability Age 21 to 64 (% of total)	With a disability - % Employed	Special Ed Students 14 to 22+		SSI recipients	
					2004	1999	2004	2001
Charlottesville	25,207	71.0%	3,419 (13.6%)	62.6%	265	222	1,071	1,064
Albemarle	47,045	79.5%	5,652 (12.0%)	64.3%	735	675	691	719
Fluvanna	11,153	81.8%	1,922 (17.2%)	66.5%	176	146	228	238
Greene	9,079	86.0%	1,523 (16.8%)	58.2%	168	174	212	208
Louisa	15,233	75.8%	3,375 (22.2%)	59.7%	215	169	570	547
Nelson	8,441	76.2%	2,025 (24.0%)	56.2%	152	103	372	379
<b>Total</b>	<b>116,158</b>	<b>77.7%</b>	<b>17,916 (15.4%)</b>	<b>61.9%</b>	<b>1,710</b>	<b>1,489</b>	<b>3,144</b>	<b>3,155</b>

Although the change in SSI recipients between 2001 and 2004 is insignificant, the number of special education students has increased considerably. Examination of the specific disabilities listed in the Department of Education report indicated that the number of students reported as having "other health impairments" has increased substantially in nearly every jurisdiction (an additional 140 students total). Also, an additional 82 students were reported as having emotional disturbance in 2004 as compared to 2001. Other disabilities did not show any consistent trend across localities.

College enrollment and graduation figures vary widely across the region, likely due at least in part to the concentration of students and graduates around the University of Virginia. Overall, the 2000 census indicated that 61% of the region's non-disabled population age 18-34 was enrolled in college or had a bachelor's degree or higher, and that 32% of 18-34 year-olds with a disability were enrolled or had graduated.

	Population 5-15		Population 16-64		Population 65+	
	Frequency	%	Frequency	%	Frequency	%
With a disability	1,511	--	19,549	--	8,520	--
Sensory	145	9.6	2,282	11.7	3,046	35.8
Physical	207	13.7	6,573	33.6	5,893	69.2
Mental	1,259	83.3	4,090	20.9	2,146	25.2
Self-care	138	9.1	1,728	8.8	1,996	23.4
Going outside the home	--	--	5,174	26.5	4,055	47.6
Employment disability	--	--	12,622	64.6	--	--

Disabilities reported in the census include mental as well as physical and sensory, but mental disabilities are the most common in only the youngest group. In the population aged 16-64, 21% reported a mental disability, but 65% reported a disability that affected their employment.

## B. ACCESSIBILITY TO SERVICES

There is a disparity between the geographic distribution of people with disabilities and the geographic distribution of available services. Services are most concentrated within the City of Charlottesville and the urban ring around the City in Albemarle County. The cost of living, particularly housing costs, within the urban areas is significantly higher than in the rural areas of the Planning District. The supply of affordable housing in the region is not adequate for the demand. People with low to moderate incomes are forced to choose housing in rural areas due to the cost of housing, which compromises access to available services.

## C. SURVEY RESPONSES

There were 93 responses to the Needs Assessment Survey, by persons with disabilities, their caregivers or their caseworkers. All age groups were represented in the survey, with about a quarter of the respondents being school-aged and over half the respondents working-aged.

Age Range	Frequency	Percent of Total Respondents	Percent of Those Answering Question
0 - 5	6	6.5	6.6
6 - 17	9	9.7	9.9
18 - 21	9	9.7	9.9
22 - 40	18	19.4	19.8
41 - 55	26	28.0	28.6
56 - 65	13	14.0	14.3
66 - 75	3	3.2	3.3
76+	7	7.5	7.7
<b>Total</b>	<b>91</b>	<b>97.8</b>	<b>100.0</b>
<b>Missing</b>	<b>2</b>	<b>2.2</b>	

For those over 22, completion of high school and education beyond were more common among younger respondents, with nine of the 11 who received less than a 12<sup>th</sup> grade education being over 55, and no respondents over 65 having done any college work. Only nine respondents of the 51 respondents age 22 or over who answered the education question, or 18%, had graduated from college. Of those 22-40, 29% had done at least some college work, comparable to the 2000 census results.

Education Level	Frequency and Percent of Those Answering Question in Age Range									
	22-40		41-55		56-65		66-75		76+	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
< 12 <sup>th</sup> grade	1	7.1	1	5.3	3	30.0	3	100	3	60.0
12 <sup>th</sup> grade	9	64.3	10	52.6	1	10.0	0	0	2	40.0
Some college	2	14.3	5	26.3	2	20.0	0	0	0	0
College grad	1	7.1	2	10.5	1	10.0	0	0	0	0
Post-grad work	1	7.1	1	5.3	3	30.0	0	0	0	0
<b>Total</b>	<b>14</b>	<b>100</b>	<b>19</b>	<b>100</b>	<b>10</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>5</b>	<b>100</b>
<b>Missing</b>	<b>4</b>		<b>7</b>		<b>3</b>		<b>0</b>		<b>2</b>	

Responses were split 50/50 between male and female (one survey did not indicate gender). Geographically, responses did not reflect the distribution seen in the 2000 census, with Charlottesville and Greene being over-represented, and Fluvanna and Louisa being under-represented.

Locality	Frequency	Percent of Total Respondents	Percent of Those Answering Question
Albemarle	31	33.3	33.3
Charlottesville	26	28.0	28.0
Fluvanna	4	4.3	4.3
Greene	15	16.1	16.1
Louisa	5	5.4	5.4
Nelson	12	12.9	12.9
<b>Total</b>	<b>93</b>	<b>100.0</b>	<b>100.0</b>

Respondents to the survey appear to experience high levels of unemployment and underemployment, consistent with the results of the 2000 Census. None of the age groups between 18-65 had more than a 25% rate of full-time employment.

Employment Status	Frequency and Percent of Those Answering Question in Age Range							
	18 - 21		22 - 40		41 - 55		56 - 65	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Part-time	1	11.1	3	23.1	10	52.6	1	11.1
Full-time	0	0	3	23.1	3	15.8	2	22.2
Retired	0	0	0	0	1	5.3	2	22.2
Unemployed	1	11.1	6	46.2	4	21.1	2	22.2
Student	5	55.6	0	0	0	0	0	0
Volunteer	1	11.1	0	0	0	0	1	11.1
Looking for a job	1	11.1	1	7.7	1	5.3	1	11.1
<b>Total</b>	<b>9</b>	<b>100</b>	<b>13</b>	<b>100</b>	<b>19</b>	<b>100</b>	<b>9</b>	<b>100</b>
<b>Missing</b>	<b>0</b>		<b>5</b>		<b>7</b>		<b>4</b>	

Home ownership was only common for the oldest respondents. Of the 18 respondents between 22 and 40, none owned a home, and a third lived with a parent, relative or friend.

Living Arrangement	Frequency and Percent of Those Answering Question in Age Range													
	0 - 17		18 - 21		22 - 40		41 - 55		56 - 65		66 - 75		76+	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Own house/apt/condo	0	0	0	0	0	0	7	31.8	2	18.2	2	66.7	4	66.7
Rent	0	0	0	0	7	38.9	8	36.4	5	45.4	0	0	1	16.7
Group home	0	0	0	0	3	16.7	5	22.7	3	27.3	0	0	0	0
Nursing home	0	0	2	22.2	1	5.6	1	4.5	1	9.1	0	0	0	0
Parent/relative/friend	15	100	7	77.8	6	33.3	1	4.5	0	0	1	33.3	0	0
Homeless	0	0	0	0	1	5.6	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	1	16.7
<b>Total</b>	<b>15</b>	<b>100</b>	<b>9</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>22</b>	<b>100</b>	<b>11</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>6</b>	<b>100</b>
<b>Missing</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>4</b>		<b>2</b>		<b>0</b>		<b>1</b>	

Of the five types of disability specifically mentioned in the survey, “physically disabled” was the most common response, followed by “speech impaired.” Note that responses add up to far more than 93, as survey participants could check more than one response.

Type of Disability	Frequency of Those Answering Question in Age Range									
	0 - 5	6 - 17	18 - 21	22 - 40	41 - 55	56 - 65	66 - 75	76+	Not Given	Total
Blind/Vision Impaired	2	2	0	2	2	3	1	1	0	13
Deaf/Hard of Hearing	0	1	0	2	2	3	0	1	0	9
Speech Impaired	3	2	0	3	6	5	1	0	1	21
Physically Disabled	2	0	3	9	17	6	2	2	1	42
Brain Injury	1	1	3	3	2	0	0	0	0	10
Other	5	6	6	6	9	6	1	3	0	43
None Specified	0	1	0	0	0	0	0	1	0	2

Forty-three respondents specified “other” disability. The following are the types of “other” disability that received more than one response.

Type of Disability	Frequency of Those Answering Question in Age Range									
	0 - 5	6 - 17	18 - 21	22 - 40	41 - 55	56 - 65	66 - 75	76+	Not Given	Total
Mental Retardation	0	0	1	4	6	3	1	0	0	15
Chronic Medical	0	0	1	1	2	2	0	2	0	8
Autism Spectrum	2	1	0	0	0	1	0	0	1	5
Mental Health Disorder	1	0	1	0	1	2	0	0	0	5
Down Syndrome	1	0	1	1	1	0	0	0	0	4
Learning Disability	0	4	0	0	0	0	0	0	0	4
Attention Deficit Disorder	0	2	0	0	0	0	0	0	0	2
Alzheimer’s Syndrome	0	0	0	0	0	1	0	1	0	2
Epilepsy	1	0	0	1	0	0	0	0	0	2
Sensory Integration Disorder	2	0	0	0	0	0	0	0	0	2

## VI. SUMMARY OF FINDINGS

### A. CORE AREAS

#### 1. *Assistive Technology*

**Existing Services:** The Independence Resource Center (IRC) in Charlottesville serves all of the Thomas Jefferson Planning District plus the Counties of Augusta, Buckingham, and Madison. IRC has limited funds available on an annual basis for the purchase of assistive technology devices for individuals with disabilities who can't otherwise afford them. IRC also provides assistance for individuals with disabilities in applying for financial assistance through the Consumer Services Fund and the Assistive Technology program.

IRC also operates Independence Rehab Discounters, a discount equipment dealer. The service is operated out of the building housing IRC. Equipment is sold at a discount due to low markup rates, and wheelchair and limited scooter repairs can be performed. Both individuals and agencies utilize the service.

PD-10, through the Local Workforce Investment Board for Area 6 (Piedmont Workforce Network, PWN), has been a partner in the Disability Information Technology Initiative, Project TRAIN IT. The pilot was operated by the Shenandoah Workforce Investment Board through a grant from the Department of Labor during calendar years 2002-04. Project TRAIN IT has now transitioned to program status through blended public/private resources, effective July 1, 2005. Project TRAIN IT provides IT training and assistive technology for people with disabilities selected for participation. For the three years of the grant, 87 applications were received and 26 individuals enrolled in Project TRAIN IT in the PWN area. As of November 30, 2005, nine participants had achieved successful employment, all for over 12 months. Four were still in training at the close of the grant period, and 13 were closed unsuccessfully for a variety of reasons. Between the close of the grant and February 15, 2006, there have been 11 applications received, two accepted, three pending, and six denied (two of whom were considered good candidates for IT training but not distance learning, and were referred to Woodrow Wilson Rehabilitation Center).

Since the 2003 Needs Assessment, the Virginia Assistive Technology System central office has relocated from Charlottesville to Richmond, making it less accessible and visible in the Charlottesville area. VATS provides information, educational materials and presentations to increase awareness and accessibility of assistive technology across the state. VATS is struggling to maintain their activities in the face of state budget cuts.

The Assistive Technology Loan Fund Authority (ATLFA) provides low interest and guaranteed loans to persons with disabilities, regardless of income level, who are purchasing assistive technology, adaptive equipment, or equipment to be used for teleworking. The ATLFA also makes loans to businesses and service providers to persons with disabilities. Employers can use the loans for Americans with Disabilities Act accessibility modifications and for purchasing assistive technology for current or potential employees. ATLFA resources are currently over \$12 million, much of it provided by federal grants.

Recording for the Blind and Dyslexic (RFBD) has a local office and provides recorded books in all subjects and at all levels for individuals who have visual impairments. The DSB has provided funding for RFBD through *RSIF grants in FY1999 and FY2002*, most recently to assist with the conversion of their recording booths from analog to digital.

State assistance for assistive technology is available through the Department of Rehabilitative Services, the Department for the Blind and Vision Impaired and the Department for the Deaf and Hard of Hearing. In general, assistance is geared toward providing assistive technology related to employment.

**Needs of People with Disabilities and their Families:** More survey respondents (26, or 28%) expressed a problem with assistive technology than with any other service area. Twelve said that it was not OK, three said that it was needed but not available, 17 said that it was needed but too costly, and of the 19 who said that they had an unmet need, seven said that it affected them seriously, 11 said moderately, and one said slightly. (Note that as discussed under "Data Collection," many respondents chose more than one way to express dissatisfaction.) The percentage of respondents expressing dissatisfaction was similar for most ages and locations, but school-age respondents (6-21) and respondents from Nelson (many of whom were school-aged, due to the number of responses from the high school) were less likely to express dissatisfaction, and 41-55 year olds and residents of Louisa (which had a very small sample size) were most likely. Computers were clearly what were meant in many cases by "assistive technology," as eight of the 11 comments made in this category dealt with them, and two specifically with using them to work at home. The other assistive technology comments dealt with needing a wheelchair ramp, needing appropriate equipment at school, and needing it for a quadriplegic to function.

The need for employer education continues and is being addressed in various ways. This year's October Employer Resources and Recognition Day and Martha Tarrant Employer of the Year Award event featured The Department of Rehabilitative Services' Rehabilitation Engineering Mobile Lab & The Virginia Assistive Technology (AT) System experts to provide employer education and exposure to AT. Additionally, a Workforce Investment Grant (WIG IV) partners with the Local Workforce Investment Board for Area VI (LWIB), along with eight other WIBs in Virginia. The WIG grants installed universal computer work stations with AT devices and software in the Charlottesville Workforce Center and the Culpeper Career (Workforce) Center. The WIG IV is also working with these Workforce Centers to install video conferencing equipment that utilizes TV monitors and telephone lines for offsite distance communications. This equipment can be utilized for sign language/other language interpreters, with employers who have similar equipment (e.g. employers could conduct job interviews from their locations with applicants at the Workforce Center) and for trainings for staff or customers between the two Workforce Centers and other Centers statewide.

Assistive technology training and resources are being provided by the Disability Program Navigator (DPN) funded by the WIG. Disability related training for Workforce Center staff includes job accommodations and AT. The DPN is providing targeted training on uses of the AT Workstation for customer use, job preparation and the potential for employers' usage of technology.

Assistive technology is not only needed for employment use, but is also needed for activities of daily living. There is an unmet need for assistive technology devices, such as flashing smoke alarms, magnifiers, Medimate emergency response systems, shower benches and grab bars, particularly for the elderly.

## 2. *Case Management*

**Existing Services:** Case management services are provided through the One Stop Center and by the Department of Rehabilitative Services. Case management through these sources is generally geared toward employment. Departments of Social Services provide case management services to their clients with disabilities. Benefits Planning, Assistance and Outreach Programs, provided through the Social Security Administration, provide information and assistance on benefit programs and work incentives to all SSA beneficiaries with disabilities. Services include problem solving and advocacy.

The Monticello Area Community Action Agency provides case management and service coordination for individuals and families meeting income guidelines. The Independence Resource Center provides case management services for its clients. The early intervention program Infant and Toddler Connection of the Blue Ridge (staffed by Region Ten) and the University of Virginia's Kluge Children's Rehabilitation Center provide case management for children, but only of their own services.

**Needs of People with Disabilities and their Families:** Thirteen respondents (14%) expressed a problem with case management, with three saying that it was not OK, five saying that it was needed but not available, three that it was needed but too costly, and nine that they had an unmet need (one affected seriously, six moderately, and two slightly). Of those expressing a problem, four were in the 0-5 age range (67% of age group) and four were in the 56-65 age range (31%), with none in the 6-17 range and one each in the other four ranges (one respondent did not specify age). There was no significant difference by locality. Of the nine comments received for this category, one was a compliment to the case manager, one indicated no need for case management services, three indicated that services were unavailable and needed, two expressed a problem with the existing case manager, and two expressed a need for more services to be managed.

There is no coordinated service system in our area. Case management services offered through various agencies are not fully integrated. Clients with multiple needs, who qualify for programs provided by different agencies, may be assigned a different case manager for each program, without sufficient mechanisms in place for sharing information on needs and progress or to coordinate services.

For people with disabilities seeking employment, the One Stop System prescribed by the Workforce Investment Act is intended to integrate various programs together, eliminating the need for multiple intake procedures and fostering a system where services provided through various funding streams are integrated and coordinated. This system is developing, but still falls short of the vision of a fully integrated system.

### 3. *Counseling*

**Existing Services:** The Independence Resource Center (IRC) provides counseling for people with disabilities. Staff members with disabilities serve as counselors. IRC has found this peer counseling to be very effective. Caseloads have increased since the 2003 Needs Assessment.

Children, Youth & Family Services, Inc. (CYFS) is a private, non-profit human service agency located in downtown Charlottesville, serving residents of Planning District 10. CYFS provides a continuum of services for children and families in three focus areas: promoting Parent Education & Support, fostering quality Child Care, and preserving family bonds through mediated Clinical Services. Family Counseling provides individual, family and couples therapy to children, adolescents and adults with a wide range of issues including: marital problems, child-rearing, domestic violence, anxiety and depression. Specialized treatment is available for child/adolescent victims of abuse and for adults who are deaf or hard of hearing.

The Charlottesville League of Therapists is an association of professionals whose goal is to provide families with the most comprehensive therapeutic services available. Available services include individual, couple, family and in-home counseling on a fee basis, including payment through Medicaid, private insurance or purchase order.

Information on available services is available through United Way Thomas Jefferson Area Information & Referral. I & R maintains a database of programs and service providers in the Thomas Jefferson Planning District. The Guide to Services for People with Disabilities in Planning District 10, last updated in 2002, is hosted on the United Way's website at <http://www.unitedwaytja.org/disability/index.html>. The Guide includes advocacy groups and service providers in the areas of Advocacy and Information, Assistive Technology, Clothing Resources, Employment, Financial Assistance, Food Resources, Health Resources, Housing and Transportation.

Monticello Avenue, a community information network, is a valuable communication tool in the Planning District. Monticello Avenue is jointly supported by the City of Charlottesville, the County of Albemarle, and the Jefferson-Madison Regional Library. Non-profit organizations in Albemarle or Charlottesville are eligible for free space on the community information server, free email, free training, and even limited free dial-in access to the Internet. Monticello Avenue contains information about the community's government services, school activities and educational opportunities, local businesses, cultural events, health and human service organizations, neighborhood associations and religious groups. Public Internet access is available through computers on the mezzanine of the Central Library in downtown Charlottesville and at branches of Jefferson-Madison Regional Library.

**Needs of People with Disabilities and their Families:** Only nine respondents (10%) expressed a problem with counseling (tied with independent living as the service with the fewest problems indicated). One respondent indicated that the service was not OK, four said that it was needed but not available, two said that it was needed but too costly, and six said that they had an unmet need (two said that

it affected them seriously, three moderately, and one slightly). Counseling needs were spread pretty evenly across age groups and localities, with no more than two respondents expressing a problem falling into any category. There were seven comments, one again complimentary to the case worker, one noting that they knew that the service was available if needed, one saying that it had been necessary to use a private psychiatrist, and four expressing a loss, lack or need.

4. *Education*

**Existing Services:** The Independence Resource Center (IRC) offers a variety of training opportunities to increase the level of independence of their clients. The center has a training room for instruction in personal care, housekeeping and other activities of daily living. IRC works closely with area high schools and middle schools to provide independent living skills training services to students with disabilities.

The Parent Resource Center serves parents of children in special education in the public schools and operates on the philosophy that parents are a valuable resource in planning the education of their special child.

The existing transitional program in our area is recognized for its quality. Currently, all school systems have transition coordinators in each high school. These coordinators work with DRS counselors and other resources in the community. The Charlottesville City Schools and Albemarle County Schools jointly operate the Post-High Program, which provides vocational training to students with severe disabilities who stay in high school past the age of 18. The Department of Rehabilitative Services (DRS) has assigned Rehabilitative Counselors to all school systems in the area. Due to resource limitation, transitional services are generally reserved for high school seniors. School Transition Counselors review the list of seniors with the DRS Rehab Counselor and identify students who need DRS services. DRS conducts meetings with parents and utilizes the technical resources available through Woodrow Wilson Rehabilitation Center (WWRC) as well as the Virginia Assistive Technology System (VATS). WWRC operates the Postsecondary Education Rehabilitation Transition (PERT) Program, which is jointly administered by DRS and the Department of Education. The PERT Program operates from a “best practices” model in which youth and adult service providers partner to provide an integrated continuum of secondary to postsecondary transition services for participating clients. PERT offers evaluation, assessment, and screening services.

WorkSource Enterprises has a unique arrangement with Charlottesville Public Schools to provide vocational skills training to youth with disabilities and at-risk youth through the Comprehensive Employment and Work Adjustment Training program (CEWAT). This program has received state-wide and national recognition with the latest being a site visit conducted through the U.S. Department of Education for inclusion in a directory of exemplary and innovative programs. WorkSource Enterprises and the Charlottesville Public Schools have been recognized as one of only fifteen programs in the United States as being innovative and exemplary in providing employment/remediation programming to youth.

To help transitioning students navigate the maze of post-high services, the Jefferson Area Transition Council (staffed by the Thomas Jefferson Planning District Commission) received a grant from the Virginia Board for People with Disabilities to create a “transition map.” The draft version is available on the web at <http://www.lifeafterhs.org/>. Topic areas include goals, career, home and community life, and benefits and financial assistance.

**Needs of People with Disabilities and their Families:** Ten respondents (11%) expressed a problem with education, making this overall another service with a low rate of dissatisfaction. However, four of the respondents for the 0-5 age group, or 67%, expressed a problem. There were two responses (22%) in the 18-21 group, and one each in the 6-17, 22-40, and 56-65 groups. Nine said that the service was not OK, two said that it was needed but not available, one said that it was needed but too costly, and six said that they had an unmet need (five said that it affected them seriously, one moderately). All four of the respondents for the 0-5 age range said that it affected them seriously. All of the respondents who said that they were affected seriously lived in Albemarle; however, it should be noted that all of the 0-5 year olds lived in Albemarle. The sample of 0-5 year olds is far too small to draw any conclusions, but further study of satisfaction levels with early intervention and preschool services may be worthwhile. The seven comments for education services ranged widely, from praise for PERT and the Post-High Program, to criticism that service providers are inadequately trained, the job coach was disappointing, services and opportunities for input are limited, and continuity is lacking.

Accessing accommodations and services for students with disabilities is much different at post-secondary institutions than within the K12 public school system. The lack of standardization for required documentation of a disability has proved to be problematic for parents and students. New testing, frequently at the family’s expense, may be needed to satisfy the criteria for determination within a year of admission or request for accommodation at the post-secondary institution. Seeking accommodations within post-secondary institutions requires a much more pro-active approach. Parents and students are not fully prepared for this difference and have experienced difficulties in qualifying for and receiving accommodations.

5. *Employment Services*

**Existing Services:** The One Stop System in Planning District 10 is maturing and developing. This system provides access to job seeker and employer services provided through a variety of agencies and organizations. The Operator of the One Stop System in Planning District 10 is the Culpeper Department of Human Services. The One Stop Center is located in downtown Charlottesville and is readily accessible through public transportation. The programmatic accessibility of the One Stop Center and system is being enhanced through activities funded through the Work Incentive Grants. The WIG provides training for staff, a universal computer workstation with assistive technology, and video conferencing equipment in the Charlottesville and Culpeper Workforce Centers. A Disability Program Navigator (DPN) is shared with WIBs IV, V and VI funded by the WIG. The DPN provides disability related training and resources for staff. The DPN assists in developing links between Workforce Center staff and customers, community service providers and agencies working with individuals with

disabilities. The Department of Rehabilitative Services (DRS) is an active partner in the One Stop System and is a leader in the effort to integrate workforce development services in the Planning District. DRS is the sub-contractor for the Work Incentive Grant, funding, providing equipment and supervising the Disability Program Navigator. The Year-Round Youth Program funded through the Workforce Investment Act provides a full spectrum of services for youth in the region, including participants with disabilities, with linkages to other community programs.

WorkSource Enterprises is a private not-for-profit 501(c)(3) organization established in 1967. WorkSource provides employment opportunities to people with disabilities that lead to economic self-sufficiency, independence and full inclusion into the community. WorkSource encourages the direct involvement and informed choice of the persons served in making employment decisions. WorkSource serves approximately 450 clients in Charlottesville and Albemarle, Fluvanna, Greene, Louisa and Nelson counties. It is governed by a Board of Directors of 16 individuals and operates on an annual budget of \$2.6 million with a staff of about 45. The Commission on Accreditation of Rehabilitation Facilities (CARF) has accredited the following WorkSource services: Employment Planning Services; Employee Development Services; Organizational Employment Services; and Personal and Social Services.

Virginia Industries for the Blind (VIB) has a production facility in Charlottesville that has been recently modernized. VIB is a self-funded division of the Virginia Department for the Blind and Vision Impaired (DBVI) providing vocational rehabilitation and employment for blind Virginians. VIB employs approximately 75 people with jobs in assembling, sewing and packaging.

The Charlottesville Area Workforce Network is an alliance of workforce development professionals, which includes both public and private organizations designed to enhance partnerships with the business community. The Charlottesville Area Workforce Network provides businesses with easy, cost-effective access to diverse applicant pools through a variety of incentives and resources. Business representatives can make presentations about their company's specific hiring needs and job opportunities at monthly Charlottesville Area Workforce Network Meetings held the third Tuesday of every month at the Albemarle County Office Building.

The Choice Group is a private service provider of career and counseling services to people with disabilities. The mission of The Choice Group is a commitment to excellence in meeting clients' needs, while foremost respecting their individuality and right to make life choices. Services include Computer Skills Training, Counseling Services, Independent Living Skills, Job Coach Training Services, Life Skills Training, Long Term Follow Along, Job Placement, Situational Assessments, Supported Employment, and Vocational Assessments. The DSB awarded an **RSIF grant in FY2003** to the Choice Group to provide a Resource Specialist at the Charlottesville One Stop Center beginning in June 2002, but this funding was withdrawn in October 2002 due to state budget cuts.

The Virginia Association of Community Rehabilitation Programs, dba vaACCSES, serves as one of Virginia's five Benefits Planning, Assistance and

Outreach (BPAO) projects funded by the Social Security Administration. VaACCSES' s BPAO project service area includes all of the jurisdictions within the Thomas Jefferson Planning District. BPAO counselors provide information and support to allow beneficiaries to make informed decisions about employment. Services include: information and referral, problem solving and advocacy, benefits analysis and advice, benefits assistance, benefits support planning and benefits management services.

WorkWORLD is decision support software for use by people with disabilities, advocates and benefit counselors to find employment-based solutions to higher net income through best use of Federal and State work incentives and benefits. The Employment Support Institute (ESI) at the Virginia Commonwealth University School of Business created WorkWORLD with funding from the Social Security Administration (SSA). This tool is available for individuals to download over the Internet for personal use. WorkWORLD allows the user to evaluate various employment scenarios and their impact on benefits and net income. BPAO counselors are trained in the use of WorkWORLD software and are available to work with individuals in their homes or other convenient location.

**Needs of People with Disabilities and their Families:** Fourteen respondents (15%) expressed a problem with employment services; however, 13 of 66 respondents, or 20%, aged between 18 and 65 expressed a problem. The percentage was particularly high for 18-21 year olds; 56%, or five of nine, said that there was a problem. Eight said that the service was not OK, three said that the service was needed but not available, and seven said that they had an unmet need (two affected seriously, four moderately, and one slightly). There was no significant difference among localities. This service category attracted a lot of commentary, with 15 respondents choosing to comment. Comments included two that the high school program was inadequate or disappointing, two expressing frustration with DRS, two simply stating that they were working with DRS, three noting a future need for services, one saying that only the Clubhouse (operated by Virginia NeuroCare for adults with acquired brain injury) understood brain injuries well enough to assist adequately, one saying that placement resources are limited, one expressing a need for more income, and one a need for a referral. The most detailed comment received regarded WorkSource Enterprises, praising their job placement services but criticizing their job readiness training. The respondent suggested that WorkSource needs to develop a continuum of learning experiences, starting with basic job skills at the shelter and then out in the community.

The statistics seem to indicate employment problems particularly among transition-age young adults. This may represent problems with transition or may represent the higher expectations of this group. Unemployment among people with disabilities is much higher than for people without disabilities. Education and awareness among employers, service providers and people with disabilities is needed.

Employers often have an erroneous perception of the extent and cost of accommodations needed in the workplace for employees with disabilities. Studies have shown that 90% of accommodations cost less than \$1,000 to implement and about 50% have no cost (Marian Vessels, Director of ADA & IT Information

Center of the Mid-Atlantic Region, in March 24, 2003 webcast). Employers are also concerned that they will not have the flexibility to fire an employee with a disability if job performance is not satisfactory. Employers are frequently not aware of the federal tax incentives available. The lack and distortion of information leads to reluctance on the part of employers to hire people with disabilities.

Many people with disabilities rely on benefits available through a variety of programs. The requirements for eligibility for many forms of assistance are complex. Employment can have unintended consequences on benefits and individuals need to plan carefully and anticipate changes to financial assistance and access to medical care. Unfounded fears of losing Medicaid benefits is a large deterrent for many people with disabilities who want to pursue employment, but cannot afford to lose insurance coverage. BPAO counselors can work with individuals to provide realistic analysis of various options, but report that they are not getting sufficient numbers of referrals. Information and promotion of BPAO services and WorkWORLD software could increase the use of these resources and empower people with disabilities to pursue their chosen plan.

Federal legislation has revised the definition of successful employment placement for people with disabilities so that sheltered employment is no longer considered a successful closing. State funding has been cut back for people already working in sheltered employment settings, reducing the level of follow-along support. Funding cutbacks have led to frustrations about services.

DRS and the MS Society are seeing an increase in people with disabilities losing their jobs as a result of the development or worsening of a disability. There is a need to educate workers on effective approaches and also to educate employers on alternatives including accommodations and use of mediation, instead of job loss and possible litigation. Education and early intervention are keys to preventing doors being closed for people with disabilities in the workplace.

#### 6. *Family Support Services*

**Existing Services:** The Independence Resource Center provides counseling for parents of children with disabilities to assist them in developing strategies for interaction with schools and service providers, to provide training in effective advocacy and to equip them to participate in the preparation of their child's IEP. However, these services are not well advertised and many parents may be unaware of them. (One survey respondent noted, "I think in many ways the Independence Resource Center could advertise its services in a much broader manner. It is about the only service provider that does not have a website. This would be a great opportunity to give a person with a physical disability the chance to put up or at least maintain such a website.") IRC also provides counseling in parenting skills for parents with disabilities.

The Parent Resource Center serves parents of children in special education in the public schools and operates on the philosophy that parents are a valuable resource in planning the education of their special child. Children, Youth and Family Services (CYFS) offers a variety of programs within its Parent and Education Support division including home-visiting for young parents and parenting classes for families. Services aim to teach parents about healthy development, positive

parenting, establishing nurturing family relationships and available community resources. DePaul Family Services is a private, nonprofit agency licensed by the Commonwealth of Virginia that provides specialized foster care for children who suffer from physical, mental, emotional or behavioral disabilities. DePaul Family Services provides placement services and family support for foster families.

The Monticello Area Community Action Agency (MACAA) has a Community Outreach Program that provides emergency assistance and help in obtaining critical services, including decent, affordable housing. Technical assistance and support for self-help projects is available to neighborhood groups. MACAA also is a partner in the Child Health Partnership, which is a collaborative effort with the Thomas Jefferson Health Department, community resources and the families served. Through this program, a child and its family is paired with a pediatrician from its birth through age seven. Through extensive case management, family needs are assessed and assistance obtained.

There are numerous advocacy and support groups in the area including Amputee Support Group, Arthritis Support Group, National Federation of the Blind, National Multiple Sclerosis Society and the Hearing Loss Association of America. The Parent Resource Center serves parents of children in special education in the public schools and operates on the philosophy that parents are a valuable resource in planning the education of their special child. The University of Virginia Kluge Children's Rehabilitation Center offers support groups to serve parents and other family members who have children with certain diagnoses, such as autism and Asperger's Syndrome.

**Needs of People with Disabilities and their Families:** Thirteen respondents, or 14%, expressed a problem with family support services. Again, the respondents most likely to express a problem were those responding on behalf of 0-5 year olds, at four of six or 67%. No respondents for 6-17 year olds expressed a problem, and only 6% of 22-40 year olds. Other age ranges fell near the average. Five said that the service was not OK, one that it was needed but not available, five that it was needed but too costly, and eight said that they had an unmet need (two said that they were affected seriously, and six that they were affected moderately). There were five comments regarding family support services. One respondent praised the counselors at WWRC and DRS, one said that they knew that family support services were available if needed, one said that their case worker claimed to be "too swamped" to be "bothered," one said that there was a problem with eligibility for mental retardation services, and one said that there was a lack of counselors knowledgeable about special-needs parenting and that services are too expensive.

## 7. *Housing*

**Existing Services:** Mainstream Housing Vouchers - Through a partnership between the Piedmont Housing Alliance (PHA) and The Arc of the Piedmont, 75 Mainstream Housing Section 8 Vouchers were made available to people with disabilities in Planning District 10 in 2000. There are currently 73 Mainstream Section 8 Vouchers leased-up, with a waiting list of about 390 persons, nearly double the 2003 list of 200. A problem with the voucher program is that when a voucher becomes free, the first person that can find an accessible dwelling unit

gets the voucher, which can put potential recipients into a race. There are currently five potential recipients searching for an apartment; the first two to find one will get the remaining two vouchers. It can take up to six months to find and modify a unit. Many accessible apartments are located in large developments that will not consider the voucher as part of their income requirements. Because of the difficulty in locating units, there is often not complete lease-up even though there is a long waiting list. Without complete lease-up, the region cannot qualify for more vouchers.

Independence Resource Center also has 8-12 vouchers that are handled by Region Ten, with IRC feeding them applicants. Section 8 vouchers are additionally available through the City of Charlottesville and Albemarle County. The Charlottesville Redevelopment and Housing Authority provides subsidized housing for low income residents including elderly and disabled individuals.

Fair Housing Initiative - Piedmont Housing Alliance's Regional Fair Housing Program provides fair housing education, outreach, advocacy, and support services throughout Planning District 10. The goal is to raise awareness and promote compliance with fair housing and civil rights laws that provide protection from housing discrimination based on race, color, national origin, religion, gender, disability, presence of children in the family, and elderliness. PHA presented a Fair Housing Forum for People with Disabilities on February 25, 2003 at the Albemarle County Office Building.

Home Safety and Repair Resources – resources for making needed repairs and modifications to homes are available through programs in the Planning District. PHA operates the Elderly/Disabled Home Safety Revolving Fund, which provides financing for wheel chair ramps, grab bars, safety railings, and other modifications needed to allow elderly and/or disabled community members to remain safely in their homes. No-interest loans up to \$3,000 are available to individuals who meet income guidelines. The Jefferson Area Board for Aging (JABA) operates a Home Repair program to individuals over 60 who meet income guidelines. JABA makes modifications and repairs to homes to accommodate disabilities, to help prevent falls and bring housing up to code-mandated safety standards. The Albemarle Housing Improvement Program (AHIP) has an emergency repair program as well, which includes ramp installation. **RSIF Grants in FY1999 and FY2000** provided funds for installation of “Minnesota Ramps” throughout the planning district. The City also provides grants of up to \$2,500 in to qualified individuals to remove barriers in housing and public housing. This Handicapped Access Fund is funded through Community Development Block Grant funds. The Community Energy Conservation Program operates a weatherization for low-income clients, including furnace replacements. JABA operates a CoolAid Program to provide fans and air conditions to low income, frail or disabled individuals. USDA Rural Development provides loans and grants to low-income homeowners who need to remove health hazards or make dwelling accessible to a disabled household member. Non-profit housing programs provide housing rehabilitation and repair and other services to income-qualified persons. These providers include: Albemarle Housing Improvement Program, Piedmont Housing Alliance, Fluvanna/Louisa Housing Foundation, Nelson County Community Development

Foundation and Skyline CAP (serving Greene County). The Veterans Administration is another possible source of home repair and home modification services for disabled veterans.

Universal Design Library - The Disability Services Board, through an **FY2002 RSIF grant**, funded Piedmont Housing Alliance's Barrier-Free Housing Education Initiative. This project created three 28-item special collection of books and other media on Universal Design available through two branches of the Jefferson-Madison Regional Library (Greene County and Louisa County) as well as the Fluvanna County Library. The collection includes materials with titles such as Residential Remodeling and Universal Design; Directory of Accessible Building Products; and Home Safe Home.

Real Estate Tax and Rental Relief – The City of Charlottesville and all five counties in the planning district provide a real estate tax exemption for the elderly and people with disabilities. In addition, the City provides Rental Relief to people with disabilities in the form of payment of grants to qualified City Of Charlottesville tenants. The availability and extent of relief is based on documentation of a disability, ownership and/or residence of the property, income and net worth.

Portable Ramps - Modular aluminum ramps are available for use or purchase through the Fluvanna/Louisa Housing Foundation. The DSB provided some funds for this program through an **RSIF grant in FY2001**. Ramps can be installed quickly, removed when the need no longer exists and re-used in another location as needs arise.

Low-Interest Loans for Housing Adaptation - The Assistive Technology Loan Fund Authority offers loans for home modifications to improve accessibility, from small modifications such as ramp installations to major modifications such as room additions. Interest rates as low as 3% are offered for as long as 20 years. ATLFA has technical assistance resources to help low income people with payback options.

Homelessness Assistance – A significant percentage of the homeless population is disabled. In the Thomas Jefferson Area Coalition for the Homeless' 2005 Homeless Census, 20 of the 76 adults surveyed (26%) gave physical disability as a barrier to finding housing, the third most common barrier after lack of affordable housing and medical problems (participants could choose more than one response). Local resources for homelessness include the Salvation Army Emergency Shelter and Transitional Housing Program and People and Congregations Engaged in Ministry (PACEM), an interfaith collaboration that provides men with shelter one night at a time during the harsh winter months.

**Needs of People with Disabilities and their Families:** Eighteen respondents, or 19%, expressed a problem with accessible housing. Sixteen of those respondents indicated a physical disability. As there were 42 respondents with a physical disability, 38% of those respondents had a problem with accessible housing. Fifteen of the 18 respondents, or 83%, fell between the ages of 22 and 65. Percentages from each locality were similar, with only Louisa (which had a very small sample size) lacking representation. Thirteen said that the service was not

OK, three said that it was needed but not available, seven said that it was needed but too costly, one said that it was both not available and too costly, and nine said that they had an unmet need (three serious, five moderate, and one slight). Of the eight comments for this category, four touched on the need for affordability, one said that they needed a ramp, one said that they needed wheelchair-accessible housing, one said that they needed to be able to move out from their family, and one simply said, “You can’t be serious!”

Within the Planning District, there is a shortage of “affordable housing,” and the definition of what is “affordable” is still prohibitively high for many low-income families. Affordability of housing is a greater need for people with disabilities and their families than is accessibility, which can generally be achieved with modifications.

Meeting the needs for affordable housing will require incentives for private developers, greater cooperation between the public and private sector, appropriate regulations and zoning, and/or the availability of creative financing. Affordability can be realized by offering a diversity of housing types to meet the diverse needs of the community, including rental properties as well as opportunities for home ownership. Housing types could include accessory units, multifamily units including duplexes and quadruplexes, small lots, condos, townhouses, and manufactured pre-fabricated homes. Zoning changes to allow greater occupancy levels would also contribute to affordability.

People with disabilities need access to services that are located near or are accessible from their residence. Mixed use communities that include a wide variety of housing types for various income levels and a mixture of retail and service uses can increase access to services. Land use guidelines that encourage clustering development into a nodal pattern will provide opportunities for developing public transportation to residential areas that would not be feasible with a more scattered developmental pattern. Comprehensive plans and zoning ordinances need to encourage co-location of accessible and affordable housing with other community services.

Universal design in housing allows for aging in place and allows people with temporary or permanent disabilities to remain in the home and community rather than move to an institutional or more restrictive setting. Universal design not only benefits people with special needs, but provides benefits for families with children, allows homes to be “visitable” by differently-abled guests and provides versatility for changing life styles without relocation. Although an appreciation of the value of universal design is growing, there is still a need to increase awareness among developers and real estate agents of the market value of universal design.

The work of the Jefferson Area Board for Aging’s 2020 Senior Long-Term Care (LTC) Partners Acting Together for Health (PATH) Affordable Housing Support Committee reinforced the importance of mixed-use communities and universal design. Although the work of LTC-PATH was focused on the needs of the elderly, in many cases the needs and the populations themselves overlap with the disabled. The committee conducted nine interviews and a focus group and concluded that the following needs were of the greatest priority in the region:

- Community education on affordable housing and long-term care needs.
- Establishment of zoning and land-use policies that promote mixed use, mixed income, mixed generational housing developments that include affordable units.
- Promotion of increased retrofitting of existing housing and production of new housing which is universally accessible.
- Expansion of the availability of financing tools, funding resources and insurance options for long-term care and affordable housing.
- Promotion of funding for multi-modal transportation and infrastructure in order to promote compact growth.

For some people with disabilities, the least restrictive housing arrangement is a group home. Zoning ordinances that allow for supportive housing facilities by-right would make this type of development more feasible. Local jurisdictions can encourage diversity in housing by adopting design standards. Housing options for young adults with disabilities seeking to move out of their family homes are limited.

The state of Virginia issues waivers that allow Medicare funds to be spent on permanent supportive housing for people with disabilities. The number of these waivers is capped, and is not nearly sufficient for the number of people with disabilities who need them.

Landlords are often unwilling to accept Section 8 vouchers. The Mainstream Voucher Program successfully added to the number of landlords who accept vouchers, but additional education for landlords is needed to encourage them to accept section 8 vouchers.

#### 8. *Independent Living*

**Existing Services:** The Independence Resource Center (IRC) in Charlottesville is the Center for Independent Living for this area. IRC offers a variety of training opportunities to increase the level of independence of their clients. IRC's facility has spaces for training in personal care and housekeeping, demonstration areas for builders, classrooms and administrative offices. IRC is also a primary source of expertise and advocacy in regard to the Americans with Disabilities Act, and provides a wide range of technical service to area businesses and governmental entities.

Recreational activities are available through Wintergreen Adaptive Skiing (recipient of *RSIF grant in FY2000*), Special Olympics, Therapeutic Parks and Recreational activities, Very Special Arts and the Challenger League (a little league for children with disabilities aged 8-18).

**Needs of People with Disabilities and their Families:** Independent living tied with counseling as the service that the fewest number of respondents (nine, or 10%) expressed a problem with. Three said that the service was not OK, four said that it was needed but not available, one said that it was needed but too costly, and two said that they had an unmet need that affected them slightly. The respondents who said that it was needed but not available were scattered around the region. There were seven comments, including two that did not know what was meant by

the question. One said that they were getting help at WWRC, one that they were thinking of trying WWRC, one that services are good, and one that they can continue to live with the pain without “bothering” anyone. One respondent had extensive commentary about IRC, saying, “there is a need for more folks to know what the Independence Resource Center can provide. I see no reason why this agency with its wonderful kitchen and accessible location could not be offering an array of day, evening and/or weekend classes on many topics to individuals with disabilities. It could be on a fee for services basis and similar to the adult education classes out at AHS or CATEC. Besides the kitchen classroom there is also a large meeting room that could also be used. Perhaps a relationship with the City Parks & Recreation program could be explored to advertise such programs.”

9. *Medical Therapeutic*

**Existing Services:** The Charlottesville Area has a wealth of medical services available, many through the University of Virginia (UVA) Medical Center. UVA’s Kluge Children’s Rehabilitation Center serves children under age 19 on a sliding scale basis and offers some case management services for their clients, as well as specialists in education, nutrition, audiology, and various therapies. The Infant and Toddler Connection of the Blue Ridge does screenings and coordinates early intervention services for children under the age of three. UVA Speech Language Hearing Clinic provides diagnostic and rehabilitation services for persons with speech, language and/or hearing disorders. Other medical resources serving the Thomas Jefferson Planning District include Martha Jefferson Hospital, Charlottesville Free Clinic and the Thomas Jefferson Health District. Blue Ridge Medical Center in Nelson County provides health care services, including prevention, education and treatment, to residents of Nelson County. The Louisa County Resource Council operates Medical Outreach Services and a free dental clinic, which provide access to health and dental care to low-income, uninsured and medically underserved residents of Louisa County. The Greene Care Clinic, a free clinic in Stanardsville, opened in September 2005. Greene County also operates a dental clinic for qualifying individuals. The Veterans Administration (VA), which operates a medical center in Richmond and an outpatient clinic in Harrisonburg, can be an option for disabled veterans, although one survey respondent noted the difficulty of commuting to Richmond for services. The VA also offers prescription and in-home care services.

**Needs of People with Disabilities and their Families:** Sixteen respondents, or 17%, expressed a problem with medical or therapeutic services. Nine said that they were not OK, one said that they were needed but not available, five said that they were needed but too costly, and eight said that they had an unmet need (six said that it affected it seriously, and two said that it affected them moderately). Of those expressing a problem with medical/therapy, 67% are physically disabled. Twenty-four percent of those who reported a physical disability expressed a problem with medical/therapy. Responses expressing dissatisfaction were most common for the 0-5 (50%) and 56-65 (31%) age ranges, with no problems reported in the 22-40 age range. There were no problems expressed in Nelson County, but many responses from Nelson were from high school students, a group which overall expressed a low percentage of problems (11%). Otherwise, there were no obvious patterns by locality. Of the seven comments in this category, two said that they had insurance, one was worried about not qualifying for SSI,

one said that it was hard to find doctors and dentists that take Medicaid/Medicare, one parent criticized the school system for not having a speech pathologist skilled in working with autism, one parent said that treatment methods most effective for cerebral palsy are not available locally, and one said that they had problems “just like any other disabled American.”

Medical personnel are frequently unaware of programs or legislation that may prevent or address disabilities. One example is the Therapeutic Shoe Bill, legislation that was passed a few years ago to provide preventive foot care to diabetics under the Medicare program. As a result of a lack of information on the part of doctors, patients may suffer debilitating disorders or even amputation.

A lack of awareness or sensitivity may also lead to information falling on “deaf ears” in the medical community. Repeated efforts are sometimes required to get doctors to follow up on the use of available resources to address patient needs. Certification of disabilities through the Social Security gatekeeper process can be long and tedious, with waiting periods sometimes taking six months to two years. Doctors are not always well informed about the requirements and do not ascertain or document the necessary information. Most are not aware of the existence of Social Security Publication No. 64-039, “Disability Evaluation under Social Security.”

#### 10. *Personal Assistance*

**Existing Services:** The Independence Resource Center (IRC) manages the Personal Assistance Services (PAS) program for our area. In that role, IRC recruits attendants. Personal Assistants (PA) require some training, but there is no certification program. The pay scale ranges from \$8 to \$10 per hour. Personal Assistance through PAS is limited to people with disabilities who are employed. Services are limited to 12 hours per week, except for individuals meeting certain conditions that allow for services 30 hours per week. Current resources are insufficient to meet the large demand for services. For people with disabilities who are not employed, it is necessary to patch together various resources, including Medicaid waivers, to provide personal assistance services.

**Needs of People with Disabilities and their Families:** Nineteen respondents, or 20%, expressed a problem with personal assistance, making it the third most problematic service area overall after assistive technology and transportation. Fifteen of those expressing a problem with personal assistance, or 83%, are physically disabled. Of those who reported a physical disability, 43% expressed a problem with personal assistance. There were no obvious patterns with regard to age group; with respect to locality, percentages varied widely, from a low of 10% expressing a problem in Albemarle to 43% in Charlottesville and 50% in Fluvanna (which had a very small sample size). Other localities’ percentages of respondents expressing a problem were 17% for Nelson, 27% for Greene, and 40% for Louisa. This did not correspond with the percentage reporting a physical disability in each locality, which is 40-50% in all localities except Fluvanna (75%, but again, only four respondents), and Nelson (25%, with many respondents being from the high school). Eight respondents said that the service was not OK, seven said that it was needed but not available, three said that it was needed but too costly, two said that it was needed but both not available and too costly, and 11 said that they had an unmet need (five said that it affected them seriously, five

moderately, and one slightly). There were eight comments. Two respondents expressed problems getting Medicaid waivers, one said that they had to pay for their own outside help, two said that they needed assistance, one said that it was too expensive, one said that they were getting help at WWRC, and one said that it was an anticipated need in the future.

People with disabilities who require more than 12 hours per week of personal assistance have no other viable options than to be placed in a nursing home. This group includes young adults experiencing traumatic injury. This is not an ideal or even suitable setting for someone in that age group and is a void in the current personal assistance model.

There is a shortage of Certified Nursing Assistants (CNAs) in the area, resulting from a variety of factors related to local workforce composition, salary levels, and training.

Navigating the system to obtain access to personal care services and assistive technology is difficult. Insurance does not generally cover the specific daily services required by people with disabilities in their homes. People in their sixties who are unable to work and have no insurance coverage are too young to qualify for Medicare. Without adequate in-home care, the condition of people with limited impairment can deteriorate rapidly to the point of needing more intensive care. By contrast, these people may be able to live fairly independently for their entire life span if adequate in-home care is provided.

Adult day care is a growing need. The Jefferson Area Board for Aging (JABA) operates Adult Day Health Care centers in Charlottesville, Louisa, Greene, and Nelson, which provide services to the elderly and to adults of any age who need minimal to moderate assistance with activities of daily living. The DSB awarded an *RSIF Grant for FY2003* for scholarships for day services at the Louisa Center. Funding for this grant was withdrawn in October 2002 due to state budget cuts.

#### 11. *Training*

**Existing Services:** Training in health sciences is available locally through the University of Virginia (UVA), Piedmont Virginia Community College (PVCC), the Charlottesville-Albemarle Technical Education Center (CATEC) and the Charlottesville Campus of the Richmond School of Health and Technology. There are no local programs providing training in Occupational Therapy (OT), Physical Therapy (PT), Orthotics and Prosthetics. Programs in OT and PT are available through James Madison University (JMU) in Harrisonburg and Virginia Commonwealth University in Richmond. UVA and JMU have Master's Degree programs for Speech Language Pathologists.

UVA offers elementary and intermediate courses in American Sign Language. UVA's Curry School of Education also offers a beginning and intermediate course in American Sign Language. Piedmont Virginia Community College offers introductory, intermediate and advanced course in American Sign Language.

Project TRAIN IT provides IT training and assistive technology for a limited number of people with disabilities. Nine participants had successfully found employment as of November 30, 2005, with four still in the program. As of

February 15, 2006, two more applications had been accepted and three more were pending.

The Work Incentive Grant (WIG) is providing some resources for training and equipping staff throughout the Workforce Center delivery system to more effectively serve people with disabilities. Training sessions on programmatic accessibility, disability etiquette, and assistive technology are being provided through the grant, as well as sharing a Disability Program Navigator (DPN) among WIBs IV, V and VI. The DPN works with staff to create more effective linkages with community service providers, agencies working with individuals with disabilities and customers with disabilities.

**Needs of People with Disabilities and their Families:** Twelve respondents, or 13%, expressed a problem with training. Four said that the service was not OK, three said that it was needed but not available, and six said that they had an unmet need (one said that they were affected seriously, two moderately, and three slightly). There were ten comments about training – four mentioning the particular programs they are working with (Virginia NeuroCare’s Clubhouse, WWRC, WorkSource Enterprises, DRS), three specifying what they would like to receive help in training for (veterinary assistant, auto mechanic, working from home on a computer), one expressing frustration with long delays at DRS, one saying that they just need a chance, and one that they may need training in the future.

## 12. *Transportation*

**Existing Services:** The primary provider of transportation services for people with disabilities is JAUNT, Inc., the paratransit provider for the region. JAUNT is a coordinated regional transportation system providing service to Charlottesville and Albemarle and the surrounding counties. The seventy-vehicle fleet carries the general public, agency clients, the elderly, and people with disabilities throughout Central Virginia. JAUNT is owned by Charlottesville, Albemarle, Louisa, Nelson, and Fluvanna and uses federal, state, and local funding to supplement fares and agency payments. JAUNT offers urban area demand-response service for people with disabilities who live in the City of Charlottesville and the urbanized area of Albemarle County are eligible to use JAUNT services. JAUNT services are available to the general public, but there are reduced rates for people with disabilities. Clients must be certified as disabled through the Charlottesville Transit System (CTS) to be eligible for reduced rates. JAUNT provides passenger education services to encourage passengers, agency clients and their families, and residents of nursing homes and other institutions to use JAUNT services most efficiently. JAUNT also provides regular daily commuter routes from rural origins into the City of Charlottesville, limited intra-county services in Louisa and Nelson counties, demand-response transportation services to the general public in the non-urbanized area and transportation services to human service agencies throughout the service area.

Greene County Transit offers services within Greene County between 8:30 a.m. and 4:00 p.m. Monday through Friday. Transportation is available between Greene County and Charlottesville Monday through Friday. The Charlottesville Transit Service and private taxi companies also offer services. Transportation programs to supplement primary transportation services are operated by area non-

profit organizations, including Jefferson Area Board for the Aging (JABA) and Interfaith Volunteer Caregivers of Central Virginia.

**Needs of People with Disabilities and their Families:** Twenty-four respondents, or 26%, expressed a problem with transportation, second only to assistive technology. Thirteen said that the service was not OK, seven said that it was needed but not available, nine said that it was needed but too costly, and 14 said that they had an unmet need (five said that it affected them seriously, eight said that it affected them moderately, and one said that it affected them slightly). The percentage of people expressing a problem increased with age up to the 56-65 age group, which had 46% of respondents expressing a problem. With respect to locality; Charlottesville respondents had the lowest dissatisfaction rate (19%) and Louisa the highest (40%), with all other localities falling between 25-35%. By type of disability, those who were blind/visually impaired (38%) or physically disabled (36%) were most likely to express a problem. This topic attracted 17 comments. Five criticized availability and reliability, one was complimentary about JAUNT's reliability, three dealt with the need for transportation in rural areas, two dealt with expense, three stated that they used a car to get around, one used the school bus, one found some help from their case worker, and one criticized the lack of transportation available for emergencies.

Demand for transportation services continues to exceed the available supply. Transportation services are limited outside the urban ring, both in terms of routes and available schedules.

Bus stop locations within the urban ring are too infrequent and can be inaccessible. Bus stops need to be placed on more level sections of the roads so that people can get up and down the sidewalk with less trouble. Drivers need to have the flexibility and training needed to make stops at non-bus stops. Some shelters are inadequate and some stops do not have shelters. The Jefferson Area Board for Aging's LTC-PATH Community-Based Support Committee determined that a priority need for seniors, significant portions of which have disabilities (25-50% within the region), is for improved access to affordable transportation. This included "Increase affordable, reliable and user-friendly local door-to-door transit on flexible schedule," and "Increase access to public transit."

Bus riders with disabilities need alternate formats to receive information on routes, bus stops and schedules. Suggestions offered at the UnJAM focus group in May 2001 include:

- a computer system at the bus/van service that has directions to homes of regular clients for bus driver use
- the bus schedule posted on-line
- real-time schedule announcements to provide information on the bus status
- automated route information at stops frequently used by people with disabilities
- individual transponders for people with disabilities that can audibly provide information on a bus or facility
- audible signal lights at selected intersections

Revisions to transportation for Medicaid clients have resulted in lower service quality, including reduced reliability, quality, safety, responsiveness and ease of

making reservations. The new system decreases the efficiency of existing transportation services and fragments existing coordinated efforts in our region.

Sidewalks within the urban area are not wide enough and have obstructions or elevation differences that impair or prohibit use by people with disabilities. One suggestion is to eliminate traditional sidewalks, make them asphalt with no elevation difference from the roadway (possibly use bike paths) and use different color pavements to distinguish between the new paths and the road. The Charlottesville-Albemarle Metropolitan Planning Organization (MPO) held a series of Walkable Community Workshops in April 2003, which focused on real-world problems and hands-on solutions. One workshop focused on the needs of people with disabilities.

## VII. IMPLICATIONS FOR ACTION

In the Needs Assessment Survey, the two service areas that had the most respondent dissatisfaction were assistive technology and transportation. From the comments, assistive technology in turn appeared in many cases to be linked to employment, which was a major area of dissatisfaction for employment-age respondents in general and 18-21 year olds in particular. Personal assistance was also a particular problem area for people with physical disabilities. Respondents on behalf of the 0-5 age group had much higher percentages of dissatisfaction in a number of areas – case management, education, family support services, and medical/therapy – than other groups, but due to the small sample size, further study would be needed to determine if dissatisfaction in these areas is a general problem for this group.

### A. SHARED NEEDS

Many significant needs for people with disabilities are the same as for people without disabilities, including housing, transportation and employment. Responses to a question about goals included in the survey speak eloquently of the commonality of needs of people with disabilities:

- “Overcome my disability, further my education, and get a job I like, and get pay enough to take care of my family.”
- “I want my son to be healthy and happy and to do what he wants in life.”
- “LEAD A NORMAL LIFE, i.e. job, apartment, transportation”
- “As parents, we want our son to reach his full potential. We hope he will have friends, work and feel like he can contribute to his world.”
- “A position where I'm more independent, combining all my skills - continued success. Health, happiness, job - moving forward.”

The needs of people with disabilities cannot be addressed in a vacuum, but must be integrated in regional planning and initiatives for land use, transportation and economic development.

#### 1. *Transportation and Housing*

Recognizing that transportation and housing are basic, universal and interconnected needs for everyone that can be particularly difficult to obtain for people with disabilities, the Thomas Jefferson Planning District Commission spearheaded the successful application to the Virginia Board for People with Disabilities for funding for the Transportation and Housing Alliance (THA). The THA is a statewide initiative, with five planning district commissions on the steering committee, representing a variety of densities and housing and transportation conditions. The THA is intended to serve as a conduit of information, resources, technical assistance and education. The THA will make public policy recommendations in the areas of transportation and housing and work to build and improve community infrastructure in localities and statewide. Work is currently taking place on the development of an Assessment Tool to assess housing and transportation needs, project future needs and identify overlapping issues and opportunities. Staff from the THA have already attended one meeting of the Jefferson Area Disability Services Board, and will continue to seek input and share information. It is expected that the work of the THA will provide a clearer understanding of current housing and transportation needs of

people with disabilities in the service area of the JADSB and throughout Virginia, and indicate some paths to forward progress on this long-standing issue.

The THA and JADSB jointly submitted a successful application for the Easter Seals Project Action Mobility Planning Services Institute. This training opportunity, to be held in Washington, DC in April 2006, offers the opportunity for a team of local disability and transportation industry leaders to obtain information and strategies from industry experts in order to develop comprehensive community action plans to improve local transportation services. The THA/JADSB team members include the executive directors of the TJPDC and JAUNT, two transit consumers with disabilities who have been active in transportation planning and advocacy, and a representative of the Virginia Department of Rail and Public Transportation.

The DSB will continue to participate in other regional planning efforts, which it is well positioned to do, as it is staffed through the Thomas Jefferson Planning District Commission. The TJPDC is a convener, planner and administrator for regional programs in land use, housing, transportation and economic development. The TJPDC is committed to the integration of shared needs across programs.

Areas for advocacy in transportation and housing that were cited in the 2003 Needs Assessment and remain important include:

- a) Promotion of a nodal system of regional development. Nodal development aggregates services and residential areas into concentrated mixed-use areas. This pattern of development facilitates various modes of public transportation and creates opportunities for services to be located at various sites throughout the region. This concentration of growth within designated areas preserves the character of the region and improves access to services by all residents. This is especially critical for people with disabilities. The Jefferson Area Board for Aging's LTC-PATH project concluded that the #1 priority for the elderly, including and especially those with disabilities, is to "promote age-friendly mixed-use developments." The #2 priority was to "increase transportation options and stops."
- b) Focus on universal design. Universal design is defined as "the design of products and environments to be usable by all people, to the greatest extent possible without the need for adaptation or specialized design" (Center for Universal Design, North Carolina State University). This approach meets the needs of people with disabilities while also creating value for other populations. Universal design increases ease of use by the elderly, parents, children, people of various physical sizes and people with different abilities. Designing communities, housing and transportation that meets the needs of people with disabilities will serve the entire community.

## 2. *Employment*

Over half of the "goals" comments on the survey referred in some way to a job, career or employment. Employment speaks to the universal needs both to have a means of support and to feel useful. The DSB has worked and will continue to work with the Department of Rehabilitative Services, the Disability Program

Navigator, the One Stop Center and other agencies to educate employers. Many accommodations in the workplace are relatively inexpensive. Employers need training to become aware of the various means of accommodating the needs of people with disabilities in the work place. In addition to assistive technology, techniques might also include flexible scheduling, job carving and telecommuting. Nodal development will also increase the accessibility of jobs as it reduces transportation issues.

## **B. SPECIAL NEEDS**

People with disabilities also have special needs directly related to the presence of a disability. These needs include assistive technology, accommodations in the schools and the workplace, supportive services, independent living skills and personal assistance, with assistive technology and personal assistance being the service areas that had the greatest dissatisfaction expressed about them in the survey. Many of the responses to the “goals” question also touched on independent living in some way, indicating that although this may not be a current area of dissatisfaction, it is an area which generates concern. Cooperation among agencies, increasing public awareness, and additional funding and resources are all needed to improve services in these areas.

### *1. Cooperation among Agencies*

Many agencies only provide case management for their own services, and lack knowledge of the services provided by other agencies. A number of comments on the surveys expressed frustration with the current state of affairs:

- “It is VERY difficult to find out what services are available and how to get them.”
- “It is difficult to find and coordinate intervention services - takes a lot of research.”
- “Nobody seems to even have a good overall picture of what's available, so dozens of phone calls are needed just to discover that the answer is "not much."”
- “Better combined organization. Social workers, vocational rehab, social services, case managers, etc... Know where to send people without confusion. Organization! Know the resources.”

More knowledge sharing among agencies and more accessible, unified consumer information are needed. The “Life After High School” website (<http://www.lifeafterhs.org/>) of the Jefferson Area Transition Council provides the closest thing to a unified information source in the region and is a great step forward, but as it addresses a particular age group for a particular reason, by definition there are elements missing that apply to other age groups.

### *2. Increase Public Awareness*

Provide information through material, the web, and events, including the annual October Disability Employment Awareness event. Work with United Way to update the directory of resources, organize events on disability etiquette, demonstrate assistive technology devices, and work with area agencies and non-profit organizations to address the need for assistive technology, personal assistance and supportive services.

3. *Pursue Funding and Resources*

- a) Seek additional funding and resources with community partners. Funding through public agencies and private foundations is increasingly focused on strong community partnership and documented performance. Effective linkages and coordinated projects are essential to successfully secure funding in the current fiscal environment. Strong systems of data collection and reporting are also needed to document performance.
- b) Promote public/private partnerships. The full integration of people with disabilities contributes to the community. Public/private partnerships are an effective way to private funding for projects that would benefit special needs populations and the community at large.

# **2006 Needs Assessment**

**Appendix:**

## **2006 Needs Assessment Survey**

**Jefferson Area Disability Services Board**



401 East Water Street/P.O. Box 1505

Charlottesville, Virginia 22902-1505

Telephone: (434) 979-7310 Fax: (434) 979-1597 VA Relay Users: 711

## Jefferson Area Disability Services Board

401 East Water Street, PO Box 1505, Charlottesville, VA 22902

phone: (434) 979-7310 fax: (434) 979-1597 VA Relay Users: 711

email: rgarwood@tjpd.org; website: www.tjpd.org/housing/dsb/dsb.asp

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### 2006 Needs Assessment Survey

Every three years, the Jefferson Area Disability Services Board (DSB) assesses the needs of people with physical and sensory disabilities in the Thomas Jefferson Planning District (the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson).

This information is used to:

- Guide the activities of the DSB
- Inform local officials of needs within their jurisdictions
- Advise state agencies

If you feel you have a physical and/or sensory disability, please take the time to fill out the following questions. You may also fill out the survey for a friend or family member.

#### Demographic Data:

Year of Birth: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_ Highest Level of Education: \_\_\_\_\_

I live in: Albemarle\_\_\_ Charlottesville\_\_\_ Fluvanna\_\_\_ Greene\_\_\_ Louisa\_\_\_ Nelson\_\_\_

Employment Status: Part-time\_\_\_ Full-Time\_\_\_ Retired\_\_\_ Unemployed\_\_\_

Student\_\_\_ Volunteer\_\_\_ Looking for a job\_\_\_

Current Living Arrangement: Own house/apt/condo\_\_\_ Rent\_\_\_ Group Home\_\_\_

Nursing Home\_\_\_ Parent/relative/friend\_\_\_ Homeless\_\_\_

Other \_\_\_\_\_

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**Type of Disability:** (Check all that apply) **Yes**

Blind / Vision Impaired

Deaf / Hard of Hearing

Speech Impaired

Physically Disabled

Brain Injury

Other (Autism, Aspergers Syndrome, Chronic Medical, etc.) Describe:

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**Please complete & return by Jan. 15, 2006 - Jefferson Area Disability Services Board**

By mail: PO Box 1505, Charlottesville, VA 22902

In person: to the Thomas Jefferson Planning District Commission, 401 East Water Street,  
Downtown Charlottesville

By fax: (434) 979-1597

On the web: <http://www.tjpd.org/housing/dsb/dsb.asp>

Or give the survey to your case manager.

Thank you for your help!



**Future Goals**

What do you want to achieve in your future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What barriers might keep you from reaching your goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you need to reach your goals? \_\_\_\_\_

\_\_\_\_\_

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**Comments**

Please share any other thoughts you have about the needs of people with physical, visual or hearing disabilities and available services in our region. Feel free to attach another sheet if you need more space.

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