



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Working with Persons with
Disabilities**

January 2020

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INTRODUCTION & PURPOSE

Federal law prohibits governmental agencies, including child welfare and court systems, from discriminating against people with disabilities in their services, programs, and activities. It is imperative that DFPS staff treat all children and families equitably. At times, this may mean that DFPS must provide accommodations to ensure persons with disabilities have equal opportunity to access services to ensure safety, permanency, and well-being for the children and families DFPS serves.

This resource guide should not be treated as a comprehensive list of accommodations, but can serve as a guide to provide suggestions on how DFPS staff could interact with and/or provide accommodations to persons with disabilities, including children with disabilities. Each region has a [Developmental Disability Specialist](#) (DDS) to assist with further information on how to accommodate a client, should you need additional information or local resources.

Background

Federal Law prohibits discriminating against people with disabilities.

The Americans with Disabilities Act (ADA)

Title II of the ADA prohibits a public agency from discriminating against a person with a disability or denying them full access to the agency's services, programs, or activities. The law applies to the services, programs, and activities of all state and local governments throughout the United States, including child welfare agencies and court systems.

The Rehabilitation Act of 1973

Another similar federal law, Section 504 of the Rehabilitation Act, prohibits any program or agency that receives federal funding from discriminating against a person with a disability or denying them full access to its services, programs, or activities.

For a child welfare agency such as DFPS, relevant services include, but are not limited to:

- investigations
- assessments
- provision of in-home services
- removal of children from their homes
- case planning and service planning
- visitation
- guardianship and alternatives to guardianship
- adoption
- foster care, including foster homes and residential treatment centers
- reunification services

- child welfare hearings
- custody hearings
- proceedings to terminate parental rights

Who is protected by these laws?

In the DFPS system, individuals with disabilities can include children, parents, relatives, fictive kin or other caregivers, foster and adoptive parents, and individuals seeking to become foster or adoptive parents. In this Resource Guide, “parents and caregivers” will be used to refer to any adult individual who is or may be caring for a child who is involved in the child welfare system.

The ADA and Section 504 apply to any individual who:

- Has a physical or mental impairment that substantially limits one or more major life activity;
- Has a record of having an impairment that substantially limited a major life activity in the past; or
- Is regarded as having an impairment.

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, breathing, standing, lifting, bending, speaking, walking, toileting, reading, thinking, learning, concentrating, seeing, hearing, eating, sleeping, or working.

It is not possible to include a list of all the specific conditions that might constitute a physical or mental impairment. Some conditions, such as blindness, deafness, orthopedic impairments, or Down syndrome, for example, will be relatively easy to identify. Other conditions, such as HIV status, autism spectrum disorder, Multiple Sclerosis, traumatic brain injury, or a mental illness such as bipolar disorder or major depression, may not be obvious. A medical condition might substantially limit a major life activity in one person but not another. Each person’s unique needs and situation has to be reviewed and assessed individually, just as is true in any child protection case.

In addition, the language in the definition that refers to a person who has “a record of an impairment” or a person who is “regarded as having an impairment” is meant to protect an individual who may appear to have a disability even though he or she does not currently have an impairment.

Examples of discrimination against a person who has “a record of an impairment” would be treating someone differently because they may have had a disability or received services at some time in their life. For example, the record shows they received special education services when they were a child, or were in a rehabilitation facility in the past. Those instances might not

have anything to do with how they function now, so an agency cannot discriminate in their treatment because of that record. "Regarded as having an impairment" would mean someone treating a person differently because of how they look or based on some assumption about the person. For example, looking at a person who has a severe facial disfiguration and assuming the person has a developmental or cognitive disability.

What about a person with drug addiction or alcoholism?

According to federal guidance:

"Drug addiction is an impairment under the ADA. A public entity, however, may base a decision to withhold services or benefits in most cases on the fact that an addict is engaged in the current and illegal use of drugs.

What is "illegal use of drugs"?

Illegal use of drugs means the use of one or more drugs, the possession or distribution of which is unlawful under the [Controlled Substances Act](#). It does not include use of controlled substances pursuant to a valid prescription, or other uses that are authorized by the Controlled Substances Act or other Federal law. Alcohol is not a "controlled substance," but alcoholism is a disability.

What is "current use"?

"Current use" is the illegal use of controlled substances that occurred recently enough to justify a reasonable belief that a person's drug use is current or that continuing use is a real and ongoing problem. A public entity should review carefully all the facts surrounding its belief that an individual is currently taking illegal drugs to ensure that its belief is a reasonable one.

Does title II protect drug addicts who no longer take controlled substances?

Yes. Title II prohibits discrimination against drug addicts based solely on the fact that they previously illegally used controlled substances. Protected individuals include persons who have successfully completed a supervised drug rehabilitation program or have otherwise been rehabilitated successfully and who are not engaging in current illegal use of drugs.

Additionally, discrimination is prohibited against an individual who is currently participating in a supervised rehabilitation program and is not engaging in current illegal use of drugs.

Finally, a person who is erroneously regarded as engaging in current illegal use of drugs is protected.

Is drug testing permitted under the ADA?

Yes. Public entities may utilize reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual who formerly engaged in the illegal use of drugs is not now engaging in current illegal use of drugs.”

How will I know if a person has a disability and needs accommodations?

Some disabilities will be readily apparent when staff meets or interacts with a family. In other cases, the caseworker might not be able to determine whether the family member has a disability or whether an accommodation will be needed without more information.

The law allows DFPS staff to ask questions of an individual that are necessary to determine whether the person has a disability and what accommodations may be needed. DFPS staff are generally not responsible for making accommodations if the person does not inform the agency regarding the need or the staff person could not reasonably be expected to know or be aware of the individual’s disability or need for accommodation.

However, if DFPS staff knows or should know that the person needs an accommodation in order to participate in services, or if DFPS staff knows that the individual has a disability that may interfere with the ability to request an accommodation, the agency must work to accommodate the person’s needs. DFPS staff should clarify the necessary accommodations from the outset of the individual's involvement with the agency, so that the communication process, case plan, evaluation, and reunification efforts are appropriately adapted.

If the worker is unsure whether a condition they suspect or are informed about is a disability protected under the federal law, contact the [Texas HHSC Office of Civil Rights](#).

What should I do differently if I am working with a person with a disability?

A family in which one (or more) members has a disability is the same as every other family a worker interacts with in one important way: everyone in a family has strengths and needs, and everyone in a family is unique. DFPS staff should use the same skills used with any family to assess a particular caregiver’s strengths and challenges.

Technical assistance regarding the Americans with Disabilities Act and Section 504 of the Rehabilitation Act and child welfare issued by the U.S. Department of Health and Human Services and the U.S. Department of Justice highlights two fundamental principles in the laws: (1) individualized treatment based on an individualized assessment; and (2) full and equal opportunity.

Contacts with Children

In the investigation stage, it is imperative that you gather information on the children and family, including whether any person has a disability that needs to be accommodated. At times, the reporter, school, daycare, or other collateral contact may be able to inform you of a child or adult's disability. Other times, it may not be communicated or readily apparent. It is important that caseworkers and supervisors assess a child's ability to make an outcry of abuse/neglect. If the investigator believes that the child may have a communication disability or other disability, such as deafness, hearing loss, or autism spectrum disorder, that causes the child to not communicate effectively, the investigator should consult with the supervisor to determine if accommodations need to be made in order to gather the evidence needed to determine if abuse/neglect occurred. For example, the local Child Advocacy Center may be able to provide expertise in providing accommodations for a child with communication disabilities during an investigation or the caseworker may need to arrange for interpreter services to be able to communicate with the child effectively.

Similarly, caseworkers in Family Based Safety Services, Conservatorship, and all other stages of service should ensure that accommodations are made for any child with a disability that prevents the child from effectively communicating during monthly contacts.

Case Documentation

In all stages of service, you are required to document all relevant person characteristics, including suspected and diagnosed disabilities, in the person characteristics page of IMPACT. Any accommodation you make for an individual with disabilities should be documented in the case narrative each time it is provided.

Investigation and Alternative Response

Document any accommodations in the case narrative. For example, if you recognize that a child has a communication disability or you are informed that the child has a communication disability when you arrive at the school to interview the child, you must make accommodations in order to communicate with the child. If you learn that the child communicates using sign language, you must contact a sign language interpreter to assist you with interviewing the child. You must document that you have made effective accommodations in order to communicate with the child.

Family Based Safety Services

Document any accommodations in the case narrative and monthly contact. For example, you are working with a mother who has a learning disability, but through repetition, she is able to

understand the concepts. You may need to accommodate her in order to ensure that she is able to learn parenting skills. You may ask the course instructor for a copy of the weekly lessons and repeat the material with the mother during your monthly contacts. If she also attends weekly therapy, you may ask the therapist to repeat the lessons and visit with the mother about the things she is learning during the parenting classes to ensure she is understanding the lessons that are being taught. Any efforts you are making to ensure she receives the accommodation should be documented in your monthly narrative.

Conservatorship

Document any accommodations in the case narrative and monthly contacts. For example, you are working with a child in conservatorship who requires accommodations relating to communication due to an autism spectrum disorder. You know, based on communication with the therapist, the child is able to communicate if you simplify your language and limit distractions in the area. You must make these accommodations during your monthly contacts with the child. When you make these accommodations to communicate with the child to explore safety, permanency, and well-being, you must document these accommodations in the case narrative. You must also document the known disability and known accommodations in the Child's Plan of Service (CPOS).

Similarly, when you accommodate adults with disabilities, you must document your efforts in your monthly contact narrative and the Family Plan of Service (FPOS).

Individualized Assessments and Case Planning

Investigators, caseworkers, supervisors and others should base their assessments of and decisions regarding individuals with disabilities on facts that pertain to the individual person and not on assumptions, generalizations, fears, or stereotypes about disabilities and how they might manifest.

Staff are required to ensure that individual assessments apply throughout any involvement that an individual with a disability has with DFPS. Service plans for parents and children with disabilities should address the individual's disability-related needs and auxiliary aids and services DFPS will provide to ensure equal opportunities. At the same time, service plans should not rely on fears or stereotypes to require parents with disabilities to accept unnecessary services or complete unnecessary tasks to prove their fitness to parent when non-disabled parents would not be required to do so.

Staff have an obligation to ensure that the aids, benefits, and services provided to parents with disabilities in support of appropriate service plan activities and goals such as visitation, parent skills training, transportation assistance, counseling, and other family support services are appropriately tailored to be useful to the individual.

Individualized treatment

Individualized treatment requires that individuals with disabilities be treated based on their unique circumstances and needs, and not on the basis of stereotypes, throughout the entire duration of the individual's involvement with the child welfare system. DFPS staff must evaluate each case based on an individualized assessment that evaluates the strengths, needs, and capabilities of the person with a disability. It is DFPS's obligation to ensure individualized assessments occur at the outset and throughout any involvement that an individual with a disability has with DFPS.

The worker should ensure that he or she is not making an assessment about a caregiver's ability to care for a child based on the caregiver's disability without attempting to secure accommodations the caregiver needs to help them keep their child safe and/or participate in services.

Full and equal opportunity

"Full and equal opportunity" requires that individuals with disabilities be provided opportunities to benefit from or participate in child welfare programs, services, and activities that are equal to those extended to individuals without disabilities. This principle can mean that aids, benefits, and services different from those provided to other parents and caregivers must be provided to a person with a disability in the DFPS system. For example, a parent with an intellectual disability could require more frequent, longer, or more intensive parenting classes than those typically offered to parents without disabilities. In some cases, it may mean providing a parent with an intellectual disability a different method of instruction or teaching that the parent needs such as in-home hands-on instruction in teaching a parent how to feed and bathe their child.

Reasonable accommodations and modifications

Defining what is considered a reasonable accommodation is an important part of the discussion of what is legally owed to parents and caregivers with disabilities during the child welfare process. A reasonable accommodation can be any change in any DFPS rule, policy, or approach to services that is necessary to avoid discrimination, or necessary for a person with a disability to have the same access to programs and services as someone without a disability. For example, DFPS must provide services to parents with disabilities that are comparable to those offered to parents without disabilities. DFPS may be required to provide enhanced or supplemental training, to increase the frequency of training opportunities, or to provide such training in familiar environments conducive to learning such as the parents' home.

For example, reasonable accommodations may include parental supports, auxiliary aids and services, and training intended to support the parent or prospective parents with disabilities in

their parenting activities. In some cases, DFPS may be obligated to pay for the reasonable accommodation as long as it is not an undue financial burden.

Limitations

The law does not require an agency to provide accommodations or modifications that would result in a “fundamental alteration to the nature of the program” or that would result in “undue financial and administrative burdens.” For a family involved in a CPI or CPS case, child safety is always paramount and if safety cannot be ensured even after services and accommodations are provided, the law does not require an agency to fundamentally alter its mission of ensuring child safety. However, the burden is on DFPS to demonstrate that an accommodation the family asks for or requires would be unreasonable. If DFPS determines that the accommodation is unreasonable, document the decision in a staffing contact narrative in the IMPACT case file.

Auxiliary aids and Services

DFPS and courts are required to take appropriate steps – including the provision of appropriate auxiliary aids and services- where necessary to ensure that individuals with communication disabilities understand what is said or written and can communicate as effectively as individuals without disabilities. Examples of auxiliary aids and services include but are not limited to qualified interpreters, computer-aided transcription services, note takers, assistive listening devices, qualified readers, audio recordings, braille materials and large printed materials. The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication used by the individual with a disability; the nature, length and complexity of the communication involved; and the context in which the communication is taking place.

Specific types of accommodations and modifications

Communication Disabilities

Individuals with communication disabilities could include, but are not limited to, persons who are deaf or hard of hearing or have a speech disability.

Caseworkers must take steps to ensure that individuals with communication disabilities understand what is said or written regarding their DFPS case, including services provided throughout. The best way to ensure effective communication for a person who is deaf, hard of hearing, or has a speech impairment is to ask the individual, parent, or youth how they best communicate, and then to provide (or obtain) any auxiliary aids and services that might be needed, including arranging for interpreter services.

Examples of auxiliary aids and services may include:

- Qualified sign language interpreters,
- Note takers,
- Computer-aided transcription services,
- Written materials,
- Assistive listening devices,
- Video relay service (Videophone), and
- A teletypewriter (TTY) or a telecommunication device for a person who is deaf (TDD), and others.

The type of auxiliary aid or service necessary to ensure effective communication will vary according to the situation. For example, a qualified interpreter may be appropriate in a small setting, such as a home visit, whereas real-time captioning may be appropriate for larger audiences, such as a family team meeting.

DFPS staff must give primary consideration to the aid or service requested by an individual and honor the individual's request unless doing so would entail an undue burden.

When caseworkers determine that interpretation services are necessary, caseworkers should arrange to use an interpreter at the highest appropriate level available certified by:

- the Board for Evaluation of Interpreters (BEI); or
- the Registry of Interpreters for the Deaf (RID).

BEI makes recommendations relating to the type of interpreter that should be used for various settings. For abuse and/or neglect investigations, the BEI recommends using Level IV, Level IV Intermediary, Level V, Level V Intermediary, Master, Trilingual Advanced, or Trilingual Master. Using one of the recommended levels of interpreter services helps to ensure that the ADA definition of a qualified interpreter is met. Caseworkers may ask to see the interpreter's certification cards to determine their certification level.

DFPS should not rely on an adult accompanying an individual with a disability to interpret or facilitate communication except:

- In an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
- When an individual with a disability specifically requests the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and relying on that adult would be appropriate under the circumstances.

DFPS should not rely on a minor to interpret or facilitate communication, except in an emergency involving an imminent threat to safety or welfare of an individual or the public when there is no interpreter available.

DFPS pays for translators and sign language interpreters for caseworkers to use as needed. There are several different sign languages and systems, so ask which type of interpreter the individual requires.

In addition to legally required accommodations, DFPS staff should keep the following tips in mind when working with individuals with communication disabilities:

- Determine how the person prefers to communicate.
- If the person is using hearing aids, avoid conversations in large, open, and noisy surroundings. If you are in a public area with many distractions, consider moving to a quiet or private location.
- To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Try to determine whether the person uses sign language or lip reading.
- If the person uses an interpreter, address the person, not the interpreter.
- If the person reads lips, speak in a normal, not exaggerated way. Short, simple sentences are best.
- Avoid blocking their view of your face. Make sure the lighting is good and that there are no shadows on your face.
- Be aware of situations where a person may be waiting for a service (transportation, a table, the start of an activity) where the common way to communicate is an announcement or the calling of the person's name.
- Make sure you communicate in writing when someone cannot hear you or develop an agreed-upon alternative way of notifying them such as email or texts.
- Persons who may deal very well one-on-one in communication may have a hard time with two or more speakers, especially if there are many interruptions and interjections.
- Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. You may also ask for the person to explain what they understood about the conversation or statement. The response will clue you in and guide your understanding.

If qualified services are not provided, DFPS staff can [file a complaint](#) against the referral agency.

Individuals with a Vision Impairment

People who have visual impairments may have a difficult time accessing print and other documents. Any document made available to the general public must be also made in an accessible format upon request.

This may mean copies must be provided in a format such as Braille, electronically, in large print, audio, or a reader can be requested. Be sure to ask the individual if they require any special accessible print material and which type they prefer. For more information, caseworkers can contact the DFPS Accessibility Coordinator.

In addition, consider whether the client may need transportation accommodations.

The caseworker should ensure that he or she is not making an assessment about a caregiver's ability to care for a child based on the caregiver's disability without attempting to secure accommodations the caregiver needs to help them keep their child safe and/or participate in services.

In addition to legally required accommodations, DFPS staff should keep the following tips in mind when working with individuals with visual impairments:

- When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
- Give the person verbal information that is visually obvious to those who can see. For example, you will want to read them any paperwork you hand them to review or sign.
- Be descriptive when giving directions. Saying, "Over there," has little meaning to someone who cannot see you point. "Four doors after turning right from the elevator," would be much more helpful.
- Lead someone who is blind only after they have accepted your offer to do so. Allow them to hold your arm rather than you holding them. It is important to let them control their own movements.
- Describe things from their perspective, not yours. Some persons who are blind use a "clock" reference for things directly in front of them such as a meal. For example, something could be positioned at three o'clock (to their right) or six o'clock (directly in front and close). Before using this strategy, ask the person if this is useful to them.
- Tell them when you have brought new items into their environment, describing what they are and, most importantly, where you have put them.
- Do not move items (furniture, personal items) after the person has learned their position. This can be frustrating and, in some cases, dangerous for the person.
- Do not interact directly with a service dog on duty.
- Do not touch or move their white cane.

Individuals with Intellectual or Developmental Disabilities and/or Mental Illness

Working with a parent or caregiver who has an intellectual or developmental disability (sometimes referred to as a “cognitive disability”) or a mental illness is challenging as the modifications and accommodations needed to ensure child safety may be more difficult to figure out, and needed services may be challenging to locate. Disabilities in this category can include autism spectrum disorder, traumatic brain injury, a mental illness such as bipolar disorder, Schizophrenia or major depression, or any other condition that impacts major life activities that involve thinking, learning, decision-making, or other cognitive or emotional skills.

As with any case, the caseworker should assess the actual functioning of the caregiver in relationship to the child without bias or preconceived ideas about certain disabilities. Observation of the family should be in a natural setting (a combination of home and community is optimal), occur over a period of time, and can include appropriate developmental, psychological, or other assessments.

Once it is determined that a caregiver in a DFPS case has an intellectual or developmental disability and/or mental illness, DFPS is obligated to work with the family to identify possible services and supports that can assist the caregivers in meeting the needs of their child and ensuring child safety. The worker should ensure that they are not making an assessment about a caregiver’s ability to care for a child based on the caregiver’s disability without attempting to secure accommodations the caregiver needs to help them keep their child safe and/or participate in services.

Some examples include:

- Referrals to the Health and Human Services Commission for Medicaid or Temporary Aid for Needy Families (TANF) eligibility
- Referrals to the Social Security Administration for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) eligibility
- Referrals to the Local Intellectual and Developmental Disabilities Authority or the Local Mental Health Authority (formerly MHMR) for services
- Referrals to advocacy and support groups such as Disability Rights Texas, The Arc, National Alliance on Mental Illness (NAMI), others

A list of programs, agencies, and organizations that serve people with intellectual and developmental disabilities or mental illnesses is provided on pages 11 and 12 of this document.

Not all programs have adequate community resources to help every family in need of support, and not all caregivers with a disability will be eligible for all programs. For example, Medicaid waiver programs for people with Intellectual and/or Developmental Disabilities (IDD) often

have waiting lists, and accessing regular psychological or psychiatric care may involve wait times or require the caregiver to have private insurance.

Some examples of reasonable accommodations that can be used as part of service planning when a parent or caregiver has an IDD or a mental illness include:

Provide a more intensive level of service:

- Increase the frequency with which a service is provided
- Extend the length of time the service is provided
- Increase and repeat training and information as needed over an extended period of time
- Provide more extensive and thorough follow-up services

Provide services in a different way:

- Modify staff counseling and client parenting skills training to provide more concrete, hands-on instruction in a natural environment
- Provide a caseworker to model parenting skills to the parents in the family's home
- Provide reminders for appointments or services on a more frequent and intensive basis. Provide a calendar in which appointments are clearly identified, or provide a pictorial representation or reminders of tasks (step by step)
- If the client has transportation constraints, provide bus schedules or other options that inform the client of the address and/or routes to their service.

Help the family access outside resources:

- Aide or personal assistant
- Supportive housing
- Money management assistance
- Housekeeping services
- Arranging for or directly providing transportation
- Parent helper/child care assistant

The disability may affect a parent or caregiver to the extent that he or she is unable to provide a safe home for a child or children regardless of the accommodations and supports provided.

In addition to legally required accommodations, DFPS staff should keep the following tips in mind when working with individuals with IDD or a mental illness.

- Take a strengths-based perspective.
- Be flexible, but expect adults to take responsibility for their actions.
- Communicate with your supervisor frequently.
- Don't take things personally. Don't get frustrated. Be patient.

- Take some extra time to learn about the person's illness or disability by reading or talking with professionals.

Individuals with physical disabilities

Parents or caregivers with physical disabilities that restrict their mobility or impact their ability to interact with their children may require practical accommodations in order to work with DFPS or to benefit from services. The caseworker should ensure that he or she is not making an assessment about a caregiver's ability to care for a child without attempting to secure accommodations the caregiver needs to help them keep their child safe.

Examples of accommodations for persons with physical disabilities can include:

- Relocating a service to an accessible facility or portion of a building if the person has mobility impairments. Services could be provided at the individual's home.
- Referring a caregiver to agencies or services that may be able to provide an aide or personal assistant, a service animal, help with child care, supportive housing, or other supports.
- Arranging for or directly providing transportation to important meetings or hearings.

Appropriate Ways to Speak and Write about Persons with Disabilities

When interacting with persons with disabilities, it is important to address the individual in a respectful manner and use current terminology when speaking about their disability. People First Language is a way to emphasize the individual over the disability.

Even if an individual refers to the disability in a negative or derogatory way, it remains appropriate to use respectful and current terminology when speaking with the person and about the disability. Always use person-first language (e.g., person with a disability, a mother or father with a physical disability).

When speaking and writing about persons with disabilities:

- Emphasize abilities, not limitations. Say, for example, "A man walks with crutches," not, "He is crippled."
- Avoid negative words that imply tragedy or evoke pity, such as "afflicted with," "suffers from," "victim of," "prisoner of" and "unfortunate."
- Tell what a person has, not what a person is. Instead of "He is learning disabled," say, "He has a learning disability."
- Do not refer to a person as "confined to" a wheelchair, or "wheelchair bound." Wheelchairs are liberating to people with disabilities because wheelchairs provide mobility.

- Do not use the word “special,” such as “special schools” or “special bus.” Too often the word is synonymous with “separate,” implying segregation.
- Avoid euphemisms such as “physically challenged,” “inconvenienced,” “differently abled,” and “handi-capable.”
- Never equate the person with the disability. In other words, do not refer to someone as an epileptic or a quadriplegic. These labels are simply medical diagnoses.

For more information go to Department of Aging and Disability Services. (2013, November). Person First Respectful Language: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/QMP/respectfullanguage.pdf>

Federal, State, and Local Support

The following resources do not represent an exhaustive list of resources available. These are offered as a suggestion. For more information, please consult with your local [Developmental Disability Specialist](#) (DDS).

Housing

Texas Department of Housing and Community Affairs, <http://www.tdhca.state.tx.us/>

Centers for Independent Living (Local Offices), http://www.txsilc.org/page_CILs.html

Mental and Behavioral Health

Local Mental Health Authority, <http://dshs.texas.gov/mhservices-search/>

Transportation

Accessible Public Transportation, <http://www.txdot.gov/inside-txdot/division/public-transportation/find->

Communication and Technology

Texas Specialized Telecommunications Assistance Program, <https://hhs.texas.gov/services/disability/deaf-hard-hearing/specialized-telecommunications-assistance-program-stap>

Texas Technology Access Program, <http://tatp.edb.utexas.edu/>

Advocacy Groups and Resources

Texas Council for Developmental Disabilities, <http://www.tcdd.texas.gov>

Disability Rights Texas, <https://www.disabilityrightstx.org/>

National Alliance on Mental Illness (NAMI), <http://namitexas.org/>

The Arc of Texas, <https://www.thearcoftexas.org/>

American Association on Intellectual and Developmental Disabilities (AAIDD) - Texas Chapter, <http://www.aaidtx.org/>

ADAHotline, <https://www.ada.gov/infoline.htm>

Southwest ADA Center, <http://www.southwestada.org/>

American Council for the Blind (Texas Chapter), <http://acbtexas.org/>

National Federation of the Blind (Texas Chapter), <http://www.nfbtx.org/>

ARCH National Respite Network and Resource Center, <https://archrespite.org/index.php>

Texas Autism Society <http://www.texasautismsociety.org/>

The Center for Rights of Parents with Disabilities, <http://www.disabledparentrights.org/>

National Association of the Deaf, <http://www.nad.org>

Children of Deaf Adults, Inc., <http://www.coda-international.org>

Invisible Disabilities Association, <http://invisibledisabilities.org>

Other Services

EasterSeals (Local Chapters), <http://www.easterseals.com/connect-locally/>

Consumer Complaints

The law requires DFPS to consider any disability a client may have that may impact the investigation or service planning, including how DFPS communicates and works with the client. If a client believes that they have been discriminated against by an employee of DFPS or by a contractor that contracts with a Health and Human Services agency including DFPS, due to a disability, they may contact:

The Americans with Disabilities Act Compliance Coordinator can be reached at:

Health and Human Services Commission Civil Rights Office

701 W. 51st St., Mail Code W 206 Austin, Texas 78751

(512) 438-4313 or

1-888-388-6332

Fax: (512) 438-5885

HHSCivilRightsOffice@hhsc.state.tx.us

If the client is deaf, hard of hearing, or speech impaired, the client can call any Texas Health and Human Services office by using the relay service of their choice. The state of Texas offers Relay Texas which you can use by dialing 7-1-1 or 1-800-735-2989.

<https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>