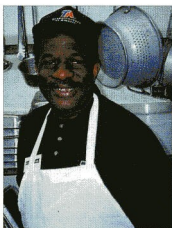


POSSIBILITIES IN COMMUNITY LIVING



for people with
disabilities and
their families



A GUIDE TO LIVING, WORKING, AND HAVING FUN IN GEORGIA

Possibilities in Community Living

for people with disabilities and their families

*A guide to living, working and
having fun in Georgia*

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INTRODUCTION

Over the past 10 years, many changes have occurred in Georgia that have greatly improved the quality of life for our citizens. More and more people with disabilities are living, working, having fun, and speaking for themselves in the communities of their choice. Thirteen Regional Mental Health, Mental Retardation and Substance Abuse Boards provide opportunities for people with disabilities and their families to have greater influence over services in their regions. An increasing number of service providers in the state has raised the quality of services and allows for more choice among providers. Georgia's Unlock The Waiting Lists! campaign is working to eliminate the waiting lists for home- and community-based services. The opportunities for people with disabilities, including those with severe disabilities and complex medical issues, to live meaningful lives in the community have never been greater.

With these wonderful opportunities come many choices. People must make important decisions about where to live, who to live with, whether or where to work, and how to relax and just have fun. Some people are learning to make choices and speak for themselves for the first time in their lives. As always, change can be both exciting and challenging.

No one understands the many rewards and challenges of starting real lives in their own homes and communities better than the people who have done it. People First of Georgia, Inc., is a statewide self-advocacy organization for people with disabilities. Many members have lived in large institutions or other group-living situations and well remember what it was like for them and their families to make the transition to living in the community. They wanted to give people basic information about starting this process and asked people at the Institute on Human Development and Disability at the University of Georgia to help. The project was funded by the Governor's Council on Developmental Disabilities for Georgia.

People First members decided that the four most important things to tell others about are where to live, how to get a job, how to have fun, and how to make decisions and speak for yourself. Those are the things this guide talks about. We hope this information helps other people with disabilities and their families.

Living with Choices

For many years, home- and community-based services were not available to people with disabilities and their families. The only choices were to live at home or in the community with little or no help, or live in an institution, nursing home, or large group home. The most important change in services to people with disabilities in our country in the past 10 years is the dramatic increase in the types of services and supports available to people who want to live their lives in the homes and communities of their choice.

Community living means having a home in neighborhoods where other members of the community live. Men and women with all kinds of disabilities can be provided the support they need to live in communities of their choice. They may live in a house, a duplex, or an apartment complex. They may have companions who are hired to provide live-in support, or several staff members who work in shifts. Some live with their families and have staff come in to their families' homes to assist in their care. Some may live alone, with a roommate, or with up to three other people. The possibilities for community living are as varied as the needs and desires of the individuals.

Living in the community instead of institutions allows people with disabilities to have more choices in their lives. With help from family, friends, and service providers, they can choose where they live, what they wear, what they eat, and what they do during the day. They decide what they do for leisure and recreation.

In our state, there are many people who have lived in institutions from 10 to 50 years who are now living full, meaningful lives in the community. Health often improves because people are less exposed to illness through living so closely with others. Diet can improve because meals are planned around the individuals' needs and preferences. Behavioral problems are frequently solved as people receive the attention and stimulation they need. Very few people have returned to an institution once they have received the support they need in the community.

Services Available for Living in the Community

All of the services provided to people in institutions are also now available to them in the community. These include medical and dental care, physical therapy, and behavioral therapy. Some people have one-on-one, 24-hour support. There are many examples of people who need total care such as tube-feeding, medication, positioning, equipment maintenance, and pureed diets, who are being successfully served in the community. Other people may require less support. For example, they may need help with grocery shopping and cooking, paying bills, or transportation. Some of the categories of services are:

Personal Support (supported living) – residential supports in the person's own home or apartment or in the home of a provider. May include help with grocery shopping, cooking, personal hygiene, household management, or visits to the doctor.

All of the services provided to people in institutions are also now available to them in the community. These include medical and dental care, physical therapy, and behavioral therapy.

The 13 Regional Boards distribute all state funds to providers in their regions; they are responsible for planning, coordinating, and evaluating the services.

Respite Care – short-term care provided in an emergency or when the family needs a break. Respite can be provided in the individuals' home, group home, a contracted foster home, or a community setting.

Residential Training and Supervision – Personal supports provided in an agency-run site serving no more than four individuals, such as a group home.

Day Habilitation – Non-work related activities that help build the social, emotional, behavioral, and intellectual skills needed to live in the community. For example, may include support with making friends, recreation, communicating, or using public transportation. Can occur either in a day habilitation facility or in the community.

Organizational Employment – Work in a facility or mental retardation service center designed to prepare people with mental retardation for paid employment in the community.

Supported Employment – Paid employment in any community setting that also employs people without disabilities, for example, a restaurant, grocery store, or bank. Also provides supports such as job placement and job coaching to help people find and keep employment.

Needs and services are identified through the Individualized Service Plan (ISP), developed for each person. In addition, Person-Centered Planning is also highly recommended (see section on Person Centered Development). A service coordinator or monitor is assigned to help develop the ISP and make sure that the services authorized on the plan are useful and are being delivered. These service coordinators or service monitors are also available to help problem-solve and advocate for the individual.

Community Service Providers

A service provider is an agency or organization that provides the services for people with disabilities in the community. The types of services they provide and the number of people they serve varies greatly. Some provide services statewide, others in a limited area.

The public provider in each region is the Community Service Board (CSB). For many years, the CSB was the only provider of services for people with mental retardation and developmental disabilities. Today, there are many private providers in the state. The more providers there are in each region, the greater the choices for people with disabilities and their families. Increasing the number of service providers also increases the quality of services through competition among service providers. For a complete list of service providers in your area, contact your Regional Board (see Appendix).

Regional Boards

In 1993, 19 regional boards for Mental Health/Mental Retardation/Substance Abuse (MH/MR/SA) services were created by the Georgia Legislature through House Bill 100. These boards were formed to bring decision-making and accountability for services closer to the local level. The regional boards distribute all state funds to providers in their regions, and are responsible for planning, coordinating, and evaluating the services. Later the boards in some regions were consolidated so that there are currently 13 Regional Boards in the state.

Regional Board members are appointed by the County Commissioners. Each county is represented. The number of representatives from each county is based on the county population. At least half of the members must include people who use the MH/MR/SA services or their family members. Members are not paid for their participation on the boards.

Each Regional Board has a small paid staff. Staff members include a Regional Executive Director, a Utilization Manager, and a Consumer Protection and Perfor-

mance Improvement Coordinator. The Regional Executive Director manages the resources provided to the region and directs the provision of services. The Director provides leadership in planning services and talking to people with disabilities and their families about the development of the regional plan. The Director is responsible for overseeing the quality of services and makes sure providers are meeting expectations.

The Utilization Manager oversees the waiting list for mental retardation services in the region by reviewing and approving applications and evaluations for mental retardation waiver services (see section on Medicaid Waiver). The Utilization Manager talks with people with disabilities and their families about their service needs and makes policy recommendations.

The Consumer Protection and Performance Improvement Coordinator takes and investigates all complaints made to the Regional Board, works with service providers to improve and monitor services, and reports to the Board on the providers' performance.

The Division of Mental Health/Mental Retardation/Substance Abuse maintains oversight of the regional boards and allocates the funds distributed to each region. The amount of funds distributed to each region varies.

Frequently-Asked Questions About Living in the Community

How are home- and community-based services funded?

There are numerous ways to fund home- and community-based services, including Social Services Block Grants, Medicaid Waivers, state dollars and other funding sources identified by Regional Boards and providers.

Each person must apply to the Regional Board in their area (see appendix). Every Regional Board maintains a waiting list of people who want to receive home- and community-based services. The Regional Board determines the most appropriate sources of funding for each individual. This list is reviewed regularly and services are granted as funds become available.

About 2,500 people with mental retardation and other disabilities were on waiting lists for home- and community-based services in our state in 1999. The "Unlock the Waiting Lists!" campaign is a group of individual advocates and disability and aging organizations working together to eliminate the waiting lists by increasing funding for services. As part of this effort, they are building a list of individuals and families across the state who are on waiting lists for services in their regions. To be identified as someone waiting for services, or to find out how to become involved, call 1-877-WAITLIST.

Will I (or my family member) be safe?

Safety is a major concern for individuals moving into the community, their families, and providers. There are many ways to make a home in a new neighborhood safe. First, careful planning around individual needs is very important. Some people need a home without steps so they can move around safely. Others may need sharp objects, medicine, or sometimes, food, kept out of reach. Individuals who may hurt themselves as part of their disability will need careful supervision and help to reduce this behavior. Sometimes fences or alarms are needed. All of the safety measures taken in an institution can be implemented in the community with equal effectiveness. Individual houses and apartments can be even safer because they can have safety features designed just for that person.

Making sure that each person has enough people to provide support and supervision is very important. Some individuals may require 24-hour supervision. Others may need the support of two staff members at a time. Direct care staff should receive information and training about individual safety needs before serving

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that individual. The types of safety measures needed should be carefully planned with providers. When talking with potential providers, be sure and ask how they would address this issue.

One of the best ways living in the community keeps people safe is by increasing the amount of time they can spend with those who care most about them. Family members can visit more frequently if they live closer. Friends and neighbors can drop in for a visit. Safety is increased when more people who care about an individual can see them regularly.

Any safety concerns should be brought up and addressed right away. If abuse, neglect, or a general lack of safety is suspected, it should be reported immediately to the service coordinator or monitor, the service provider, and the Consumer Protection and Performance Improvement Coordinator at each Regional Board. If the appropriate action is not taken, the Office of Consumer Protection in the Division of Mental Health, Mental Retardation, and Substance Abuse at the Department of Human Resources should be notified (404-657-5964). Any concern should also be reported to the Georgia Advocacy Office, an independent organization dedicated to protection and advocacy (see appendix).



Carrie loves dining out, especially at pizza restaurants.

Will I find good medical care in the community?

Finding good medical and dental care is a big concern. The quality of medical care is not the same in all areas across the state. It can take time and some research to put together a strong medical support team. Most agencies who have provided services in a particular area know the medical personnel and have developed good working relationships with doctors in their communities. In addition, Parent to Parent of Georgia can provide information about doctors and medical services in communities around the state (see appendix).

Are people with very challenging behaviors supported in the community?

There are many examples of people living in the community with very challenging behaviors, such as aggression, self-injury, or running away. For these individuals, transition planning is very important. Individuals, family members, friends, and staff from the institution should meet with community providers to develop behavior support plans. New community direct-care staff can spend time with an individual and staff from the institution before a move is made so that they can get to know that person as well as possible. Staff receive additional training on the needs of the individual. Any potential provider should be asked about their policy for handling difficult behavior, and how they provide additional support when needed.

How can people who require total care be served in the community?

Every service provided in the institution can be provided in the community.

Most agencies who have provided services in a particular area know the medical personnel and have developed good working relationships with doctors in their communities.

Many people who live in the community do require total care, for example, tube feeding, pureed diets, frequent medication, positioning, and equipment maintenance. The individualized care and attention received in a person's own home often allows health to improve. Some programs hire staff who are certified nursing assistants. Others may have nurses or medical personnel on staff. Ask to visit homes and meet with the staff providing the care. Some providers have expertise in these areas, while others may not. As always, staff training and transition planning are very important.

Can people who have lived in institutions for long periods of time adjust to new lives in the community?

There are now people living in Georgia communities who spent most of their lives, sometimes up to 50 years, in an institution. For many people, the transition is smooth and problem-free. They adjust quickly to their new lives. For others, change can be stressful and problem behaviors may be developed or intensified. It takes time to get to know new staff, friends, neighbors, and the community. It may take as long as one or two years to feel settled into the comforts, safety, and security of home. With the proper planning and support, however, everyone can make this adjustment.

Can we count on provider agencies to stay in business over time?

Prior to the creation of the waivers, all community supports were provided by state agencies. There has been a tremendous growth in the number of private providers in the state in recent years. Some are small providers that serve specific locations, or merge with other small providers to form Georgia-based companies. Others are part of large national companies. Every provider should be able to give you information about the history and financial status of their organization.

If a provider does close, or if an individual or family wishes to change providers, service coordinators and service monitors will assist in setting up new supports. The regional board can also put out 'requests for proposals' to find other providers. Care for the individual will not fall back to the family.

How is the quality of community-based services monitored?

After a provider is approved, some regional boards contract with outside organizations to provide on-going evaluation of services. Representatives from these organizations often make unannounced visits to evaluate the services provided.

Any critical incidents that might involve safety, such as injury, overnight hospitalization, or police involvement, must be reported by the provider to the regional board within two hours. Most providers also have their own committees to address quality assurance and human rights issues.

On the go with Carrie Bell

Carrie Bell is a woman with many medical issues. She has hydrocephaly and her head must be well-supported at all times. She also must have her body temperature closely monitored because it can drop suddenly and put her life at risk.

Carrie lived in Georgia Regional Hospital in Atlanta for many years. She moved into the community in 1994 as part of a class action law suit, and now receives support from a national provider. Carrie's family lives in a very rural county that did not have the kinds of medical care she needs. She wanted to stay in the Atlanta area so that she could continue to see the doctors who had been providing her care while she was in Georgia Regional.

After she had a person centered plan, her provider agency found a couple, the Kirbys, who fell in love with Carrie the first time they met her and agreed to have her live in their home. Because her family is not able to travel to visit her, the

There are now people living in Georgia communities who spent most of their lives – sometimes up to 50 years – in an institution.

Kirbys agreed to take her for regular visits with her family so she could stay in close contact with them. To prepare for her move from the institution to her new home with the Kirbys, the occupational therapist at Georgia Regional visited the house to find out what kinds of changes to the house needed to be made. She also helped the doctor order necessary equipment.

Carrie lived with the Kirbys for five very happy years. As time passed, however, it became more difficult for them to provide the medical care she needs and the active life she wants. A new caregiver with experience in medical settings was recruited. Carrie and Ursula share a love for staying on the go. They can be found all over Atlanta shopping, going to restaurants, and finding fun. Carrie has a lift van so she can safely travel to her destinations.

The transition to her new home was carefully planned and went very smoothly. She still keeps in touch with the Kirbys who will always be loving friends.



Lewis takes pride in his lawn care business.

Lewis found that he can use his energy more productively by working and now has his own lawn care business.

From the institution to starting a business: Meet Lewis Horne

The transition to the community was not easy for Lewis. His behaviors could be outrageous and sometimes dangerous, but people hung in there with him through the tough times. Extra supports were put in place to make sure everyone would be safe. *He did have some changes in staff, but now has a core of people who know him well and help new staff members give Lewis the support he needs.*

It wasn't long before people became amazed at the changes in Lewis. On a trip back to visit the institution, his friends and former staff almost didn't recognize him! He takes new pride in the clothes he wears and likes to look very neat. His behavior has also made a big change. He found that he can use his energy more productively by working and now has his own lawn care business. He has a truck, a riding lawn mower, and other equipment needed to maintain beautiful lawns. Lewis has a support person 24-hours a day. He and his support person work together to take care of lawns in a four county area!

During the planning process, Lewis and his team thought he would be most happy living on a farm. He needed a little space to feel his freedom. Living in the country was good for Lewis in the beginning, but he soon wanted to be more involved in his community. Lewis has recently moved closer into town to a small house that is the perfect size for him. He is making friends and going to dances in the community. He enjoys having money to spend on things he likes and so really takes initiative in his work.

Family Perspectives

A Home Under the Trees – Carol Lackey

Our son, Will, is now 22 and is the happiest and healthiest he has ever been in his life, but this has not always been the case. Will has severe disabilities. He is not able to walk or talk or care for himself in any way. He is totally dependent on others to meet all of his basic needs. He is also medically very fragile and requires constant care and supervision.

When Will was five years old, we could no longer take care of him ourselves, and there was no help available. We had to make the hard decision to put Will in a nursing home. In 1987, he moved to River's Crossing in Athens. During his eight years there, he was very vulnerable to anyone who was overly active or aggressive. While he was there, he required major surgery on three occasions, with long periods of recovery and physical therapy. He also suffered a fractured clavicle and numerous other injuries. River's Crossing was not a safe place for Will. We knew there had to be a better alternative for our son.

In 1995, I learned about a study tour group going to New Hampshire to visit some homes in the community for people with disabilities like Will's. I joined the tour and got to see firsthand that supported community living really does work, even for people with severe disabilities. His father and I knew that was what we wanted for Will. River's Crossing closed in June, 1996, and funds became available to support him in the Community. We chose Georgia Options to be our provider and participated in every step of the planning, including interviewing the staff that would be supporting Will.

Our son now lives in a new home designed just for him, only five miles away from us. Two of his greatest pleasures are the freedom of movement he now has and going outside. The great room has lots of space and the furniture is arranged so that he can move around freely. The windows are wide on each side of the door and reach low to the ground so he can easily see outside. He now spends a lot of time outside and goes for strolls around the neighborhood. He sits and watches the movement in the trees and listens to the birds sing in the sunshine.

Will has his own bedroom and sleeps in a regular bed for the first time in his life. At the two institutions, he slept in a large padded, four-sided play pen-type of bed due to fear of him falling. He loves to help in the kitchen and knows when the table is set, it is time to eat! Gladys and Edgar know his favorite foods and he gets to eat them regularly. He goes to bed when he is tired, and, when he awakens, has a morning bath and begins his day. He is a senior at Barrow-Winder High School and had perfect attendance the last grading period. He is accepted into his neighborhood and enjoys his neighbors. Will goes to the grocery store, shopping, and enjoys eating out at least once a week. He even bowls and swims now!

Our biggest concerns were finding good medical care and the right staff to support him. We were very fortunate to find a wonderful couple, Gladys and Edgar,

"You must stay strong for your family member. You have to believe that they can have good lives in the community and work to make it happen."

to be his house parents. They take excellent care of him. Gladys makes sure his nutritional needs are met. He is always clean and well-cared for. Other members of his staff are also very good. They take him for outings and keep him stimulated.

Will's health has greatly improved, too. He is eating well and no longer requires dietary supplements. In the past he had constant upper respiratory infections and had to take numerous antibiotics. Since leaving the institution, he has had no hospitalizations and no injuries. Even now, when everyone else gets the flu, Will stays well!

Our advice to parents and family members is that you must stay strong for your family member. You have to believe that they can have good lives in the community and work to make it happen:

- Go for it. It works!
- Visit people with disabilities similar to your family member who are living in the community so you can see how it works. Talk to their families and providers.
- Select a care provider that you feel comfortable with, and who responds to problems without delay.
- Staffing is the most critical issue. Be involved and stay on top of it.
- Have your family member with disabilities close to other family members so they have a fuller, more involved family life.

Community living provides a quality of life that institutions can never match. I wouldn't change anything. Will is safer, happier, and healthier. He now has a wonderful life and we have peace of mind. We took a chance believing that there had to be a better life for our son, and we are so glad we did.

A Family Reunited – Hilda Carter

In 1988 the Department of Human Resources was under a court order to review the cases of all individuals admitted to state retardation centers prior to 1978. My daughter, Vanessa Colbert, had lived at Brook Run for 20 years. She could feed herself and walk with assistance, but could not talk or perform any kind of self-help skills. A hearing was held to determine the most appropriate placement, and Vanessa was considered a candidate for community living. I was devastated when she was scheduled for dismissal from Brook Run. I could not imagine how my severely handicapped daughter could function outside of an institution.

My worst nightmare had come true. I knew that I could not care for her alone. My fears began to grow. I thought that Vanessa would be placed in a group home where one person would supervise a number of mildly handicapped individuals. I was angry, confused, and reluctant to attend any of the community placement meetings.

The director of Brook Run and Vanessa's social worker encouraged me to attend a meeting and talk with parents. I was assured that Vanessa's placement would be centered on her individual needs and that I would play a major role in determining her placement. I attended a number of workshops to learn as much as I could about



Will is a high school senior with perfect attendance.

"Examine all the options and stay involved by attending meetings, asking questions, reading, and visiting sites."

the concept of community placement. I talked with Dottie Adams, one of the pioneers of community placement. She answered many of my questions and relieved some of my fears. A time was scheduled for me to meet with Vanessa's placement team.

The team was made up of staff at Brook Run in charge of Vanessa's care, Star Choices, a community agency in our home town, a representative from DHR, Vanessa, and I. We started meeting and planning. There were many questions I needed answered. I was very concerned about the type of care Vanessa would receive outside of the institution. Where would she live? Would she have 24-hour supervision? Who would select the staff and what qualifications would be required? How would her services be monitored? Would she have doctors sensitive to her needs? Would her learning process continue? What would she do all day? I was told that Vanessa would receive the same type of care she received at Brook Run and more. We met several times to plan for her move to the community.

Many of my questions were addressed in the planning sessions. Vanessa's placement was centered on her needs and desires. We decided that Vanessa would live with me and still receive her support and supervision. It seemed like my dream had come true, but I still felt uneasy. The plans were on paper, but would they be implemented?

The new concept called "supported living" was really a dream come true. Vanessa's program was centered around her. She received 24-hour supervision in addition to the love and support of her family every day. My worst fear was finding responsible staff to care for Vanessa. That fear was relieved when Star Choices, the service agency, hired Dot and Jennifer. Dot, full of energy and with a pleasing personality, related well with Vanessa. Vanessa and Dot went shopping at the grocery store and the mall. They went to the park, the library, the beauty shop, and swimming at the YWCA. Dot made Vanessa a part of her family.



Vanessa and her mother.

Jennifer, Vanessa's first roommate, was full of life and always did fun things with her. I would always spoil Vanessa, but Jennifer would keep her on task and work on her self-help skills. Vanessa liked Jennifer's delightful personality. Vanessa had other loving and caring staff, as well. Star Choices was very supportive. We met once a month to evaluate her program.

It was wonderful having Vanessa so close. I did not have to drive 100 miles to give her a hug. When she was in the institution she was tense and reluctant

to let anyone but me sit close or touch her. After a few months at home things changed. She was at ease.

My advice to parents and family planning community placement is to examine all the options and stay involved. Examine the options by attending meetings, asking questions, reading, and visiting sites. Stay involved in the decision making.

I had my reservations about supported living in the community at first. There were problems along the way that had to be resolved. We, Vanessa's team, were constantly planning and revising plans to meet her needs. Supported living worked for us. It was far better than having Vanessa in an institution.

Vanessa passed away last year. However, her memory will never fade. Having Vanessa with me for the last four years was the best thing that could have happened to us.

"Vanessa and Dot went shopping at the grocery store and the mall. They went to the park, the library, the beauty shop, and swimming at the YWCA. Dot made Vanessa a part of her family."

Person Centered Development is based on the idea that all people, regardless of level of disability, have their own strengths, interests, and preferences. All services and supports must be based on these individual characteristics in order to work.

Planning for Inclusion

Person Centered Development is a way to get to know a person in order to know what makes them happy and how best to help them get the things they want in life. It is a planning process that uses the interests, strengths, and needs of an individual to create the supports needed to allow that person to live a full, happy, and meaningful life. Areas of a person's life that are included in person centered development include home, health, relationships with others, choices, skills, fears, and dreams. It is based on the idea that all people, regardless of level of disability, have their own strengths, interests, and preferences. All services and supports must be based on these individual characteristics in order to work.

In Person Centered Development, people who know someone really well and care about them come together with the individual to identify and achieve the services and supports needed. This may include family members, friends, advocates, service providers. Others who know the individual in a variety of situations and are willing to help are also included. A Person Centered Plan is developed based on the information gathered from a series of questions designed to get as much information about the individual as possible.

Every person is unique, and it is important to know a great deal about an individual when thinking about his or her future. Person Centered Development uses the knowledge and wisdom of the person with the disability, their family members, and others who know them well. It also provides the opportunity to get to know even more about an individual from others who might not be included in more traditional ways of service planning. Even people who know a person well, like their parent, brother or sister, close friend, or long-time service provider, usually learn things they didn't know in the process of developing the plan.

Person Centered Development also allows for creativity in designing supports and activities for an individual. It tailors the supports and services to the individual instead of trying to make a person "fit" into a program that already exists. It is also focused on identifying strengths and preferences, rather than just creating lists of what the individual can't do. One parent made the comment, "This is the first time people have said positive things about my son. Other meetings have only looked at all those things he can't do. This way of thinking looks at what he can do and wants, and ways for him to have a good life."

Frequently-asked questions about Person Centered Development

How does the Person Centered Plan fit with the Individual Service Plan (ISP)?

All people receiving services are required to have an ISP. The ISP identifies specific goals and objectives for the individual, such as increasing personal hygiene skills like tooth brushing, or social skills like listening or responding. The Person Centered Plan is focused on strengths, interests, and preferences of the individual.

This information about the individual is very useful in finding ways to reach the goals and objectives identified in the ISP. What does he really like? What does she find motivating? It is also a way to identify new goals and objectives that are based on what the individual finds meaningful, instead of what others believe is important to her or him.

Who should be involved in the Person Centered Planning process?

In addition to the individual for whom the planning is being done and, most often, their family members, a variety of others should be included. This usually includes direct care staff, since they often spend the most time with an individual. If a person is moving to a new provider, such as from an institution to the community, representatives from the new provider agency should also be included in order to learn as much as possible about the person they will serve.

How do I start the process of Person Centered Planning?

The first step is to find a facilitator who is trained in Person Centered Development. This facilitator will assist in developing the plan. For a referral to a trained facilitator in your area, contact the Institute on Human Development and Disability at the University of Georgia (see appendix).

How do I make sure the plan is put into action?

Forming a Circle of Support is a good next step. Members of this Circle may include family members, friends, advocates, service providers, and others who know the individual and are committed to making the plan a reality. They agree to meet regularly to make this happen. The facilitator who helps develop the plan can also assist in helping to find members of the Circle and organizing the meetings. One member of the Circle is identified to serve as the manager of the plan, or the “champion,” who makes sure it is implemented.

Person Centered Planning in action: James’ love of dogs

James is a man who spent most of his life in an institution. He has mental retardation and autism and does not use words to express himself. He recently moved out of the institution, and it was a real challenge to find ways to make his days interesting and to include him in his chosen community. It was decided to do a person centered plan.

During the meeting held to create his person centered plan, James was not able to sit for any length of time. He made noise and often left the room, but it soon became clear that he was paying careful attention even if down the hall. During the meeting, one of the people who provided support to him mentioned that James always looked over when his neighbor’s dog was in the back yard. Members of the meeting began to talk about all the ways his love of dogs could help him get involved in the community. James, who had left the room, came running back in and put his head on the shoulder of the planning leader. Because he is a man who doesn’t often enjoy touch or affection, this was his way of saying, “Yes! Someone finally heard me and understands what I want!”

In the next few months, James’ staff began introducing him to many different dogs to see which ones he liked. He had very particular ideas about the kind of dog he wanted. Without using any words, James’ staff was able to determine the dog he liked. His neighbor, who was known to be gruff and not always kind to people with disabilities, responded to his shared love of dogs by offering to cut James’ grass! He and James share a passion for animals that has given them both new chances to be good neighbors.

Person Centered Development allows for creativity in designing supports and activities for an individual. It tailors the supports and services to the individual instead of trying to make a person “fit” into a program that already exists.

Supported employment is a vocational option for people with severe disabilities who need intensive support to find a job, to learn how to do a job, to keep a job, and to deal with many work-related issues.

Working toward a future

Michael is a utility person at a university cafeteria, works full time, earns more than one thousand dollars a month, and receives benefits.

Mary is a lobby attendant for a fast food restaurant where she works 20 hours a week, earns minimum wage, and plays on the company softball team.

Jim is a soft line hanger at a large department store, earns \$7.00 an hour, and recently was named employee of the month by his coworkers.

What do these workers have in common? All are employed in regular jobs in the community. All are paid competitive wages from their employer. All work regular hours alongside other coworkers. Unlike their co-workers, however, Michael, Mary, and Jim are people with severe disabilities. They were considered to have support needs too significant for competitive work. Each are now successful through the use of supported employment and the individualized assistance provided by a skilled job coach.

They are not alone. Today, more than 150,000 men and women in the U.S. with similar stories are experiencing the benefits that competitive work and supported employment have to offer.

Supported employment is a vocational option for people with severe disabilities who need intensive support to find a job, to learn how to do a job, to keep a job, and to deal with the many work-related issues that come up (e.g., transportation, making new friends, Social Security). It is for people who want to work who have never been given the chance. It is also for those who have tried again and again, but lost their jobs because they were not given enough support.

Many people with disabilities have been put in “sheltered workshops” or “sheltered employment” created just for people with disabilities. The idea behind these workshops is that people will learn job skills needed to be employed in the community. Supported employment is a different approach. People who receive supported employment are not expected to “get ready” to work or to meet a specific level before they can become employed. Instead, the *current* skills, interests, and abilities of each individual are identified and matched with a job in the community. Support is provided at the job site to bridge the gap between what the job requires and what the individual can do. Supported employment is for everyone, regardless of the type of disability or level of severity.

Opportunities for employment

People in supported employment work in a variety of jobs, just as those without disabilities. The type of job is often influenced by the individuals’ needs, strengths, and interests, and the job market in the local community. Examples of businesses

where people might work include grocery stores, restaurants, offices, department stores, hospitals, schools, libraries, janitorial services, city parks, movie theaters, and state or federal agencies. The list is endless!

The role of the Job Coach

A job coach or employment specialist is responsible for: 1) conducting individual assessments to find the strengths, interests, and needs of each person; 2) contacting potential employers and finding jobs; 3) making job placement arrangements; 4) providing job training and support as long as it is needed; and 5) helping with work-related issues, like transportation and working with co-workers.

A job coach should work very closely with an individual and his or her family, including them in every step, listening very closely to what they have to say, and responding to concerns as they arise. Once a person is employed in a job matched with their skills and interests, the job coach will go with the individual and provide one-on-one assistance at the job site. The job coach will gradually reduce this support as the person gains the skills to work independently, but will always maintain contact at least two times a month, and is always available for additional help as needed.

Frequently-asked questions about supported employment

What is the first step to receiving supported employment?

Supported employment can be provided by a variety of agencies and organizations, including Vocational Rehabilitation, Mental Health/Mental Retardation/Substance Abuse services, schools, training centers, or private supported employment agencies.

If you are interested in supported employment or would like more information, a good first step is to ask whoever is currently providing you other services (for example, case manager, residential staff, teacher, rehabilitation counselor). If little or no information is received, then you should contact the Vocational Rehabilitation agency directly (see list in appendix). A representative from this agency will then refer you to an organization that provides this service in your area.

It is important to realize that requesting information does not commit you to receiving supported employment. You can just talk to someone to find out more about it. You should also realize that you may not receive supported employment right away, if you decide you want it. Waiting lists, lack of funds, shortages of service providers, and agency restrictions can often interfere with your ability to receive this service. It is a good idea to find out as much as possible to make a decision. If you think you may want supported employment, make this request as soon as possible.

What will happen to a person's Social Security benefits?

The effects of work on Social Security and other disability benefits should be addressed by the job coach. It is recommended that a visit be made to the Social Security office to investigate each person's situation.

In general, an individual can earn a set amount (for example, \$700 in substantial gainful activity) before there is any loss of Social Security benefits. Today, there are many work incentives that allow people to offset the costs of employment, save money for a vocational goal, maintain their benefits, or continue Medicaid/Medicare coverage while working. A job coach or Social Security representative can be

Components of Successful Supported Employment

- Assessment of strengths, interests and needs of each person
- Job development
- Job placement
- Job site training
- On-going follow-up

which lead to . . .

- Pay
- Benefits
- Relationships
- Self-worth
- Opportunities

A job coach should work very closely with an individual and his or her family, including them in every step, listening very closely to what they have to say, and responding to concerns as they arise.

helpful in explaining these options.

What happens if someone loses his or her job?

A great deal of time and attention is placed on finding a job that best matches what the individual wants. Despite these efforts, sometimes people are hired and find out they really don't like the job or want to try something else. In these cases, the job coach can help by working to change the current job for the person, or by assisting them to find another job. If a company or business terminates employment for any reason, the job coach will begin the process of employment again.

In some cases, people are sent back to a day program or sheltered workshop, but these are rarely desirable options for people who have experienced real employment in the community.

How will co-workers react?

Co-workers tend to be very supportive and accepting of their fellow employees with disabilities. One of the roles of the job coach is to model and support social interactions between the supported employee and co-workers. This can occur during work time, as well as on breaks, lunch hours, and company-sponsored activities, such as company picnics. Many times, job coaches may give simple reminders on how to fix coffee, share a newspaper, or purchase a birthday card for a co-worker. These small acts are often all that is required to "fit in" and build friendships with co-workers.

Meet Charles Bishop: A Valued Employee, Co-Worker, and Friend

Charles Bishop is a tall, shy but friendly man in his 50s. When he was 21, Charles began participating in a sheltered workshop day program in his area. He enjoyed the time he spent with the staff and his friends at the workshop, but wanted a "real" job. Because of his disability, many people did not believe Charles could be employed in the community. He has proven them wrong! When supported employment services were created in the mid 1980's, Charles was one of the first people to be competitively employed through Unlimited Services in Monroe.

It was a struggle to find the right job for Charles. He was fired from his first job because of his temper, but he did not give up. His job coach helped him find a new job that better fit his interests and support needs. When he was hired in his new position as a dishwasher/porter at Truck Stops of America, the job coach went to work with him every day to help him learn the responsibilities of his job. They also worked on how Charles could handle his temper when he felt angry. Additional support and training was provided by his employer and co-workers to assist him day-to-day.

Charles has now been employed by Truck Stops of America for seven years. He works 24 hours a week, earns \$5.25 an hour, and has a 401K plan. He pays a friend to give him a ride to work. Charles recently bought a television set and is establish-



Charles is a valued employee, co-worker, and friend.

ing good credit. He is Vice President of People First and is a leader and wonderful role model for others in his community. He enjoys going places and sharing good times with friends. He loves to talk about his adventures with his friends and co-workers, especially a recent trip to the beach.

Friends describe Charles as someone who is outgoing and has a great sense of humor. He loves to joke and tease. Charles says he now knows how to handle his temper and respond to things in the right way. He says, "I love my job. I want to stay." He is a valued employee, co-worker, and friend.

A Woman On the Move: Keeping Up With Natalie Tumlin

Natalie Tumlin is an outgoing, 24-year old woman with a big smile and infectious laugh. Finding a job was Natalie's goal in life. Despite her strong desire to work, she is a perfect example of someone many might think could never find competitive employment in the community. She does not walk or talk but instead uses a wheelchair, communication device, and a feeding tube. Despite her intensive support needs, Natalie found a job well-suited to her interests and abilities.

Through a Federal grant from United Cerebral Palsy (UCP), Natalie participated in a self-determination project designed to give people with disabilities and their families direct control over the money spent for supported employment and choice in who they hire to serve them. The grant provided a voucher to allow Natalie and her mom to hire an employment advisor and pay someone they selected to serve as a job coach to help her find, learn, and keep a job.

It worked! Natalie found a job she enjoyed as a courier at Windy Hill Hospital in Atlanta. She helped staff with many responsibilities, including handing out and collecting paperwork. She also programmed her communication device so she could announce when it was time for meetings or breaks, or make requests of people, like "Please put sheets and towels in the hamper in the hall." Her favorite message, however, was, "It is payday. Please give me my check!"

Natalie loved her job and worked until the hospital moved to a location not served by the para-transit bus. But she is not discouraged. Natalie now knows she really is capable of working and earning her own money for the things she wants, like clothes and visits to the hair dresser. Her newest message is, "Hi, I'm Natalie. I want to go to work and earn some money. Gotta job for me?" Someday very soon, the answer will again be, "Yes!"

There are many work incentives that allow people to offset the costs of employment, save money for a vocational goal, maintain their benefits, or continue Medicaid/Medicare coverage while working.



Natalie receives a deposit slip from a bank official after depositing her first paycheck.

Recreation relaxes
and restores us;
leisure is defined as
free time; together
they involve many
opportunities to
express choice.

A World of Opportunities

Margaret is a true-blue, devoted Atlanta Braves fan — as often as possible she wears one of her many Braves T-shirts or caps. Her bedroom is lined with posters of favorite Braves players and team photos. And, if you ask her, she can tell you how many games they've won or lost, who's got the best batting average, and when she's going to Atlanta for a game. When football season rolls around, she follows the Georgia Bulldogs with a passion and lately, Margaret has a new sports love — wrestling!

But sports are not the only things Margaret loves. She also love the outdoors, taking trips, volunteering and getting out around town. Margaret couldn't always do these things because for many years she lived in a state institution; she has autism and very challenging behaviors. She's lived in Athens now for about seven years, in a house with companions from Georgia Options in Community Living. Living in the community has allowed Margaret to develop many recreation and leisure interests.

One of the ways Margaret spends her time is at Sandy Creek Nature Center. She keeps the birds happy by filling the feeders and keeps supporters of the center informed by putting labels on newsletters, envelopes and brochures. Like many people her age, Margaret loves eating out, going to movies and other places. The Taco Stand is a favorite place to eat and she has enjoyed throwing darts at a local bar.

Margaret is a woman of many other interests and talents. She enjoys cooking, especially baking brownies. She draws and does watercolors. She likes flowers and usually has some growing on her front porch. She writes to express her feelings and to keep in touch with people, especially her mother. Margaret collects pictures of horses and, of course, Braves souvenirs. Like most of us, Margaret watches television. As you could probably guess, she keeps up with the Braves, horseracing and with her favorite wrestlers — she knows the names of all the *big* wrestling stars.

Margaret's life is full. She has many ways to spend her free time doing things that are important to her and that make her life meaningful.

What is recreation and leisure?

Most of us think of recreation as the activities we do during free time. Recreation helps us relax and restores us. If you looked it up in a dictionary, leisure would be defined as free time. But there's much more to leisure and recreation than meets the eye. Everyone needs time to relax, to develop personal interests, to participate in enjoyable activity. Everyone has a right to life, liberty and the pursuit of happiness, and recreation and leisure are a primary way we pursue happiness. Because recreation and leisure involve *many* opportunities to express choice and preferences they are perhaps the main way that people with disabilities, and those without disabilities, learn these important skills. Outside of work or school, participation in recreation and leisure activities are one of the best ways to develop and maintain



Margaret grows flowers on her front porch.

relationships. As well, recreation and leisure activities promote physical health and conditioning. Without recreation and leisure we are prone to boredom, uninteresting lives and even poor health.

You or your family member have probably become used to the recreation programs available in the institutional setting. While these

programs provide lots of great activities, they are limited in scope because they cannot begin to offer the kind of diversity in programs you find in community settings. Moving out of the institution into community opens up a world of opportunity in recreation and leisure.

Possibilities in Recreation and Leisure

Your person centered plan should have lots of ideas about your recreation and leisure interests or at least *possibilities* that indicate interests. One role of support staff will be to facilitate community inclusion and a marvelous way to be included in a community is through recreation and leisure pursuits. Don't worry if you don't know how to do a particular activity – go out and learn it! You'll be happier and find more fulfillment in life if you participate in your loved activities in recreation and leisure. The possibilities are endless and are only bound by the gifts, capacities and interests of the individual.

After moving into the community, one of the first resources we think of for recreation and leisure are local recreation and parks or leisure services departments. These city/county services often provide programs in a wide variety of recreation and leisure activities including arts and crafts, sports, dance, exercise and fitness, outdoor/nature, and hobby groups.

Some recreation and parks departments offer specific programs for individuals with disabilities but you are not restricted to these programs alone. The Americans with Disabilities Act (ADA) requires recreation and park departments to be physically accessible and their programs have to be accessible as well. While ADA doesn't require all the buildings of city/county service to be accessible, there must be enough accessible facilities so that you can attend. This means that if a class or program is being held in a physically inaccessible place, you can request that it be moved to one that you can get into. Programmatic accessibility means you don't have to be restricted to just "special" programs for people with disabilities; you can be a participant in *any* program in which you are interested. Accommodations must be made to include your participation whether that means allowing you to bring along a "buddy" at no extra charge to help you participate, or having a sign language interpreter on hand to assist you in understanding instruction (these are only two of the many accommodations that might be made).

Most communities have many, many more recreation and leisure opportunities. For example, some communities have YMCAs and YWCAs, fitness clubs, dance studios, music (instrument and voice) lessons and art studios. Bill, who lives in

Programmatic accessibility means you don't have to be restricted to just "special" programs for people with disabilities.

Volunteering has
become a major
recreation and
leisure activity for
many people

Morgan County, takes piano lessons from a local piano teacher. Universities, technical schools and two year colleges in your community often offer recreation and leisure events. Your community may also have places where people enjoy their free time, like parks, restaurants and bars, civic clubs, and special interest groups (walking clubs, remote control car and plane clubs, genealogy clubs, etc.). Churches and synagogues often offer recreation and leisure opportunities for members or potential members. George is involved in his church choir, and the Shaped Note Society – he does “lining out,” that helps the choir start out by humming the pitch.

Taking classes/courses for personal growth and improvement is also a major way that many people use their leisure time. This helps them develop or increase their recreation and leisure interests. Terry has taken computer classes and now he is in touch with lots of old and new friends through the Internet. Classes and courses can be found at recreation and park departments, continuing education centers connected to universities and technical schools and privately owned businesses like Michael's™ craft store.

Volunteering has become a major recreation and leisure activity for many people. There are lots of opportunities for volunteering in your community, e.g., food banks, Hospital Auxiliary, mentoring programs, and special fund raising events like March of Dimes and Walk for Home. Margaret's experience is a good example of this. She is a valued volunteer at the Sandy Creek Nature Center where she fills bird feeders, straightens up, and puts labels on newsletters, envelopes and brochures. She also volunteers at United Way, where she rolls pennies that come out of those collection cups and water fountains.

There are many recreation and leisure businesses where you can participate in your favorite activities. For example, bowling alleys, golf driving ranges, golf courses, miniature golf, and bow and arrow/gun shooting ranges. Don't forget about places like Six Flags Over Georgia™, White Water™, and local movie theaters. Margaret loves carnivals that visit town on a regular basis. Playing tossing games to win prizes and riding rides are her favorite carnival activities.

If you enjoy acting, many larger communities have theater groups that put on plays. There's more to theater than acting. All the behind the scenes things like building and decorating sets, stage lighting, music, costumes and make-up are there to be done. If you love music and enjoy singing or playing/performing music, you should look for community choirs, church choirs, folk, rock, and other kinds of music groups. If you love dancing, there are many kinds of dance groups to join like square, folk, ballroom, shag, ballet, tap and jazz – to name a few.

Don't forget travel opportunities. Local travel agencies can assist with planning a trip and there are travel agencies that specialize in assisting people with disabilities in traveling. Margaret took a trip with her friend to the Braves spring training camp a few years ago. They also visited Sea World. To her delight, someone recognized her there and yelled across the crowd “Hey Margaret. . .” She was excited that she could be in Florida and be recognized by friends from home.

For more information about recreational opportunities, please see resources in the appendix.

The Medicaid Waivers

Medicaid waivers are funding streams that states use to pay for home- and community-based services for people with disabilities or health care needs. Sixty percent of the money to finance the waivers comes from the Health Care Financing Administration (HCFA), the federal agency that administers Medicaid. Forty percent of the money comes from the state.

Ronald Reagan approved the first waiver in 1982. This was called the Katie Beckett Waiver, named for the little girl for whom it was created. Before this waiver existed, anyone who received support to pay for services had to be living in a nursing home, hospital, or institution. The money went directly to those programs. Many more waivers have now been created. The waivers allow the money that would be spent for services in these facilities to be spent on services provided to people in their homes or communities. The money spent to provide these services in the home or community cannot be greater than what it would cost to provide those services in the institution.

Currently, Georgia has six different waivers. These waivers are designed for different needs and provide funding for many different types of services. Two of these waivers fund services for people with mental retardation and developmental disabilities. These are the Mental Retardation Medicaid Waiver (MRWP) and the Community Habilitation and Support Services Waiver (CHSS). The Independent Care Waiver (ICW) funds services for people with severe physical disabilities.

Waivers allow money that would be spent for services in nursing homes, hospitals or institutions to be spent on services provided to people in their homes or communities.

Mental Retardation Medicaid Waiver (MRWP)

The amount of funding and types of services received under this waiver are based on the needs of the individual. Both children and adults can be served. The services that are funded under this waiver are:

Personal Support (supported living) – residential supports in the person's own home or apartment or in the home of a provider. May include help with grocery shopping, cooking, personal hygiene, household management, or visits to the doctor.

Respite Care – short-term care provided in an emergency or when the family needs a break. Respite can be provided in the individual's home, group home, a contracted foster home, or a community setting.

Residential Training and Supervision – Personal supports provided in an agency-run site serving no more than four individuals, such as a group home.

Day Habilitation – Non-work related activities that help build the social, emotional, behavioral, and intellectual skills needed to live in the community. For example, may include support with making friends, recreation, communicating, or using public transportation. Can occur either in a day habilitation facility or in the community.

Supported Employment – Paid employment in any community setting that also

In Georgia, two waivers fund services for people with mental retardation and developmental disabilities – the MRWP and the CHSS.

employs people without disabilities, for example, a restaurant, grocery store, or bank. Also provides supports such as job placement and job coaching to help people find and keep employment.

Medical Supplies – Supplies needed for medical care, such as disposable diapers, gloves, nutritional supplements, and over the counter medications..

Environmental Modifications – Physical changes in the home to make it safe or more accessible. Examples include building ramps, widening doorways, or building fences.

Vehicle Adaptations – Changes to a vehicle that may include installing a hydraulic lift, ramps, or safety features.

Medical Equipment – Equipment needed that is not provided through the regular State Medicaid Plan. Examples include communication systems, bath chair, or lifts.

Home Health Services – Physical therapy, occupational therapy, nursing services or speech therapy, above the 75 visits allowed by the regular State Medicaid Plan.

Emergency Response System – Lifeline Emergency Response System designed to get immediate back-up support in times of crisis.

Service Coordination – Coordination to make sure that Individual Service Plans are being developed and put into action. Service Coordinators make two face-to-face visits with individuals each month.

Community Habilitation Support Services Waiver (CHSS)

This waiver was established when Brook Run closed in 1996. It is available to people moving out of institutions as well as to people currently living in the community who are on waiting lists for services.

This waiver combines, or “bundles” some the services that are separated in the MRWP (above). This can make it more flexible and easier to provide services across a variety of settings. Services available under this waiver include:

Community Habilitation – Services provide up to 24 hours a day to support people in their home or in the community.

Service Monitoring – Similar to service coordination. Requires one face-to-face meeting each month, and one other contact that might be a phone call to the family or provider, or a review of records.

Specialized Equipment – Adaptive equipment approved by a physical therapist. Provides equipment that is not covered under the State Medicaid Plan.

The CHSS waiver was developed for people moving out of institutions, but some of the money can be used to support individuals already living in the community who are waiting for services. For these individuals, the waiver has a component called Integrated Resource Supports (IRS). This service has a per day fixed rate. Each Regional Board has a list of providers who are approved to provide this service in their region.

Plans for a New, Merged Waiver

Every state submits a plan to HCFA for Medicaid Waivers. This plan includes a description of the types of home- and community-based services the state wants to provide, and a budget for how much these services will cost. For every four dollars the state spends, HCFA will spend six dollars of federal money.

The Department of Community Health in the Georgia Department of Human Resources wrote the first plan for Medicaid Waivers in 1989. This plan is in the process of being revised and will be submitted to HCFA in the Year 2000. Plans are under development to combine the MRWP and the CHSS into one waiver for people with mental retardation or developmental disabilities. The goal is to make the new waiver more flexible and responsive to individual needs. No one currently receiving support under one of the two existing waivers will lose any of the services they are now getting, as long as they continue to need them.

The Independent Care Waiver (ICW)

The Independent Care Waiver (ICW) is for people with severe physical disabilities who need assistance with daily living. It is intended for people who are in a nursing home, at risk of nursing home placement or are in hospitals because they are technology dependent. (For example, someone who requires a ventilator to breathe or tube feeding for nourishment is “technology-dependent.”) This waiver can provide several hours of service a day and includes services such as personal attendant care, specialized medical equipment and supplies, respite care, home modification and occupational therapy.

The Traumatic Brain Injury Waiver (TBI) is part of the ICW and is designed to serve people who need assistance as a result of a traumatic brain injury.

To apply for the Independent Care Waiver or the Traumatic Brain Injury Waiver call Latonda Oladapo, Georgia Medical Care Foundation, (800) 282-4579.

If you are denied ICW services, you may appeal the decision with the assistance of the Georgia Advocacy Office (see appendix), or Georgia Legal Services in your area.

Frequently-Asked Questions About the Medicaid Waiver

How do I (or my family member) receive a waiver for people with mental retardation or developmental disabilities?

Each person must apply to the Regional Board in their area (see appendix). Every Regional Board maintains a waiting list of people who want to receive home- and community-based services. Medicaid waivers are not the only source of funding for home- and community-based services. The Regional Board determines the most appropriate sources of funding for each individual. People are selected to receive waivers based on need. This list is reviewed regularly and waivers are granted as funds become available.

If you are now living in an institution and want to move to the community, be sure and let staff members at the institution know you want to apply for a waiver. You will need to be persistent. Keep trying – tell everyone you know and ask for their help!

Will there be enough money to provide the services that I need?

Each waiver has different rates. In addition, each region receives different amounts of money to provide waivers. You must learn what waiver you qualify for, and how much that waiver will pay for your services.

It is a good idea to begin with a Person Centered Plan. This plan will help you identify the services and supports you will need to live the life you want in the community. You must be clear about your needs, and be ready to advocate for the services required to live in the community!

Is waiver funding secure and will it be available over time?

The funds received through the waiver for home- and community-based services have been very secure over time and it is expected that they will continue to be so. These funds are as secure as the funds received for services provided in an institution or nursing home.

Each person must apply to the Regional Board to receive a waiver, which is granted on an individual basis depending on need.

Visit people with disabilities who are living in the community. Talk with them and their families about their lives. Learn from them.

Moving to the Community

Moving from an institution, nursing home, or personal care home can be an exciting and challenging time! Here are some first steps to achieving your dream:

- Talk to the Utilization Manager at the Regional Board Office in your region (see appendix). Tell them you are interested in community placement and would like to be put on the waiting list for the services.
- Talk to the social worker at the facility where you or your family member is living. Ask them to help you begin to find a community placement.
- Ask the Regional Board staff for the names and phone numbers of the providers in your region. Talk to the administrators and the staff that provide direct care.
- Visit people with disabilities who are living in the community. Talk with them about their lives. Learn from them. Talk to other families who have members with disabilities living in the community. Ask them about their successes, challenges, and concerns. Find out how these are being addressed.

To find individuals with disabilities and their families who are willing to talk with others about their experiences, ask the service providers in your area, staff at the Regional Board, or contact the Institute on Human Development and Disability at the University of Georgia (see appendix)

- Ask that a person centered plan be developed to really look at the possibilities that exist. Think about your priorities. Be active in designing the supports that are needed. For a list of trained facilitators for person centered planning, contact the Institute on Human Development and Disability.
- Get other members of your family and friends involved in thinking about what the future can hold. Wonderful ideas can come from brothers, sisters, aunts, uncles, grandparents, cousins, nieces, nephews, and friends. Dare to dream!
- Call the “Unlock the Waiting Lists!” Campaign (see appendix). This is a group of disability and aging organizations working to increase funding and eliminate the waiting lists for services. As part of this effort, they are building a list of people who are waiting for services. You will receive up-to-date information about the campaign and ways to be involved, if you choose.
- Write a letter to Governor Barnes (see appendix). Ask him to honor his pledge to find funding to support people with disabilities to live in the community
- Be persistent. Never give up. It can take a long time to happen, but hold on to the dream!

Self-Advocacy

Self-Advocacy means people with disabilities speaking for themselves and working together to achieve their goals. The first self-advocacy group for people with disabilities was started by eight people living in a group home in Salem, Oregon. They started getting together to talk about what it was like to be men and women with disabilities. They were tired of being seen only as "disabled." One person shouted, "We are *people*, first." The group decided that should be the name of their organization. The self-advocacy movement has grown a great deal since then, with thousands of members across the United States and in many other countries.

People First of Georgia, Inc., is proud to be a part of this self-advocacy movement. We have 25 chapters and 500 members in Georgia. We are made up of many different types of people. We have many different interests and abilities. Anyone with a disability can be a member of People First. No one is excluded because they are "too disabled." Many members come just to listen and be with friends. Others talk about their own lives or give the group ideas for activities. Some members become officers and lead the group. Everyone's participation is welcome!

People First chapters can be very different and hold many different types of activities. The members decide what each chapter does. Advisors help the members plan their activities and achieve their goals. Our members:

- Have fun and support each other
- Teach people about our rights and responsibilities
- Speak out about important issues, like safety, choice and self-determination
- Model leadership for others
- Work together to change the system to better meet our needs and desires

Everything that People First does is guided by the Four Principles of Self-Determination: Freedom, Authority, Support, and Responsibility. Freedom means that we make our own decisions and plan our own lives. Authority means that we should have control over the resources we need to support our choices. Support comes from the people we know and trust who help us when we need them. Responsibility means making the best decisions we can and using our resources wisely. It also means helping out in our communities and showing others how much men and women with disabilities have to contribute.

Self-Advocacy in Action: Leonard Roscoe and Teresa Monroe

My name is Leonard Roscoe. I was born at Grady Memorial Hospital in Atlanta on November 27, 1969. I was born with a rare genetic disorder called Osteogenesis



Leonard Roscoe, with Rene Peak, is happy with his transition from institution to the community.

Imperfecta, a condition that causes bones to break with little or no trauma. I had 50 fractures and pneumonia at birth. I spent the first three years of my life in the hospital.

In 1972, I was placed at Brook Run. I would spend the next 25 years of my life in that institution. Those twenty-five years were an experience. I witnessed all types of disabilities, including cognitive disabilities, mental illness, and violent behaviors.

In 1995 my life long wish came true. I was able to get out of the institution and move into my own home. I am a very active part of our local and national disability movement. As a member of People First and ADAPT, I advocate for all people with disabilities. As a VISTA Volunteer, I work to teach people about the waiting lists for services for people with disabilities and how to help reduce it. In 1996, I started an organization that supports Georgians like myself and their families, affected by Osteogenesis Imperfecta (OI). I am also in the process of adopting a child with OI.

Moving from an institution into the community takes a lot of time and planning. If you have lived in an institution most of your life, you will probably need a little help understanding your choices and making good decisions. A Circle of Support can help make the transition easier. A Circle of Support is made up of family, friends, and professionals who know you well and can help you make the best decisions and plan your future. My Circle helped make my transition easy even though I had lived in an institution for 25 years!

My life is so much better now. Everyone deserves to live where they want to live and have control over their life. Today, everyone can!

* * * * *

Hi. My name is Teresa Monroe. I am 38 years old and have been my own advocate for 20 years. My mother had to put me in a nursing home when I was 16 years old

because she was getting older and wasn't able to care for me anymore. She didn't have much choice. She had back problems that made it hard for her to lift me in and out of my wheelchair. Our other relatives and friends were not able to help and there were no other services in the community.

I never wanted to live in a nursing home, but nobody around me thought I had any choice. My mother thought it was the best place for me. After four years, I called the Georgia Advocacy Office in Atlanta and found an advocate who helped me to move out. He helped me decide where I wanted to live and stood by me the whole way. He helped me make my dream to leave the nursing home a reality.

Today I am reaching my goals. I have made many accomplishments. I was one of the first graduates of Partners in Policy Making. I am also a member of ADAPT. I helped start People First of Georgia and was one of the first presidents. I am in school and looking for a job.

People First is good for everyone. For so long, people with

severe disabilities or mental retardation did not have a voice. Everyone else spoke for them. People First helps everybody to speak for themselves, even people who don't use words to talk. People First makes me feel really good about myself. It teaches me I can help others. I have something to say. I can be a role model. When I moved out of the nursing home, there was no one for me to turn to or look up to. Now, when other people see me speaking out, it gives them the courage to try. That makes me feel great!

For more information about People First of Georgia, Inc., or local chapters, please call or write the state office (see appendix).



Teresa helped start People First of Georgia and was one of the group's first presidents.

Self-Determination

Self-determination refers to the human right to direct one's own life – to have goals and dreams and the power to achieve them. The four guiding principles are:

- FREEDOM to plan a life based on one's own goals and dreams
- AUTHORITY to control the funds needed to achieve those goals and dreams
- SUPPORT for building a life in the community, and
- RESPONSIBILITY to make good decisions about use of resources and also to contribute to the community

As more and more people with disabilities live in their communities, opportunities to make important decisions about their lives has increased greatly. Regardless of level of disability, all individuals have preferences, goals, and dreams. Some people may need help in identifying and expressing these, especially those who do not communicate with words or those who have never had the opportunity to make choices. With support, however, everyone can make meaningful decisions about their lives. Community inclusion is the first step to self-determination.

The next step involves changing the system so that people with disabilities have the control over the money and other resources needed to achieve their goals and dreams. Self-determination requires changing the way services are provided and who controls the resources to provide those services. Under a system designed to support self-determination, men and women with disabilities decide what services and supports they need to achieve their goals and live their dreams. Individuals, often with the help of family members and friends, select who will provide those services. The funds to pay for these services are *directly controlled by people with disabilities and their families*. They decide how the money is spent based on individual budgets designed specifically for them.

The first self-determination model was developed in New Hampshire to serve people with severe disabilities. An independent evaluation of the project indicated that the model improved the opportunities for choice and increased quality of life while decreasing the costs of services. Based on the success of this project, the Robert Wood Johnson Foundation funded projects in other states, all of which have reported similar results. Some states, such as Florida and New York, have completely re-designed their system so that men and women with disabilities have direct control over the resources allocated for their services.

Over the past 10 years, many changes have occurred in Georgia that have greatly improved the quality of life for our citizens. More and more people who were previously thought to be unable to live outside of an institution, be employed, have fun, or speak for themselves now are living meaningful lives in the communities of their choice. Our work, however, is not complete. We must continue our efforts to re-design our own state system to support the full self-determination of all citizens.

For more information, contact People First of Georgia, Inc., or the Institute on Human Development and Disability (see appendix).

Under a system designed to support self-determination, men and women with disabilities decide what services and supports they need to achieve their goals and live their dreams.

Appendix

REGIONAL BOARDS

Thirteen regional boards plan and coordinate mental health, mental retardation and substance abuse services across the state.

Region 1

NW Georgia Regional MHMRSA Board
32 West Main Street, Suite 104
Cartersville, GA 30120-3506
(770) 387-3506

Counties Served: Walker, Dade, Catoosa, Chattoga, Floyd, Gordon, Bartow, Polk, Paulding, Whitfield, Murray, Gilmer, Pickens, Cherokee, Haralson

Region 2

Region 2 MHMRSA Board
14 Amlajack Boulevard, #2
Newnan, GA 30265-1038
(770) 254-7474

Counties Served: Clayton, Troup, Carroll, Heard, Coweta, Meriweather, Spalding, Fayette, Henry, Butts, Pike, Lamar, Upson

Region 3

NE Georgia Regional MHMRSA Board
236 Industrial Park Drive
Commerce, GA 30529-6642
(706) 336-6822

Counties Served: Hall, Union, Towns, Rabun, White, Habersham, Stephens, Lumpkin, Dawson, Forsyth, Banks, Franklin, Hart, Clarke, Jackson, Barrow, Walton, Madison, Oconee, Morgan, Elbert, Oglethorpe, Greene

Region 4

Cobb/Douglas Regional MHMRSA Board
2137 Kingston Court, S.E., Suite 108
Marietta, GA 30067-89901
(770) 916-2100

Counties Served: Cobb, Douglas

Region 5

Fulton Regional MHMRSA Board
Citizens Trust Building
75 Piedmont Avenue, 11th Floor
Atlanta, GA 30303-2507
(404) 463-6367

Counties Served: Fulton

Region 6

DeKalb Regional MHMRSA Board
4329 Memorial Drive, Suite K
Decatur, GA 30302-1236
(404) 298-4990

Counties Served: DeKalb

Region 7

GRN Regional MHMRSA Board
1987 Scenic Highway, S.W., Suite 201
Snellville, GA 30078-5640
(770) 972-6305

Counties Served: Gwinnett, Rockdale, Newton

Region 8

Region 8 MHMRSA Board
515 Academy Avenue
Dublin, GA 31201-5201
(912) 274-7912

Counties Served: Bibb, Monroe, Jones, Twiggs, Houston, Crawford, Peach, Baldwin, Jasper, Putnam, Hancock, Washington, Wilkinson, Laurens, Johnson, Bleckley, Pulaski, Wilcox, Dodge, Telfair, Wheeler, Montgomery, Treutlin

Region 9

West Central Regional MHMRSA Board
c/o West Central Ga. Regional Hospital
P.O. Box 12435
Columbus, GA 31917-2435
(706) 568-5281

Counties Served: Muscogee, Harris, Talbot, Chattahoochee, Stewart, Quitman, Randolph, Clay, Sumter, Webster, Marion, Taylor, Schley, Macon, Dooley, Crisp

Region 10

SW Georgia Regional MHMRSA Board
507 Third Avenue, Suite 5
Albany, GA 31701-1944
(912) 430-3017

Counties Served: Dougherty, Terrell, Lee, Calhoun, Worth, Early, Miller, Baker, Thomas, Mitchell, Colquitt, Seminole, Decatur, Grady

Region 11

South Georgia Regional MHMRSA Board
211 E. Ashley Street, Suite 104-105
P.O. Box 1250
Douglas, GA 31534-1250
(912) 389-4207

Counties Served: Lowndes, Turner, Ben Hill, Irwin, Tift, Berrien, Cook, Brooks, Lanier, Echols, Ware, Coffee, Bacon, Atkinson, Pierce, Brantley, Clinch, Charlton

Region 12

Region 12 MHMRSA Board
1056 Claussen Road, Suite 223
Augusta, GA 30907-0327
(706) 667-4833

Counties Served: Richmond, Wilkes, Lincoln, Taliaferro, Warren, McDuffie, Columbia, Emanuel, Glascock, Jefferson, Burke, Jenkins, Screven,

Region 13

SE Central Regional MHMRSA Board
142 S. Brunswick St. (PO Box 564)
Jesup, GA 31598-0564
(912) 427-1925

Counties Served: Bulloch, Candler, Evans, Toombs, Tattnall, Jeff Davis, Appling, Wayne, Chatham, Effingham, Blynn, Bryan, Liberty, Long, McIntosh, Camden

COMMUNITY SERVICE BOARDS

Community Service Boards (CSBs) are public providers responsible for mental health, mental retardation and substance abuse programs.

Area 1/Region 1

Serving: Walker, Dade, Catoosa, Chattoga
Lookout Mountain Community Services
P.O. Box 1027, 501 Mize St.
LaFayette, GA 30728-1027
(706) 638-5584

Area 2/Region 1

Serving: Floyd, Gordon, Bartow, Polk, Paulding
Three Rivers Behavioral Health Services
43 Chateau Court, S.E.
Rome, GA 30161-7238
(706) 802-5600

Area 3/Region 1

Serving: Whitfield, Murray, Fannin, Gilmer, Pickens, Cherokee

Georgia Highlands CSB
1401 Burleyson Street
Dalton, GA 30720-2566
(706) 270-5000

Area 4/Region 3

Serving: Hall, Union, Towns, Rabun, White, Habersham, Stephens, Lumpkin, Dawson, Forsyth, Banks, Franklin, Hart Georgia Mountains CSB
P.O. Box 1317, 2318 Browns Bridge Rd. Gainesville, GA 30503-1317
(770) 535-5403 or 1-800-525-8751

Area 5/Region 4

Serving: Cobb
Cobb County CSB
361 N. Marietta Parkway, Suite 200
Marietta, GA 30060-1400
(770) 429-5000

Area 6/Region 4

Serving: Douglas
Douglas County CSB
361 N. Marietta Parkway, Suite 200
Marietta, GA 30060-1400
(770) 429-5000

Area 7/Region 5

Serving: Fulton
Fulton County CSB
141 Pryor Street, S.W., Suite 4035
Atlanta, GA 30303-3402
(404) 730-0210

Area 12/Region 6

Serving: DeKalb
DeKalb CSB
445 Winn Way, Room 464
Decatur, GA 30030-1707
or: P.O. Box 1648, Decatur, GA 30032
(404) 294-3836

Area 15/Region 7

Serving: Gwinnett, Rockdale, Newton
GRN Community Service Board
P.O. Box 687, 1175 Gwinnett Rd.
Lawrenceville, GA 30046-0687
(770) 339-5019

Area 16/Region 2

Serving: Clayton
Clayton Community MH, SA
Developmental Services Board
112 Broad Street
Jonesboro, GA 30236-1919
(770) 478-2280

Area 17/Region 3

Serving: Clarke, Jackson, Barrow, Walton, Madison, Oconee, Morgan, Elbert, Oglethorpe, Greene
NE Georgia Center CSB
250 North Avenue
Athens, GA 30601-2244
(706) 542-9739

Area 18/Region 2

Serving: Troup, Carroll, Heard, Coweta, Meriwether

Pathways Center for Behavioral and Developmental Growth
120 Gordon Commercial Drive, Suite A
LaGrange, GA 30240-5740
(706) 845-4045

Area 19/Region 2

Serving: Spaulding, Fayette, Henry, Butts, Pike, Lamar, Upson
McIntosh Trail CSB
P.O. Box 1320, 1501-A Kalamazoo Dr.
Griffin, GA 30224 / 30223-3919
(770) 358-5252

Area 20/Region 8

Serving: Bibb, Monroe, Jones, Twiggs
River Edge Behavioral Health Center
175 Emery Highway
Macon, GA 31217-3692
(912) 751-4515

Area 21/Region 8

Serving: Houston, Crawford, Peach
Phoenix Center Behavioral Health Services
P.O. Box 2866, 202 N. Davis Dr.
Warner Robins, GA 31099-2866
(912) 322-4058

Area 22/Region 8

Serving: Baldwin, Jasper, Putnam, Hancock, Washington, Wilkinson
Oconee CSB
Box 1827, Yarborough 3, CHS, Swint Ave.
Milledgeville, GA 31061-1827 / 31062
(912) 445-4817

Area 23/Region 12

Serving: Richmond, Wilkes, Lincoln, Taliaferro, Warren, McDuffie, Columbia
CSB of East Central Georgia
3421 Mike Padgett Highway
Augusta, GA 30906-3815
(706) 771-4841

Area 24/Region 12

Serving: Emanuel, Glascock, Jefferson, Burke, Jenkins, Screven
Ogeechee Behavioral Health Services
P.O. Box 1259, 223 North Anderson Dr.
Swainsboro, GA 30401-1259
(912) 289-2522

Area 25/Region 9

Serving: Muscogee, Harris, Talbot, Chattahoochee, Stewart, Quitman, Randolph, Clay
New Horizons CSB
P.O. Box 5328, 2100 Comer Ave.
Columbus, GA 31906-0328 / 31904
(706) 596-5583

Area 26/Region 9

Serving: Sumter, Webster, Marion, Taylor, Schley, Macon, Dooly, Crisp
Middle Flint Behavioral HealthCare
P.O. Drawer 1348, 415 N. Jackson St.
Americus, GA 31709-1348
(912) 931-2470

Area 27/Region 8

Serving: Laurens, Johnson, Bleckley, Pulaski, Wilcox, Dodge, Telfair, Wheeler, Montgomery, Treutlin
CSB of Middle Georgia
2121 A Bellevue Road
Dublin, GA 31201-2998
(912) 272-1190

Area 28/Region 10

Serving: Dougherty, Terrell, Lee, Calhoun, Worth, Early, Miller, Baker
Albany Area CSB
P.O. Box 1988, 1120 W. Broad
Albany, GA 31702-1988
(912) 430-4042

Area 29/Region 10

Serving: Thomas, Mitchell, Colquitt, Seminole, Decatur, Grady
The Georgia Pines Community MHMRSA
1102 Smith Avenue, Suite K, Box 1659
Thomasville, GA 31792-1659 / 31799
(912) 225-4370

Area 30/Region 11

Serving: Lowndes, Turner, Ben Hill, Irwin, Tift, Berrien, Cook, Brooks, Lanier, Echols
Behavioral Health Services of S. Georgia
Box 3318, 3120 N. Oak St. Ext., Suite C
Valdosta, GA 31604-3318 / 31601
(912) 333-7095

Area 31/Region 13

Serving: Bulloch, Candler, Evans, Toombs, Tattnall, Jeff Davis, Appling, Wayne
Pineland Area MH, MR and SA CSB
P.O. Box 745, 9 Allen-Cail Dr.
Statesboro, GA 30459-0745
(912) 764-6906

Area 32/Region 11

Serving: Ware, Coffee, Bacon, Atkinson, Pierce, Brantley, Clinch, Charlton
Satilla CSB for MH, MR and SA
P.O. Box 1397, 1007 Mary St.
Waycross, GA 31502-1397 / 31501
(912) 284-2543

Area 33/Region 13

Serving: Chatham, Effingham
Tidelands CSB
P.O. Box 23407, 516 Drayton St.
Savannah, GA 31403-3407
(912) 651-2171

Area 34/Region 13

Serving: Glynn, Bryan, Liberty, Long, McIntosh, Camden
Gateway CSB
1609 Newcastle Street
Brunswick GA 31520
(912) 267-4859

Area 35/ Region 1

Serving: Haralson
Haralson County Center for MH/MR/SA
217 Tennessee Avenue
Bremen, GA 30110-2153
(770) 537-2367

DIVISION OF REHABILITATION SERVICES OFFICES

REGION 1

Rome, Dallas, Dalton, LaFayette

Rome - Regional
606 Graham Street NW
Rome, GA 30165-2354
(706) 295-6407

Rome - Hub 1 & 2
404 South Broad Street SW
Rome, GA 30132-5353
(706) 295-6400

Dallas - Hub
300 WI Parkway, Suite 300
Dallas, GA 30132-5353
(770) 443-3717

Dalton - Hub
1615 Hickory Street, Suite 106
Dalton, GA 30720-8518
(706) 272-2303

LaFayette - Hub
115 East LaFayette Square
LaFayette, GA 30728-2929
(706) 638-5536

REGION 2

Gainesville, Cumming, Cleveland

Gainesville - Regional
311 Green Street, Suite 209
Gainesville GA 30501-3364
(770) 535-5930

Gainesville - Hub
530 Broad Street SE, P.O. Box 677
Gainesville, GA 30503-0677
(770) 535-5468

Cumming - Hub
100 Colony Park Drive, Suite 204
Cumming, GA 30040-2774
(770)781-6781

Cleveland - Hub
234 South Main Street #B
Cleveland, GA 30040-2774
(706) 865-9535

REGION 3

*Atlanta, Tucker, Decatur, Hapeville,
Lawrenceville, Canton, Marietta,
Douglasville, Jonesboro*

Atlanta - Regional
10 Park Place South SE, Suite 602
Atlanta, GA 30303-2905
(404) 657-2238 or 2239

Tucker - Hub 1
2187 Northlake Parkway, Suite 112
Tucker, GA 30084-4110
(770) 414-2602

Decatur - Hub 2
755 Commerce Drive, Room 615
Decatur, GA 30030-2619
(404) 370-5130

Decatur - Hub 3
4151 Memorial Drive, Suite 104-F
Decatur, GA 30032-1594
(404) 298-4900

Atlanta - Hub 4 & 5
1718 Peachtree Street NW, Suite 376-S
Atlanta, GA 30309-2409
(404) 206-6000 or 5434

Hapeville - Hub 6 & 7
3420 Norman Berry Drive, Suite 401
Hapeville, GA 30354-1314
(404) 669-3901

Lawrenceville - Hub 8
134 South Clayton Street, Suite 27
Lawrenceville, GA 30045-5743
(770) 995-2170

Canton - Mini Hub 9
3049 Marietta Highway, Suite 130
P.O. Box 552
Canton, GA 30114-0552
(770)720-3570

Marietta - Hub 9 & 10
1046 South Cobb Drive, S.E.
Marietta, GA 30060-3304
(770) 528-3435

Douglasville - Mini Hub 10
4600 Timber Ridge Drive
Bldg. B-Room 225/226
Douglasville, GA 30135-1225
(770) 489-3018

Jonesboro - Hub 11
409 Arrowhead Boulevard, Suite B-8
Jonesboro, GA 30236-1246
(770) 473-2462

REGION 4

Newnan, Carrollton, Griffin, LaGrange

Newnan - Regional
29-A Farmer Industrial Blvd
P.O. Box 218
Newnan, GA 30264-0218
(770) 254-7210

Carrollton - Hub
1512 North Highway 27
Carrollton, GA 30117-7506
(770) 836-6681

Griffin - Hub
231-C South 10th Street
Griffin, GA 30224-2835
(770) 229-3140

LaGrange - Hub
1495 LaFayette Parkway, Suite A
LaGrange GA 30241-2552
(706) 845-4025

REGION 5

Athens, Monroe

Athens - Regional
125 Athens West Parkway
Athens, GA 30606-6942
(706) 354-3900

Athens - Hub 1 & 2
125 Athens West Parkway
Athens, GA 30606-6942
(706) 354-3900

Monroe - Hub 3
226 Alcovy Place, Suite D-14
Monroe, GA 30655-2189
(770) 207-4220

REGION 6

Columbus, Americus

Columbus - Regional
233 12th Street, Suite 100-B
P.O. Box 2863
Columbus, GA 31902-2863
(706) 649-1560

Columbus - "South" & "North"
233 12th Street, Suite 911
P.O. Box 2863
Columbus, GA 31902-2863
(706) 649-7400

Americus - Hub
1604-C East Forsyth Street
P.O. Box 845
Americus, GA 31709-0845
(912) 931-2516

REGION 7

Macon, Milledgeville, Perry

Macon - Regional
2720 Riverside Drive, Suite 12
P.O. Box 7566
Macon, GA 31209-7566
(912) 751-6272

Macon - Hub
711 Riverside Drive
P.O. Box 6117
Macon, GA 31208-6177
(912) 751-6000 or 6282

Milledgeville - Hub
2930 Heritage Place, Suite 102
Milledgeville, GA 31061-9208
(912) 445-4781

Perry - Hub
1021 Commerce Street, P.O. Box 1248
Perry, GA 31069-1248
(912) 988-6760 or 6761

REGION 8

Augusta, Swainsboro, Thomson

Augusta - Regional
1220 West Wheeler Pkwy, P.O. Box 15747
Augusta, GA 30919-1747
(706) 650-5600

Possibilities in Community Living

Augusta - Hub 1 & 2
3112-A Washington Road
P.O. Box 204630
Augusta, GA 30917-4630
(706) 650-5638

Swainsboro - Hub
536 South Main Street, P.O. Box 660
Swainsboro, GA 30401-0660
(912) 289-2578

Thomson - Hub
1025-A Warrenton Hwy, P.O. Box 824
Thomson, GA 30824-0824
(706) 597-8575

REGION 9

Dublin, Eastman, Reidsville

Dublin - Regional
2032 Veterans Blvd, Suite B
P.O. Box 16189
Dublin, GA 31040-0158
(912) 274-7676

Dublin - Hub
904 Claxton Dairy Road, P.O. Box 158
Dublin, GA 31040-0158
(912) 275-6519

Eastman - Mini Hub
107 College Street, P.O. Box 188
Eastman, GA 31023-0188
(912) 374-6841

Reidsville - Hub
106 South Main Street, P.O. Box 790
Reidsville, GA 30453-0790
(912) 557-7558

REGION 10

Albany, Bainbridge, Thomasville

Albany - Regional
110 Pine Avenue, P.O. Box 1606
Albany, GA 31702-1606
(912) 430-4461

Albany - Mini Hub & Hub
110 Pine Avenue, P.O. Box 1606
Albany, GA 31702-1606
(912) 430-4170

Bainbridge - Mini Hub
502 West Shotwell Street, P.O. Box 1159
Bainbridge, GA 31717-1159
(912) 248-2480

Thomasville - Hub
1317 East Jackson Street
Thomasville, GA 31792-4750
(912) 225-4045

REGION 11

Valdosta, Tifton, Waycross

Valdosta - Regional
2809 B North Ashley Street
Valdosta, GA 31602-1806
(912) 333-2170

Valdosta - Mini Hub & Hub
2910 H North Ashley Street
Valdosta, GA 31602-1761
(912) 333-5248

Tifton - Hub
820-C Love Avenue, P.O. Box 1629
Tifton, GA 31793-1629
(912) 386-3522

Waycross - Hub
2311 Knight Avenue, P.O. Box 2026
Waycross, GA 31502-2026
(912) 285-6078

REGION 12

Savannah, Brunswick, Hinesville, Statesboro

Savannah, Regional
420 Mall Blvd, Suite A, P.O. Box 13427
Savannah, Ga 31416-0427
(912) 356-2134

Savannah, Hub 1 & 2
420 Mall Blvd, Suite A, P.O. Box 13427
Savannah, Ga 31416-0427
(912) 356-2226

Brunswick - Hub
106 Shopper's Way, Suite 4
Brunswick, GA 31525-0511
(912) 264-7287

Hinesville - Mini Hub
508 North Main Street, P.O. Box 25
Hinesville, GA 31310-0025
(912) 370-2590

Statesboro - Mini Hub
117 Savannah Avenue, P.O. Box 692
Statesboro, GA 30459-0692
(912) 871-1173

RECREATION AND LEISURE RESOURCES

Information about state parks:

Department of Natural Resources
Parks and Historic Sites
205 Butler Street, SE, Suite 1352
Atlanta, GA 30334
404-656-2770
Web site: <http://www.ganet.org/dnr/>

Information about local recreation and park departments, see local phone book (city/county services) or contact:

Georgia Park and Recreation
Association
1285 Parker Road
Conyers, GA 30207-5957
(770) 760-1403
Web site: <http://www.grpa.org/>

ADDITIONAL RESOURCES

Georgia ADA Exchange
4164 Admiral Drive
Chamblee, GA 30341
(770) 451-2340
nduncan@bellsouth.net

Georgia Advocacy Office
100 Crescent Centre Parkway, Suite 5
Tucker, GA 30084
(800) 537-2329; (404) 885-1234 (V/)
e-mail: info@thegao.org
Web site: <http://thegao.org>

Georgia Arc Network
1945 Cliff Valley Way, Suite 220
Atlanta, GA 30329
(404) 634-5512

Governor's Council on Developmental Disabilities
2 Peachtree Street NW, Suite 3-210
Atlanta, GA 30303-3142
(404) 657-2126; (404) 657-2132 Fax
(404) 657-2133 TTY
Web site: www.ga-ddcouncil.org/

Governor Roy Barnes
State Capitol, Atlanta 30334

Institute on Human Development and Disability: A University Affiliated Program
University of Georgia
850 College Station Rd.
Athens, GA 30602-4806
(706) 542-3457; (706) 542-4815 Fax
(706) 542-6629 TTY
e-mail: info@uap.uga.edu
Web site: www.uap.uga.edu

Parent to Parent of Georgia
2872 Woodcock Blvd., Suite 230
Atlanta, GA 30341
(800) 229-2038
e-mail: info@parenttoparentofga.org
Web site: www.parenttoparentofga.org

People First of Georgia, Inc
850 College Station Rd.
Athens, GA 30602-4806
(706) 542-6086

State ADA Coordinator
Georgia Building Authority, ADA Section
1 MLK Drive
Atlanta, GA 30334
(404) 657-7313

Unlock the Waiting Lists! Campaign
850 College Station Rd.
Athens, GA 30602-4806
877-WAITLIST; (706) 542-6085
e-mail: sareddy@arches.uga.edu



Institute on Human Development and Disability
A University Affiliated Program

A Unit of the College of Family and Consumer Sciences
at the University of Georgia