

**Developing Homes For People
With Physical Disabilities
In New Jersey:**

A TECHNICAL GUIDE

Produced by United Cerebral Palsy Associations
of New Jersey through The Housing Prototype Project
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PREFACE

" We must see that he comes to no harm while on his homeward journey, but when he is once at home he will have to take the luck he was born with, for better or worse, like other people".

*Alcinouss, speaking of Odysseous
Homer, The Odyssey, Book III*

Thomas S. Kuhn, author of *The Structure of Scientific Revolutions* postulates that science is not, as most people view it, a logical, objective progression towards understanding the machinations of the Universe, but rather is a form of stagnated inertia jolted by tremendous bursts of energy—energy which is nothing more than an intellectual explosion, a totally new view of existing thought, a paradigm shift.

This "paradigm shift" means nothing more than altering a view that we have traditionally had in the past. For example, we have changed our historical view of institutional, congregate care for the disabled to providing residential services in a more normalized fashion. There is no dispute that this "paradigm shift" is to a better living situation which provides a greater level of dignity and independence. However with specific populations, there still remains a muddled extraneous "parental" view.

This parental protection allows the professional to usurp the dignity of choice which should be inherent in the lives of people who are physically disabled and possess the capacity to make their own choices. As I was told by a resident of a skilled nursing facility, "All these rules, but according to the rules, you're supposed to live independent... it's like attaining freedom with mirrors." We must understand that without true choice hatched from fabricated rules and regulations, fundamental human rights become lost in a mean-

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ingless quagmire of individual plans, licensure, and look behind studies.

However trite it may sound, the statement that one must have control over one's own destiny remains a goal still unattained by many of this country's severely handicapped. United Cerebral Palsy Associations of New Jersey's two fundamental priorities are employment and housing for individuals who are disabled: housing to enable an individual to maintain independence within an environment promoting the most agile mobility possible. This cookbook will aid the reader in understanding configurations, funding streams, and regulations toward providing housing for individuals who are physically disabled. It will hopefully enlighten the reader on various physical aspects of residential services. The examination of physical structures, however, should be juxtaposed against the backdrop of evolution towards greater freedom. The paradigm shift must be from establishing rules to allowing choice, from eliminating protection towards building trust.

Sometime before the days of Jackie Gleason's Honeymooners, someone invented the saying, "A man's home is his castle." From this statement, one can draw the conclusion that if a man's home is his castle, then a) he is responsible for delegating his authority to assure the "castle's" upkeep; and b) he has total control over the design, implementation and interpretation of the rules governing the castle. I am certain that both agencies providing residential services to the disabled and Departments of state government who administer those services will see positive movement towards changing old ideas about the concept of "real choices" for people with disabilities.

Many individuals have already dedicated their energy and time to developing residential programs in New Jersey. Eddie C. Moore, Director of the Division of Developmental Disabilities should be thanked. After his arrival to this state we have seen the number of group homes grow from seven to over two hundred. With advocates such as Mr. Moore, in concert with the New Jersey Developmental Disabilities Council, I am certain that we will see many more residential services. I hope they will be developed to provide appropriate housing for people with physical disabilities.

Preface

This technical guide will be very useful to any agency **that would** like to develop housing for people with physical disabilities. While the ensuing chapters do not purport to offer those magical ingredients necessary to totally alter the control a person with disabilities should have over his environment, it does provide a road map towards greater independence.

Robert P. Stack
Executive Director



Chapter One

INTRODUCTION

This How To Manual contains nine sections, each of which addresses a particular issue or area of concern. The sections include the following: 1. the development of a philosophy statement, 2. choosing a residential program model, 3. funding development, 4. remodeling or building anew, 5. construction issues, 6. licensing, staffing patterns and resident mix, 7. transition and "moving in". 8. support services, 9. community opposition. The sequence of the sections is meant to replicate the order a prospective provider or individual would pursue in developing housing for people who are physically disabled. The appendices contain further resources and reference materials that can be consulted to augment the information contained in this manual.

The activities of the Housing Prototype Project have been centered on identifying the major issues affecting housing for people who are physically disabled. This process has involved the development of specific recommendations on "trouble spots" in housing, the establishment of a network of providers, potential providers, consumers and advocates, and the constant monitoring of state and national political and legislative movements which may have a direct or indirect effect on the provision of housing for people with physical disabilities. Other areas of discussion and research have included the examination of support services in the state of New Jersey and the effect they have on a person's ability to live in community residential settings as well as the formulation of prototypical design parameters for programs. This project has attempted to meet these goals while maintaining a constant awareness of the needs and desires of individuals with disabilities.

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As the result of a year-long study on the housing needs of physically disabled adults, this manual has been written to address the issues and processes involved in developing residential programs. It is meant to serve as a comprehensive guide for prospective providers or individuals interested in sponsoring such homes. It is hoped that this will help answer many questions often raised with regard to the provision of residential services for adults with physical disabilities

While the manual has been written by a few individuals, it represents the input and participation of more than thirty people- consumers, advocates, and professionals- who have given invaluable input on the basis of their practical experience. These individuals have participated in the committee process of the Housing Prototype Project, which has functioned under the auspices of United Cerebral Palsy Associations of New Jersey. Additionally, there have been valuable suggestions and practical recommendations provided by professionals and consumers from agencies outside of New Jersey who have given innumerable hours of their time in providing further information on housing as they have seen it develop in their respective locales.

Many factors have led to the creation of this manual and the need for it. The conversion of the Division of Mental Retardation to the Division of Developmental Disabilities has mandated that state agencies and providers examine the needs of the developmentally disabled population previously unserved by the state. One priority area for examination has been the development and provision of alternative living arrangements, in this case, specifically for adults who are physically disabled. A second factor has been the concern for consistent, secure sources of funds for housing. Lastly, it has become clear that accessibility will continue to be an issue and is particularly a concern in the area of housing.

Chapter Two
**PHILOSOPHICAL BASIS
FOR DETERMINING
RESIDENTIAL ALTERNATIVES**

The dominant view of advocates is that people who are disabled should be allowed to choose where they want to live and to have the option of living in a community setting which is as "normal" as possible. This statement recognizes the fact that some individuals, by the nature of their disabilities, require more care and medical attention than others. In looking at residential options and the kinds of services to be provided, it is necessary to consider the philosophical base of an individual or agency and how that translates into services for the clients that individual or agency is proposing to serve.

It may very well be that you or your agency have already developed a philosophical statement or policy and merely wish to extend that policy through the provision of residential services to persons who are severely physically disabled. It may be, on the other hand, that this is a new focus and one which will need some consideration. Rather than narrate possible ways of developing a policy or statement, it may prove more helpful to use the following set of questions as a guide. They are not meant to be the means to a definitive statement, but simply a tool to guide the discussion of the group:

- 1) What are the important issues surrounding the development of housing for persons who are physically disabled?
- 2) What are the necessary terms to define to better deal with these issues? (For example: What is meant by "community living arrangements"?)
- 3) Who will be served? How will their needs (physical, social, emotional, medical) affect the program design? How can the pro-

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gram be designed to meet the needs of the individuals desiring residential programs?

4) What programmatic decisions are needed prior to the design of the home? How will staff work in this living space?

5) What size should the home be? How many individuals will be living in the home? What design would best meet the needs of those individuals? Should a residential program be limited to a certain size? Will this make a difference in the types of programs provided?

6) How will living arrangements be made? Is it important that each resident have his/her own space, whether that be a room, apartment or house?

7) What local amenities should be accessible? How can the location of the residence afford that access?

8) What is the agency's position on life safety? What are the appropriate risks for residents to take?

9) What priority will be given to the cost/benefit ratio of the housing program? How will the cost influence decisions in designing an appropriate program?

10) On what issues can there be compromise and what issues/features will be retained?

There may be other questions that require particular organization consideration: each group is going to have its own unique needs and concerns and its own ideas on how best to meet those needs. The philosophy statement/policy should be distributed to the members of the board of directors and/or committee making the decisions on the residential program.

The goal of this exercise is to give everyone a common philosophical base from which to work. Each person on the planning committee may have very different ideas about a proposed program. The questions listed above (or a similar process) will assist the group in reaching a consensus on both potential programs and philosophies of those programs. The issues that follow will then emanate from the philosophical foundation that has been laid.

Chapter Three

RESIDENTIAL OPTIONS: HOW TO CHOOSE?

The choice of a residential program depends on many factors, both philosophic and pragmatic in nature. While it would be a far simpler process if we could give quick and easy steps for selecting a residential program, it is far more complex than a simple set of criteria. Contained in this chapter are some guidelines for determination of appropriate residential environments and what factors to consider in making those choices.

Some general considerations for examination regardless of the type of living arrangement include:

- ** what are the clients needs and desires- both physical and social? What is their priority for a living arrangement?

- how many clients will live in the home? How will this affect the applicable zoning regulations in the selected township(s)?

- *• what is the desired staff configuration appropriate for the residents?

- *• what funding (both capital and operating) sources have been identified for possible loans, grants, or investments?

- *• what is the role of licensing in the decision made? Funding options and residential alternatives may be limited if licensing is overlooked.

These questions can then be dealt with in detail as each option is debated. Keep in mind that there are many variations possible on the models listed and they are by no means meant to be the only alternatives an agency or individuals should consider. They are, however, the more common types of existing housing, both in New Jersey and across the country.

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Under each model described, five categories of information are provided: the licensing agent (if any), possible funding sources, staff and supervision requirements (if any), the average number of clients that generally live in that type of housing arrangement, and other relevant miscellaneous information.

UNSUPERVISED APARTMENTS

General Description: These are apartments that provide a home for the general population, though they are usually built or modified to make them accessible for people with physical disabilities. Tenants are responsible for all of their own affairs, including financial management, day activities, household maintenance, arrangement of needed services (e.g. personal attendants, transportation, errands, etc.), and all other activities associated with living in the community. There can be an entire apartment complex built or modified for tenants who are physically disabled or apartments within a complex that are used by individuals with physical needs; or they may be part of a public housing complex for low-income or elderly residents.

Licensing Agency: none

Possible Funding Sources: The following divisions indicate the current status of various funding sources:

A. Capital Funds

Federal- The Department of Housing and Urban Development funds housing through Section 202. This is a long-term program for housing for the elderly and handicapped. It comes with an automatic subsidy called Section 8 for rental payments. These subsidies provide affordable housing for individuals who are on limited incomes. Section 8 is set up so that the person residing in a subsidized apartment pays a maximum of 30 percent of his/her income for rent; the remainder of the fair market rent for that apartment is paid for with Section 8 funds. This then allows the non-profit agency sponsoring the housing complex to pay the mortgage owed to

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HUD. HUD is a large bureaucracy with its own administrative system so one must be prepared for dealing with their time lines and procedures. The program has made thousands of housing units available to individuals with disabilities since 1977, however, and still continues to be a vital mechanism for accessing funds for construction.

Other HUD Programs- Loans are also available through Section 202 for Substantial Rehabilitation, which would make remodeling for accessibility possible.

The National Historic Trust Foundation's Inner City Ventures Fund provides limited grants and loans for specific rehabilitation projects for multi-family housing in certified historical districts in the inner city neighborhoods of large metropolitan areas. While limited in scope, it is one alternative that can be investigated for larger cities.

Community Development Block Grants are a final source of federal funds that have been used for the development of housing for persons with disabilities. Though a federal source, they are distributed by local municipalities. Monies can be used for the purchase of land, remodeling, or renovations.

State- In general, the options for capital funding through any state agency would be through the procurement of bond monies for construction.

Local- Local public housing authorities may also provide capital funds. For example, one complex for people with physical disabilities was built in Bergen County in this manner. The concern of local municipalities in meeting their obligations for the Mt. Laurel requirements may be an area where agencies can look for assistance in acquiring land or capital monies. The fact that most townships in New Jersey will be examining this issue in the near future should be considered by organizations looking for assistance in building housing for individuals who are physically disabled. (*see footnote at end of chapter). It has been demonstrated in other states that local municipalities can be helpful in finding needed capital monies. One municipality in Minnesota, for example,

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assisted a non-profit agency by generating income from the local tax base for the construction of an apartment complex for people with disabilities.

Private Financing- The options here are limited only by the creativity and aggressiveness of the agency. Syndication arrangements with private investors, both individual and corporate, are possible; fund-raising through corporate and individual contributions, though time consuming, can generate capital funds; corporations have been known to consider long-term, low interest loans to non-profit agencies for construction purposes. Certainly other options are possible; careful planning and patience are needed to assure some degree of success.

B. Operating Funds

Federal- With the receipt of a HUD 202 reservation for capital construction monies comes an automatic rent subsidy for the tenants who will reside in that apartment complex. This subsidy is called Section 8. The operating expenses (e.g. mortgage payments, maintenance costs) of the apartment complex, then, are covered by the tenants' rent contributions and the Section 8 subsidies provided by HUD. Tenants residing in other apartment complexes (e.g. FmHA- funded homes, Section 221 or 236 low-income housing, or tenants who qualify as low-income and can be certified for Section 8 assistance) may also receive Section 8 subsidies; the complexities of the system will be delineated in Chapter 4.

State- currently none

Private Financing- Some funds obtained through syndications **can** be used for operating expenditures; **the** other suggestions offered under "Capital Funding" could also **apply here**. The rent contributions of individual tenants must also be considered **here** as **well**.

Staff/Supervision Requirements

While there are no requirements per se, there have been several configurations used in various apartment complexes in which the tenancy consisted of adults who **were** physically disabled. Some

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have a full-time manager, similar to most apartment buildings. Some have a live-in manager who is available at all times in case of an emergency. In those situations, each tenant has an emergency call system linked into the resident manager's apartment. In one apartment complex in California, that resident manager also cooked and administered an evening meal program for the tenants. Other staff may be involved in assisting with scheduling personal attendants or chore services for residents. Since there is no licensing agency, the staffing requirements will largely be based on the needs of the tenants.

Average Number of Residents

The average number of tenants is variable; In a complex with tenants who are able-bodied, there may be only a few individuals who will reside in a few adapted apartments. If a complex is built for tenants with physical disabilities, the number of units may range from 4 to over one hundred. (The larger complexes were built in the mid-70's; HUD regulations don't permit these large complexes any more.) In talking to providers from other states who have developed larger apartment complexes, the problems encountered with maintenance and safety indicate that the smaller complexes (under 50 units) are easier to maintain and ensure sufficient safety.

Miscellaneous Information:

From the description given above, it should be clear that the tenants need to be self-directing and capable of managing their personal affairs with no supervision (thus the term "unsupervised" apartments).

SUPPORTIVE LIVING APARTMENTS

General Description: Supportive Living Apartments provide tenants with minimal supervision while giving them some support in their living situation. Under the licensing regulations developed by the Division of Developmental Disabilities, clients are required to receive a minimum of two hours of contact with a staff member

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each week. This time is meant to provide assistance or skills training in particular areas a client may have difficulty with. Normally, the agency providing the staff for the program require more hours of contact on a weekly basis, usually around ten. Tenants are responsible for their own living expenses and household maintenance as well as arranging their own daily schedules. Assistance from staff can consist of help with financial management, cooking lessons, transportation training, community awareness, training in grocery shopping or laundry, or any other specific skill or task a client needs assistance with.

Licensed by: Division of Developmental Disabilities

Possible Funding Sources

A. Capital. **Funding**

Nearly all Supportive Living Apartments, as currently set up in New Jersey, are located within already existing apartment complexes. Tenants are assisted in their transition from their former living situation to the apartment setting. No financial support is currently provided for remodeling an apartment to make it accessible, unless it is done on an individual basis by a particular agency or service organization.

The possibility of building and developing a supportive living apartment program does exist, however, and this option, though not yet exercised could possibly be considered as a viable program. The financing options listed under "Unsupervised Apartments" would apply to Supportive Living Apartments as well.

B. **Operating Funds**

For clients who are residing in a complex or who individually qualify for Section 8 rental assistance, a supportive living apartment program can utilize those funds for mortgage payments. For those who do not qualify for such assistance, the tenants will be responsible for all of their own household expenses. The Division of Developmental Disabilities provides funding for the staff positions needed for this program, as well as funds for

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moving expenses and contingency funds for the payment for rent and other household expenses in the case of financial difficulty for a client.

Other sources of operating funds would be similar to those suggested under "Unsupervised Apartments."

Staff/Supervision Requirements

The staff requirements for a Supportive Living Apartment Program can be those required by the Division of Developmental Disabilities (a minimum of two hours per week of contact with a staff member) or can be augmented by the agency if the need is presented by the tenants. Augmented staff might include skill trainers in specific areas of concern for a tenant, additional personal attendant services, assistance with household chores, etc., RUT the staff are not intended to serve as supervisors of the tenants; they are simply there to provide assistance on an as-needed basis. The name of the model is the clue to the extent of staff involvement: supportive living, rather than supervised living.

Average Number of Clients

The range of clients is similar to that of an unsupervised apartment setting, though the staff requirements may limit the number of clients that can be served in a given program. Most supportive living programs are small, with ten or fewer individuals living together in one complex or nearby-complexes. Staff need to be able to work intimately with individual tenants; smaller programs often allow more consistent and individualized contact.

Miscellaneous Information

To date, Supportive living Apartments have largely been used for ambulatory individuals with mental retardation. Financial allocations for apartment modifications are often slow in coming and limited in amount. Individuals requiring an accessible living space who are not able to work full time to support themselves may find it difficult to participate in a supportive, living program because of a shortage of resources to maintain themselves. Rent subsidies are

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frequently needed and although Section 8 is a valuable resource, it is limited and can be difficult to obtain. Finances, then, as they are currently subsidized, are often the greatest hindrance to effective participation by physically disabled adults.



SUPERVISED APARTMENTS

General Description: Supervised apartments are a small group of apartments, usually within a larger complex, in which tenants live with 24-hour available staff who "reside" on the premises (though they are not "live-in" staff). Clients are generally involved in a day program of some type, whether that be an Adult Activities Center, Vocational Rehabilitation Program, or employment, and receive training in independent living skills as indicated by their Individual Habilitation/Program Plan. Staff are available round-the-clock and assist the clients in learning to live in an apartment environment, with the possibility of helping the client move on to a less restrictive setting, if that is indicated.

Licensed By: Division of Developmental Disabilities

Possible Funding Sources:

A. Capital Funding

Federal- The same revenue sources listed under "Unsupervised Apartments" would be possible sources of capital monies for Supervised Apartments on the federal level.

State- The Division of Developmental Disabilities has not funded the new construction or renovation of an apartment complex for the purpose of providing a Supervised Living Program to date. In general, apartments are found in existing apartment complexes (which may be apartments constructed with HUD monies) or in two-family homes leased by the provider agency, with support from the Division of Developmental Disabilities, and in turn provided to the clients (See Operating Funds Section.) The only other sources of state funds for capital costs would be bond monies.

Private Financing- The same types of financing listed above, under "Unsupervised Apartments" could apply here as well.

B. Operating Funds

Federal- Section 8 subsidies are available in low-income housing projects and qualified applicants could receive these to assist the project in meeting their mortgage expenses.

State- if the Division of Developmental Disabilities licenses the Supervised Apartment Program, it will support the clients and the agency administering the program with operating funds. This would include rental/lease payments, staff salaries, administrative monies, household maintenance funds, and other funds needed for the operation of the program.

Private Financing Options: these are much the same as those listed under previous models. Options are virtually limitless as long as the individual or agency uses common sense, practices integrity, and consults their respective incorporated boards on potential legal issues.

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Staff/Supervision **Requirements:**

As set out in the Licensing Standards for Group Homes and Supervised Apartments (available from the Division of Developmental Disabilities), 24 hour staff is required in a Supervised Apartment program. Staff are not required to live on the premises (in fact, this is discouraged) but are scheduled in shifts to accommodate the needs of the individuals living in the program. There is a minimum staff ratio outlined in the current licensing standards (subject to change) of 1:4, which is further broken down to set out minimum standards for each part of the day. Staff must meet minimum qualifications for employment and are required to participate in training courses offered by the Division of Developmental Disabilities.

Average Number of Clients:

Since there is a requirement for intensive staffing and since clients are given considerable individual attention, these apartment programs generally involve six to eight clients who each live with a roommate (another client) in a one to two bedroom apartment. There are usually 45 apartments available for clients with one apartment available for use by staff. The "staff apartment" may also serve as the office, the training center for particular skills, and the sleeping quarters for overnight staff.

Miscellaneous Information:

Like the Supportive Living Apartments, this program has generally been used by individuals who are ambulatory **and** mentally retarded. The possibility exists for a group of physically disabled clients to live together in such an environment; with modifications, the apartments would be accessible. This option is a viable alternative for clients who would benefit from the support **and** supervision provided by the program.

GROUP HOMES

General Description: This is the most commonly used housing program for individuals with varying disabilities. The term "group

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home" is a generic phrase used to describe a group living situation, with usually 6 to 8 people living together. The State of New Jersey has effectively established over 180 group homes and supervised apartments around the state, mostly for individuals with mental retardation who are ambulatory. In recent years, greater consideration has been given to individuals with mobility impairments. The homes are either built new or are renovated; all are meant to blend in with the surrounding neighborhood and to provide as "homey" an atmosphere as possible. In the last several years, group homes have provided a community living alternative for individuals who may have previously resided in the state's institutions for the developmentally disabled. As those populations decrease and as individuals look for alternatives in the community, group homes will continue to be a popular program.

Licensed by: Division of Developmental Disabilities. (Only one has remained unlicensed)

Possible Funding Sources:

A. Capital Funding

Federal HUD 202 funds have been a popular and vital source of construction monies for group homes. The comments made about this program in previous sections would apply here as well.

FmHA- these funds have also been used in a limited way all over the country as a means of providing group homes in rural areas. Information provided in Chapter 4 would be applicable for group homes, too.

Stale- The Division of Developmental Disabilities provides funds for new construction or for the purchase and renovation of an appropriate single family dwelling (a house meant for one family). Those funds have a maximum limit and are subject to the scrutiny of the state's capital expenditures regulations. The Division of Developmental Disabilities only considers the need for such funds after they have approved the program being proposed by the applicant agency. Once a program has been approved for funding, the Division then looks at where that program will take place and if there is a need for an investment of capital funds. Agencies that

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qualify to receive these funds are then required to license the home through DDD and generally receive operating funds on a continuing basis from DDD (see below). Should the capital expenditures be met by another source, DDD has been known to provide grants for the purchase of furniture or appliances. State bond monies can also be investigated for their availability as construction funds.

Local- Creative financing with local governments (e.g. through a municipality) has also been done in other areas of the country. The recent imposition of the Mt. Laurel decision on communities for low and moderate income housing also has implications for group homes; a proposal for a set of group homes (e.g. a scattered site model) might be considered as a means of meeting a township's Mt. Laurel obligations.

Private Financing Options: Syndication has worked well for financing group homes in other states and could be considered in New Jersey. Parents have banded together to pool resources to finance housing for their disabled children; organizations have done their own fund-raising and corporate courting to generate the funds necessary to build or renovate a group home they felt was needed. Again, the options here are limited only by the imaginations of the individuals involved.

B. Operating Funds

Federal: Section 8 subsidies can be used in group homes as well. The subsidies may not meet all the expenses of the homes or apartments but can be a substantial part of the operating support.

State: Operational funding is available through the RFP process. Contracts are renewed annually for these operating funds. Not all homes licensed by the Division are funded by DDD. This includes the same categories of support delineated under "Supervised Apartments".

Private Financing Options- While this is still the most time-consuming avenue to take, an agency or individual with lots of energy can certainly raise the capital needed to operate a home for individuals with disabilities.

SKILL DEVELOPMENT HOMES AND FAMILY CARE HOMES

General Description: These are terms used by the Division of Developmental Disabilities for homes and families which "sponsor" developmentally disabled individuals as part of the fulfillment of that person's Individual Habilitation or Program Plan. Family Care Home Sponsors can accept up to four individuals into their home; Skill Development Sponsors can provide a home for up to three people. Skill Development Sponsors are expected to provide training for the clients that live with them; this is something required beyond the provisions set out for Family Care Sponsors and is reimbursed by the Division, depending on the level and intensity of training the clients need. Both types of homes are expected to provide a "Home" atmosphere, engaging the clients in activities with the sponsoring family, allowing them use of the entire house, and generally attempting to make sure they have as "normal" a family life as possible. While this type of living arrangement has not been pursued by agencies or organizations, this description is provided to give some information on other options that are available to developmentally disabled adults.

Licensed by: Division of Developmental Disabilities

Possible Funding Sources: All funds for the program are generated by the Division of Developmental Disabilities. Families participating will already have made the capital investment needed to provide the home to be used in the Skill Development or Family Care programs. Reimbursement to the sponsor comes from DDD when the clients are not their own payee; when a client is able to pay for the services they receive, they pay the sponsor directly. Clients are given a minimum allowance every month for their personal needs.

Staff/Supervision Requirements: Staff in this case would mean the sponsor in each program. Participation in a training course is required by DDD; once clients are placed in their homes, sponsors must provide adequate supervision while the client is actually in the home. The regulations are mainly concerned with making sure the

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client is accepted into the daily activities of the family and has the opportunity for a "homelike" environment.

Average Number of Clients: This is prescribed by the applicable licensing requirements. Family Care Homes can have up to four clients living in each one; Skill Development Homes can have up to three clients living in the same home.

ROOMING AND BOARDING HOMES

General Description: There are differentiations made between rooming and boarding homes under the regulations governing them. Rooming Homes provide just that-- rooms, with no personal or financial services offered to the residents; they may also provide meals to the individuals residing there. Boarding Homes, on the other hand, provide more services, including personal (e.g. laundry, assistance with bathing, etc.) and financial services in addition to food service and sleeping quarters. These homes receive financial remuneration for the services they provide from the individuals themselves or the jurisdiction providing for them (e.g. a county social services department).

Licensed by: Department of Community Affairs There are four classes of license, each reflecting the amount of service provided to the residents and each requiring compliance with the regulations set down by DC A.

Possible Funding Sources: As mentioned previously, individuals are responsible for their own payments, either from income or from the agency or jurisdiction which may assist them with the financial responsibility of community living.

Staff/Supervision Requirements: No requirements are delineated in the licensing rules, though reference is made to the minimum qualifications of any employee of the rooming/boarding house and to the presence of "as many employees as may be needed to properly safeguard the health, safety, and welfare of the residents."

Average Number of Residents: This is difficult to determine; while the licensing regulations differentiate between different groupings

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(e.g. 6-10, 11-16, etc.) and reference is made to the fact that as few as two residents in a home paying for room and board services will qualify that home as a boarding home, there is little mentioned about the average number of residents.

Miscellaneous Information: The number of boarding home fires in recent years has made DCA cautious and scrupulous in their licensing activities. Because of the vague definitions in the licensing regulations and the fact that non-ambulatory residents are not allowed to live in a boarding home if they require any medical attention whatsoever, this is probably not the most viable and useful residential option. Careful consideration to the licensing regulations and implications should be given before one considers boarding homes as an alternative.

RESIDENTIAL HEALTH CARE FACILITY

General Description: Residential Health Care Facilities are also called boarding homes for sheltered care. In general, they provide residential services to elderly people, individuals with mental illnesses or mental retardation, and to individuals recently released from hospitals or homes for the mentally ill. There is a rather stringent stipulation that individuals who must use wheelchairs cannot reside in a residential health care facility. Persons with mobility impairments who use assistive devices such as walkers, braces, crutches, or canes are considered eligible for residence in an RCHF.

Licensed by: Department of Health

Possible Funding Sources: The facilities themselves can be funded for capital construction through other health care facility sources. These can be examined in closer detail through the New Jersey Health Care Facility Financing Agency or private sources. The operating funds are provided through the payments made by the residents for shelter and food. This usually comes through their Social Security checks, with a personal allowance set aside for each resident.

Staff/Supervision Requirements: Each facility is required to have a nurse available 24 hours a day- not necessarily on the premises, but

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on-call or able to be reached in case of emergency. Additionally, each resident is to receive at least .20 hours a week of nursing care. Other staff requirements are based on the size of the home. For 24 or fewer residents, active supervision and personal services are to be provided only during waking hours. Inactive supervision is to be provided during the night; this means someone is available, but not necessarily awake. For homes with 24 or more residents, 24 hour active supervision is required, meaning there are staff awake and on duty 24 hours a day. These staff members are required to provide a minimum of one hour of supervision for each resident during a 24 hour period. There are no specific requirements for programming, though the wording of the licensing regulations indicates that such services should be provided. The staff ratios are minimums (BARE minimums) and are covered by a statement that the home should employ sufficient numbers of people to provide the basic care and supervision required.

Average number of residents: Residential Health Care Facilities are of varying sizes; some are quite small and others can house hundreds of people. Most seem to be for an elderly population.

Miscellaneous: Obviously, because of the restrictions placed by the Dept. of Health, the number of non-ambulatory people that can benefit from this type of living arrangement is limited. Since there is an exclusion for any person in a wheelchair, the wide-spread use of this type of facility is precluded.

INTERMEDIATE CARE FACILITY

General Description: ICF/MR-DDs, as they are called, are residential facilities providing needed health care and supervision for individuals with developmental disabilities. The term "ICF-MR" refers to funding for services and the resultant certification. The state institutions have beds certified as ICF-MR beds and meet the requirements for the care required by the certification. Because of the funding stream (Medicaid), there is a cap on the number of ICF-MR beds allowed in the state of New Jersey. Currently, there are only two facilities other than the ICF-certified beds in the state institutions which are certified as ICF-MRs. One is Spectrum for

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Living in Closter, NJ and the other is the Life-Work Program at the Malheny School in Peapack. Because of these restrictions, the opportunity for construction of a new facility or for a change in certification for an existing facility are extremely limited.

Certified By: New Jersey Dept. of Health, with regulations coming from the US Department of Health and Human Services, Health Care Financing Administration (HCFA).

Possible Funding Sources:

A. Capital

State- the state of New Jersey has had, for the past 12 years, an agency called the New Jersey Health Care Facilities Financing Authority, which provides tax-exempt bonds or notes for the construction of health care facilities. ICF-MR/DD programs qualify for these funds and can be acquired for the construction or remodeling of a facility.

Private Financing: Again, many of the options discussed before would be applicable here as well. The monies used for construction of the facility would be differentiated from those required for the operation of the facility.

B. Operating Funds

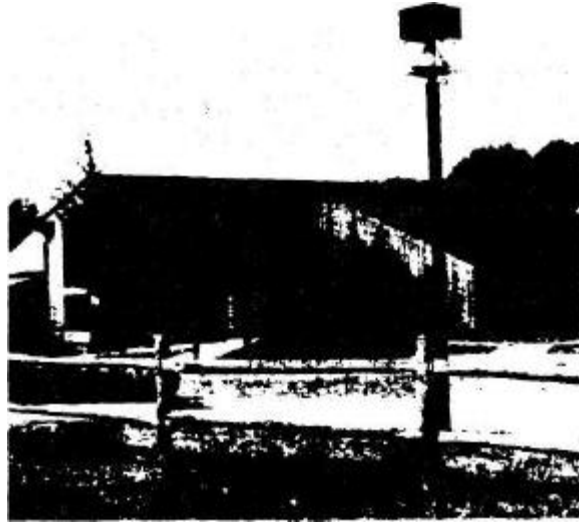
Because of the nature of ICFs, the funding mechanism is fairly well standardized: the federal government pays a percentage share of the cost of services in an ICF-MR through Medicaid and the remaining necessary funding is obtained from state monies. Additional funds for services or program components above and beyond those subsidized through the normal funding streams would most likely come from private sources.

Staff/Supervision Requirements: These are prescribed by the regulations of the Dept. of Health and Human Services and enforced or augmented by the state Dept. of Health. Staff ratios are imposed for each shift (day, evening, night) and are meant to reflect the needs of the clients during those hours. They are also divided into

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categories based on the degree of disability of the clients residing in the facility. Rules for staff training and demonstration of practical skills are also included.

Miscellaneous Information: Many other states in the country have depended heavily on the ICF model to provide community living alternatives; New Jersey has not. This does not imply that this option may become more prominent in the state in the future, but it is to say that a prospective provider agency needs to check carefully on the status of the program and the available services funding to ascertain the feasibility of developing such an alternative.



SKILLED NURSING FACILITY

General Description: Skilled Nursing Facilities are abundant in the state, though there are few that have been developed specifically for physically disabled adults. SNFs are meant to provide intensive nursing care for individuals whose medical condition has stabilized, but who need consistent, 24 hour care in a residential environment. For those individuals, the nursing home may be the only option.

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Since this model is most commonly built for the elderly population, individuals requiring such intensive care usually reside in geriatric facilities. Providing facilities for those individuals with nursing _ needs who are physically disabled is a concern in New Jersey and one that some agencies may wish to address.

Licensed By: Department of Health

Possible Funding Sources:

A. Capital Funds - The New Jersey Health Care Facilities Financing Authority can be considered as a possible source of capital funds for construction of a skilled nursing facility. National nursing home corporations or state organizations may be approached. This would necessarily obligate your agency to the requirements of the national or state corporation. Bond monies from other sources may also be considered (e.g. locally generated bonds) for capital monies. Private Financing as always is an option here as well. This has been utilized and certainly could be repeated. Finding in-terested investors and corporate sponsors can help beyond the construction phase as well.

B. Operating Funds - Medicaid funds are available for homes providing services to individuals meeting income requirements for such Medicaid assistance. Private insurance payments are also potential sources of operating capital; individuals with physical disabilities acquired by accident or in a work-related incident are most likely to have such resources available to them. There may also be potential residents who have the financial means to pay for the services they need directly; a combination of the above resources may need to be considered as well in order to meet the financial needs of the home. Private Funding may also be used to augment the services provided by the home; fund-raising efforts by the sponsoring organization, interested residents, or community members may be needed to provide sufficient resources to maintain quality care.

Staff/Supervision Requirements

Nursing care is available on a 24-hour basis and is under the supervision of a registered nurse and physician(s). The monitoring and

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dispensing of medications is done by nursing staff, though training programs for self-medication have been set up. Additional staff for programming is up to the home itself, but is based on the bed size of the homes. The requirements for recreation, therapy, and counseling are determined by the individual needs of the residents and the home. The focus of the residence is nursing care, though programming beyond that is done on an as-needed basis.

Average Number of Clients- Nursing Homes in general can range from small (under 20 residents) to quite large establishments providing services for over 100 people. The average number is generally between 30 and 50 with wide variations obviously possible. The determination of the number of residents should be based on the needs of those residents and the financial base needed to provide the services those individuals require.

Miscellaneous Information: As mentioned at the beginning of this description, there are few of these facilities available for physically disabled adults. Those individuals requiring medical supervision and nursing care obviously need to live in an environment that will provide them with those services. Concern has been expressed by many individuals that the need for nursing facilities to serve those individuals be carefully researched. It is also important to look at the needs of individuals as they age: will their requirements for nursing care increase with age? Where will they be able to find the services they need? These are questions to be considered as residential options for adults who are physically disabled are discussed.

These descriptions are intended to give a basic overview of the type of homes that are being provided for individuals with physical disabilities in New Jersey and in other parts of the country. More detailed information on each type of home and the requirements needed for establishing them are delineated in the following chapters.

FOOTNOTE: References within this chapter to the "Mt. Laurel" obligations are made to highlight the possibilities of utilizing the Mt. Laurel decision to benefit individuals with physical disabilities. There were two decisions made by the New Jersey Supreme Court

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concerning local municipalities' obligation to provide low and moderate income housing. The first decision, known as "Mt. Laurel I" came down in 1975. It stemmed from a suit brought against the township of Mt. Laurel, which by its zoning regulations, allegedly prevented the construction of low and moderate income housing. A second decision, known as "Mt. Laurel II" (1983) ruled that municipalities must provide their "fair share" of low and moderate income housing. The Council on Affordable Housing has the responsibility of settling housing disputes and of developing criteria for establishing affordable housing in the state's 567 municipalities. It is possible for a township to meet its Mt. Laurel obligations through the provision of housing for individuals with disabilities. One township has donated land for just such a purpose.

Chapter Four

WHERE DOES ONE FIND MONEY???

The five people gathered around the table in their wheelchairs had all been living with their parents for most of their lives. They were now in their twenties and were wondering what kind of permanent home **they would be able** to find once their parents were no longer able to assist with their needs. Some were thinking that they wanted to try **a** more independent life style apart from their family home because that's what most people did in their twenties. While they thought about where they would want to live, they began to also wonder about where they were going to get the money to pay for this. Having been dependent upon their families for their entire lives, they **were unsure** of **what** they would need to live on their own. The thought of moving into an apartment was intriguing and exciting, but they wondered if their SSI checks and money made at the workshop would be enough. Their dreams of independent living became more complicated the more they talked. The largest barrier seemed to be money— where was it going to come from?

In these days of concern about government spending, we know that these individuals are not alone in their concern about funding. It is difficult to secure and maintain adequate funding levels for residential homes. While this guide cannot purport to list every possible funding source or provide panaceas for funding scarcities, the following descriptions **can** serve as a starting point for those types of homes described **in Chapter Three**.

CAPITAL FOR CONSTRUCTION - FEDERAL SOURCES

The Department of Housing and Urban Development, otherwise known as HUD, has been by far the most popular source of capital

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monies for construction or rehabilitation of housing for the disabled. The allotment of funds set aside for the elderly and disabled is called Section 202. Awards are made only to nonprofit agencies possessing tax exempt status from the I.R.S.. The monies given are in the form of a loan which is repaid to HUD over a 40 year mortgage period at an interest rate pegged to the long-term average of federal borrowing. The operational monies needed to pay that mortgage and maintain the facility are derived from Section 8 subsidies (which are automatically supplied by HUD in a Section 202 Project), from tenant rent payments limited to no more than 30 percent of the tenants income, and other funds (e.g. state program monies or private resources). The application and subsequent development process is broken down into several steps and can be summarized as follows:

1. The agency seeking funds must make application for a fund reservation through the HUD regional office (in Newark - see Appendix A.). At this point, land does not have to be selected or purchased for smaller projects (group homes or small apartment complexes), though it may help for larger ones. The application is rather complex and most experienced HUD applicants recommend hiring a competent housing consultant familiar with the HUD process (HUD requires agencies to have housing consultants) who can provide guidance through the necessary steps. The application package itself must be submitted in its entirety according to the deadlines set up by the HUD regional office. Timelines are important to HUD and should be strictly adhered to.
2. Once the application is submitted, HUD will go through the process of deciding which applications will receive fund reservations (which means that HUD will commit funds to that project). A fund reservation note is then sent to those agencies selected. From this point, all the necessary documentation and Activities must be accomplished in a "timely fashion" and meet the deadlines HUD requests.
3. With a fund reservation note in hand, the agency can secure land for the project and solicit designs for the building from an architect. Once those transactions have been completed, a "Conditional Commitment" form is submitted.

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4. HUD then approves and offers conditional commitment for **the** project. Verification of that status then allows the agency to solicit building plans which in turn are submitted to HUD for approval.
5. Only at this point does the agency see money on the horizon for the construction of the building. HUD meets with the agency, after reviewing the documents outlined above, and gives final approval to actually begin construction. This process is called the "initial closing" and entails the transfer of money to the agency so that they can begin building.
6. After the construction is finished, HUD inspects the building to ascertain its compliance with their standards, both in terms of structure and fiscal accountability. Occupancy of the home or apartments can occur at this point.
7. The inspection completed, the agency is now eligible to instigate final closing on the project. This may be two-five years after the initial application is submitted. The remaining outstanding bills will be paid at this point and the project will be considered complete.

HUD has a myriad of minimum requirements with regard to design of the actual building as well as the qualifications of the sponsoring agency. Rather than try to enumerate them here, agencies are encouraged to carefully study the materials published by HUD and heed the advice of their housing/HUD consultant. The requirements range from square footage essentials to agency financial accountability and history. Since fair market rents, as set by HUD, are part of the process to receive Section 8 subsidies and can determine the "buildability" of the project, they are discussed below in the description of Section 8.

Recent budget proposals, rescissions, and deferrals attempted by the administration in Washington could have serious repercussions for Section 202 funds. For Fiscal Year 1987, the program will remain intact and funds will be available, though one cannot count on the availability of funds in future fiscal years. The number of units that will be open for fund reservations will decrease substantially if these administrative or legislative actions are taken. One should carefully research **the** current status of HUD funds for the elderly

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and handicapped in New Jersey and plan accordingly. One should also realize that the HUD process can be time-consuming- patience and flexibility on the provider's part is essential.

The Fanners' Home Administration (FmHA)- Administered by the Department of Agriculture, this program is geared to assisting homes in rural areas. The Community Programs are set up to provide particular funds for water and waste management and Community Facilities, including group homes, skilled nursing facilities, hospitals, etc. The FmHA process is nearly as complex as HUD and in danger of extinction. Familiarity with the following information is recommended to apply for funds for FmHA:

1) FmHA has four basic criteria for determination of eligibility for their funds. First, the agency must be a public or private non-profit agency; second, the proposed project must be located in a rural area (for this program, that would be defined as having a population of less than 20,000); third, the agency must have the legal authority to borrow money and commit themselves to repayment schedules for a loan (as evidenced by their by-laws); and fourth, the agency must not be able to get credit elsewhere at reasonable terms. If the project meets all of those stipulations, it can then begin the application process with FmHA.

2) The first step is the pre-application process. A pre-application package is available from FmHA which delineates the process. The pre-application is filled out and sent to appropriate state agencies, including DCA, for their comments. They have 60 days to comment; DCA must write a letter of approval for the project. Once the comments are received, they are sent along with the pre-application to the FmHA District Office (see Appendix A).

3) The District Office then visits the project's sponsoring agency and the site that is proposed for the project. Their staff then send the pre-application with their recommendations to the state office of FmHA. The state office reviews the documents and indicates how they will proceed (i.e. denied, tabled, or approved) with the application. This information is sent back to the district office.

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4) If the decision to proceed is favorable, the project is asked to enter into agreements with an architect and the state office does an engineering study of the proposed site and project. The engineering report makes a recommendation and only after the state office agrees to the recommendation is an actual application possible.

5) The actual application process is detailed in an Application Conference, which includes the project's attorney, auditor, architect, president or chair of the board of directors, treasurer, and appropriate FmHA staff. All necessary agreements and documentation are presented to those gathered; it is up to the agency applying for funds to submit the appropriate data to FmHA. For projects with a history of less than five years, these documents must be reviewed by the Washington office of FmHA to be considered for funding. For projects with a longer track record, the review process is kept within the state of New Jersey.

6) FmHA reviews the application and documentation presented by the project. If funds are available (see below), a letter of conditions is drawn up as a means of conditional commitment of funds for the project. The project must agree to these conditions and the chair of the board of directors must sign such an agreement. The agreement and application are then sent to the state office for final approval, which must be given within one week. Notice is then made to the appropriate congressional office, which then informs the applicant.

7) Final plans drawn by the project architect must then be approved by the FmHA review process, along with all appropriate permits.

8) The Project must secure interim financing during the construction phase from a local financial institution. Only then can the project actually begin construction.

9) In the final phases of construction, FmHA releases their funds to pay back the financial institution for the interim financing (both principal and interest). The project then acquires a 30 year mortgage at the prevailing rate of interest from FmHA to repay the invested capital.

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FmHA monies have assisted agencies in rural areas build group homes, skilled nursing facilities, and apartment complexes in the past. Because of the current tenuous nature of FmHA funding, it is not clear when and if monies will be available in the future. For example, in fiscal year 1986, no monies were released for FmHA housing; at the closing of the fiscal year, those monies were suddenly allocated and some pending applications were funded. The program has not been funded for FY87, but there is still a possibility monies will be released again at the closing hour and the District offices will be able to provide loans. For the rural areas of the state, this is a funding source to be considered.

STATE MONIES- CAPITAL CONSTRUCTION

Division of Developmental Disabilities- During the deinstitutionalization movement of the seventies and eighties, the (then) Division of Mental Retardation began to review the options for providing residential homes as alternatives in the community. The model they developed was the small group home (6-8 people) and they began looking to develop these models around the state. Supervised apartments were also considered as a modification of the group home model and recently, supportive living apartments have been added to the repertoire, along with skill development homes and foster family care homes. The result has been the availability of monies to construct or renovate homes for people who are developmentally disabled. These monies are available through a bond issue which has been approved by the state legislature and voted on by the public. Monies from this bond issue are then appropriated for community residences. Allocations and decisions on the use of these funds are made by DDD with approval by the Capital Facilities Approval Unit. The procedure for securing monies for program operation funds is outlined as follows:

1. Twice a year, in January and July, the Division of Developmental Disabilities develops RFPs (Request for Proposal) through its regional offices and then sends them out to interested agencies; this means that any agency desiring to enter into a contract with DDD to provide residential services can request and submit an RFP. The RFPs are based on the DDD community waiting lists and

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developmental center depopulation targets. The Regional Offices (of which there are four in the state- Southern, Central, Northern, and Metropolitan) develop client profiles, not of individual clients, but of individuals with similar needs who are on the waiting lists. These profiles include such information as the clients functional ability, physical needs, day program requirements, and the geographical area the client wishes to be located in. These client profiles are then sent to those who are interested in developing a residential program application.

2. Agencies will be asked to respond with their Request for Proposal (RFP)/Letter of Intent (LOI) within four weeks. The LOI will serve the same purpose as the RFP in that the documents indicate the intent of the agency to develop residential services. The Letter of Intent will be judged, not on the precise structure the agency is proposing to develop, but on the ability of the agency to understand and develop a program model for the types of clients the Division is concerned about serving. There will also be an agreement with the agency on the location of the program. The Letter of Intent will be reviewed by the Proposal Review Committee, which includes representatives from the Licensing bureau, Community Services, regional administrative staff, Program Development Unit staff, all of whom meet to decide on the fate of the Letters of Intent that have been submitted. Each LOI can have one of three things happen to it: it can be approved, tabled, or denied. This process will be completed within six weeks of receipt of the LOI.

3. If the LOI is approved, it does not necessarily mean that the program will be funded. DDD is under constraint to place clients depending on the priority list those people are on. Therefore, the approval of an LOI should be seen as an initial application acceptance, pending available funds. When the Division determines the number and types of programs they can fund, they will choose from among the approved LOIs to determine which programs will receive funding.

4. Once the funding has been determined, an agency can then begin the process of providing prior notification to the municipalities involved, begin looking for a house or appropriate site, and start the capital funding process. Once a home or site has been selected,

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final approval must be secured from DDD. Once that approval has been received, individual client profiles are sent to the sponsoring agency and the interviewing process begins.

5. There is a thirty day limit on the client selection process. When the process is completed, DDD informs the individual, parents, and/or the developmental centers of the selections for a particular home.

6. While the house is being built or renovated, the agency and the Program Development Unit will negotiate the final operating contract for the home. This may result in amendments to the Letter of Intent so that the information in the document reflects the actual client group, staff configuration, and program.

7. The Letter of Intent also serves as an application for licensing with the Division of Developmental Disabilities. Once a house is ready for occupancy and the program components are in place, the agency makes sure their LOI is accurate for licensing purposes as well.

The Division of Developmental Disabilities has been able to open and operate over 180 group homes and supervised apartment programs since the late 1970's with the process outlined above (with slight variations). The vast majority of these homes have been remodeled or constructed for individuals who are ambulatory and are mentally retarded. Homes for non-ambulatory individuals have not been as much a priority during the years of the Division of Mental Retardation. Homes for persons who are non-ambulatory have also been required to meet more stringent building code requirements, resulting in added cost. (See Chapter Six on Building Code Issues).

Since the Division became the Division of Developmental Disabilities, serving an expanded population, much more serious consideration has been given to the construction and renovation of homes that will serve people who are not mentally retarded and will include people who are non-ambulatory. It is important, therefore, for potential providers to keep abreast of the current procedure and financial limits for funds from the Division of Developmental Disabilities. As of this writing, those working limits are set at

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\$200,000 for the purchase and renovation of a home and a higher amount for new construction of a home (this includes the price of the land). It should also be pointed out that the capital funding process requires that the builder employed constructing or remodeling a home with capital funds may need to meet some rather stringent bonding requirements. Understanding the various requirements of each agency involved in the process is crucial to the success of the program an agency may intend to develop.

New Jersey Health Care Facilities Financing Agency (NJHCFFA)

The process for accessing funds from the New Jersey Health Care Financing Agency is outlined in the following scenario: The monies available for loans to health care facilities are generated by tax exempt bonds or notes which NJHCFFA issues. The types of facilities generally receiving such loans are hospitals, health maintenance organizations, skilled nursing facilities, psychiatric institutions, and homes for individuals with severe disabilities (such as Intermediate Care Facilities- ICFs).

1. First, an application must be solicited from NJHCFFA. The form will indicate what information is needed to be considered for funds and must be returned to them.
2. After it is received, the application will be reviewed by NJHCFFA to ensure it complies with their requirements. If it is approved by the staff, it is then forwarded to what is called the "standby credit issuer" who reviews the application for consideration and final approval.
3. Pending final approval, an organization may be asked to deliver a letter of credit. The Authority requires that the letter of credit indicate sufficient backing for an amount of money equal to the principal amount of the loan being requested plus one year's interest. All certificates and documentation must meet the time guidelines set up by NJHCFFA, which are strictly enforced.
4. Once an application has been approved for processing by both NJHCFFA and the standby credit issuer, an organization can generally expect to close on their loan within a 30 day period.

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The Authority does impose some restrictions on its Series A loans; they will not lend more than twenty percent of their available funds to a single organization and only 33 percent to a multi-hospital facility. The loans can be for \$200,000 or more and can be made to reimburse an organization for equipment purchases, as long as the request is made within 12 months of the date of the original application. Loans for equipment are provided for a period equal to the useful life of the equipment, but in no instance can they be longer than seven years. According to the regulations, the loan must be re-paid monthly on a level principal basis.

Interest on the loans made to health care facilities is paid monthly, in advance, at a floating rate determined by NJHCFFA. These rates are based on the needs of the program and NJHCFFA. They must also meet the interest payments due on the Authority's notes, certain administrative fees, and the fee for the program's letter of credit. Each organization that participates is also required to absorb the closing costs in addition to paying for a proportionate share of the ongoing program expenses. There is also an origination fee which is equal to 1 percent of the total amount of the loan. This fee is used to defray some of the costs of issuance and pays the Authority's initial fee.

The New Jersey Health Care Facilities Financing Agency has helped health care facilities across the state. They are an extremely valuable source of funding for skilled nursing facilities, intermediate care facilities, hospitals, etc. and should be considered as a possible source of capital monies for these types of homes.

LOCAL FUNDING POSSIBILITIES

The possibilities for local funding depend on the municipality and the agency seeking monies. In a municipality in Minnesota, for example, an agreement **was** reached between a local non-profit organization and a municipal government for creative tax financing for an apartment complex for persons with disabilities. Other townships have helped provide Community Development Block Grants for the purchase of land or the renovation of a building. Under the Mt. Laurel decision, other townships have had the op-

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port unity to meet their Mt. Laurel obligations by assisting organizations seeking to develop housing for low-income individuals with physical disabilities.

As stated earlier, options for local funding depend on the locale and the good will of the township or city officials to work with organizations. Some funding sources (e.g. Community Development Block Grants) are threatened with reductions due to Gramm-Rudman-Hollings and federal budget cuts. A friendly relationship with an influential local official is always an asset when an agency is looking to a municipality for assistance. An agency should research and carefully develop its options in its own locale. The ideas listed here are simply some examples of the possibilities; creative and imaginative financing are vital to a successful utilization of funding sources.

PRIVATE FINANCING

This has been alluded to in the previous chapter and the options here are limitless. The following are some examples that have been employed around the country to provide the needed capital to develop housing for people with disabilities.

Syndication- Housing developed through syndication involves attracting investors to a project so that they can provide the needed capital to build and operate a home. In the past 15-20 years, this financing method has been used to secure low-income housing, provide monies for needed renovations, develop group homes for individuals with developmental disabilities, and provide construction monies for elderly/senior-citizen housing- to name a few.

The basic process is for the non-profit agency to approach a syndicator about the possibility of syndicating a housing project. The syndicator then enters into a contract with the non-profit agency to develop a syndication. The non-profit and the syndicator develop an agreement that can then be "sold" to interested investors. The incentive for investors is the tax benefits they can realize by providing some capital for the syndicated housing program. These investors then provide capital to the non-profit in exchange for part

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or total ownership of the project. Over the course of (usually) seven to twelve years, the investor is able to recoup his/her original investment and realize a substantial tax advantage. The group of investors typically own the actual building while the non-profit organization retains ownership of the land.

Many of the syndication agreements worked out in the early seventies centered around low-income housing that needed renovation or major repairs which could not be covered with existing revenue sources. The tax benefits developed over the course of the fifteen years since that time have proven very beneficial for this type of financing. The current tax reform movement within Congress will threaten this type of financing; investors will no longer reap the tax benefits they could formerly claim, if proposed tax reform legislation is adopted. By 1989, syndication will be difficult to make financially appealing. There are organizations around the country that serve as non-profit syndicators. The National Housing Law Project of Berkeley, CA leads seminars annually which provide instruction on this type of low-income housing financing, detailing how a non-profit can construct a deal to sell to investors. The assistance of a competent and knowledgeable tax lawyer, especially given the tax reform legislation, is highly recommended. The way a syndication deal is constructed and the responsibilities of and benefits for the non-profit organization must be clearly delineated prior to an agreement. Careful attention to these details with the assistance of a tax lawyer make this an option, though less viable than it once was.

Fund Raising - This is a more labor-intensive means of providing the necessary capital monies, but can nevertheless be successful. The options for raising funds are quite extensive: they can include but are not limited to corporate donations, fund-raising events (everything from formal banquets to wrestling matches), individual donations, and in-kind donations (e.g. building supplies, furniture, land, appliances, etc.). The means by which an agency does its fund raising can lend credibility to the organization and amplify the cause they represent. Publicity of events and major donations can help to further the campaign and assist in its success.

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Cooperatives, Condominiums, Private Ownership- The rapid development of cooperative housing and condominiums has been a phenomenon all over the country. The cost of such housing has often been far in excess of the income of most persons with disabilities. There are now a few organizations in the country that are developing financial options by which a person with disabilities can own their own condominium or cooperative apartment. Parent groups in Massachusetts, for example, have purchased condominiums with a planned transfer of ownership to their adult children with disabilities. An organization in New Hampshire specializes in developing housing that provides a maximum of community integration and financial solvency with a minimum commitment of financial resources. Creative administration and management of both finances and housing real estate are ways that condominiums, cooperatives, and other types of private housing can be more available to people with disabilities.

Obviously, not every source of private funds can be described here. The possibilities for creative sources of monies for the construction of homes for people with physical disabilities are limited only by the creativity and imagination of those attempting to raise the money. The need for a secured source of operating funds is essential to the success of the program. Those sources are outlined below.

OPERATING FUNDS- FEDERAL SOURCES

Section 8- Provided as part of a HUD 202 package, Section 8 funds provide rental subsidies to individuals who reside in a home funded with 202 monies. Those individuals must meet HUD's income criteria. The Fair Market Rents for those apartments are set by HUD, based on the market rents for similar apartments in the vicinity. The individual receiving the subsidy pays a maximum of 30 percent of his/her income towards the rent and HUD pays the remaining amount. This money is then used to provide the capital for mortgage payments for the home or apartments and some maintenance/operating expenses.

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It must be kept in mind that Section 8 subsidies are automatically available with a Section 202 loan for construction. The individuals residing in that housing development then must meet HUD's income guidelines and provide justification for their need for an accessible apartment.

Section 8 subsidies are often supplemented with other monies from sources outside of the federal government in order to provide sufficient staff and maintenance monies to maintain the building and program. HUD will allow minimal allocations for an apartment manager or supervisor. The design of the building needs to be considered to allow sufficient space for such staff if they are deemed necessary (see Chapter Six).

Medicaid- For Intermediate Care Facilities and Skilled Nursing Facilities, Medicaid dollars are used to provide needed health/medical services to individuals qualifying for such care. The actual funding streams differ for ICFs and SNFs, though Medicaid is the originating source for each. The monies are handled and allocated through the Division of Medical Assistance and Health Services, and the Division of Developmental Disabilities (which handles the Medicaid Community Care Waiver). The Community Care Waiver provides funding for community services with Medicaid dollars for clients of the Division of Developmental Disabilities.

In both ICFs and SNFs, Medicaid monies are used for services. The Medicaid payment is matched by the state of New Jersey, approximately 50/50. For SNFs, the monies are negotiated annually, using the Department of Health's C.A.R.E. computerized rating system and the budget submitted to the Division of Medical Assistance by the facility. The SNFs providing services to individuals with physical disabilities are called Special Programs and qualify for this negotiated rate. The rate negotiated is based on actual costs incurred by the facility and the projections for the need for service for the ensuing year.

Intermediate Care Facilities receive the same breakdown in service funding: approximately fifty percent is provided by Medicaid and the remainder is matched by the state. Medicaid monies designated

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for ICFs are funneled through the Division of Developmental Disabilities, which also handles the state's matching payment. Rates of reimbursement are set by the Rate Setting Division of the Department of Human Services (of which DDD is one division). The rate to be used for reimbursement is based on cost reports for Inc previous year and negotiations for other costs to be incurred in the coming year. The negotiations are meant to provide a reimbursement rate for upcoming years. The ICF homes receive one reimbursement check, combining both the Medicaid and state monies.

SSI- Clients receiving Supplemental Security Income (SSI) may be required to assist in the payment of their room and board in certain facilities in New Jersey. Clients in Skill Development Homes and Supportive Living Apartments, for example, pay a portion of their SSI income to the sponsor or landlord for the services they receive if they are their own payee. If the person is not his/her own payee, DDD pays the sponsors in most cases. The client's SSI is then collected against maintenance, including room and board. While this cannot be considered as a source of payment for all services provided, it indirectly serves as a means of meeting some of the costs of operating a home. It is also a common form of tenants' funds in Section 8 housing.

OPERATING FUNDS- STATE SOURCES

Division of Developmental Disabilities- This was mentioned in an earlier description of DDD as a source of capital funds; there was reference made to the need for negotiating a contract for operating expenses. The Division provides funds for the yearly operation of group homes, supervised apartments, family care homes, supportive living apartments, and skill development homes. These funds are negotiated annually; all costs are reimburseable and negotiable expenses. The funding of a program is currently tied to the licensure of the program, though there are programs which are licensed but not funded by DDD. A supportive living program, for example, does not receive monies for paying apartment rents or food/household maintenance expenses. The reimbursement allowed is for the staff time spent providing training or follow-up ser-

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vices, deposits on apartments, moving expenses, and an emergency fund to provide living expenses in case a client loses a job or is otherwise unable to work. A group home, on the other hand, will be entirely funded for the clients living there, including providing for the cost of the house, food, household maintenance, and staff. A supervised apartment program is treated much the same way as a group home and the funding base is similarly derived.

Agencies can supplement the funding provided by DDD if the need for that is apparent. As described above, clients in Skill Development and Family Care Homes may contribute to the cost of their room and board through their SSI or SSA funds, which may be supplemented by the Division for what is called the "skill rate." This supplies funds for the sponsor to develop and provide additional training and supervision for clients in their care.

A contract with the Division for operating expenses is renewed annually and can be revoked if the Division proves that the agency has repeatedly failed to meet up to the standards of the Division (including licensing) and is threatening the safety or well-being of the clients residing in that program.

PRIVATE SOURCES- While it is possible to supplement the operating budget of a home with funds raised through private contributions (whether through corporate or individual donations or fund-raising) it would be difficult to support a home entirely through private dollars. Prospective residents can be expected to contribute to the cost of their room and board (where applicable) with their SSI income or other income they may generate or receive. Beyond that, though, a provider may need to look at private sources of supplemental funding to maintain a quality program.

The current political climate for many sources of government funding, particularly on the federal level, is less than favorable for the continued funding of what have been significant sources of monies for homes for people with physical disabilities. Additionally, there are several proposals before each house of Congress proposing changes in the funding of ICF-MR facilities, working towards a

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gradual decline in the numbers of large ICFs and favoring smaller facilities. The progress of these bills needs to be monitored closely to determine the effects they will have on homes for people with disabilities in New Jersey.

Chapter Five

REMODELING OR BUILDING ANEW?

It is a rare occurrence for an agency to find a house or set of apartments that are totally accessible and ready to move into- how we wish that it were so! Given **that** reality, one needs to look at how best to go about acquiring the necessary building for the type of housing being developed. The initial question is one of deciding whether to build a new home or remodel an existing building into a home for people with physical disabilities. There are several issues involved in this question and this chapter will seek to address some of these questions and will provide guidelines to enable a provider to make a knowledgeable decision.



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To date, in New Jersey, very few homes or apartments have been remodeled for adults with physical disabilities. Most of the group homes, apartment buildings or larger homes have been constructed from the ground up. The frame of reference in this manual, then, is based on the experiences of organizations in other parts of the country that have done extensive remodeling and renovations. The experience in building new homes- whether they be congregate living facilities or apartments- is also somewhat limited, though the numbers increase yearly. The practical applications other agencies have made in other areas of the country will be highlighted here in hopes their experiences will prove useful to others.

The importance and necessity of engaging a competent and concerned architect to assist the prospective provider in determining the type of design and code compliance needed cannot be understated. The agency should interview several architects to determine personal philosophies with regard to housing for people with disabilities. Once an architect is engaged, there are several considerations to be made so that an informed decision can be made about the type of construction the agency will pursue.

The following checklist and the interpretations provided will hopefully assist in the decision about whether to build a new home or remodel an already existing structure.

.....Can the residents be reasonably accommodated in a single family dwelling or commercial apartments, perhaps with modifications, or do their needs require a unique design for living space that will not likely be available on the commercial housing market? How many people will be living in the home? Is it a reasonable expectation to find an appropriate house in the community for that number of people?

..... Is there a limit on (he amount of money a funding source is willing to commit to the rehabilitation of an existing dwelling? Will that restriction (if any) limit the options for remodeling?

----- What square footage is needed to meet the needs of the residents? What design configurations would be optimal for clients in wheelchairs? Are those requirements likely to be met by a house on the commercial market?

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--- What office space or other staff quarters will be needed? What space is necessary for the storage of records and equipment?

If the possibility of renovating a house or other building exists, an agency should begin to look at actual houses/apartments in the area to see what is available. There are several considerations to be made in looking at each type of home, apartment or a "house" (meaning a single family dwelling). The following guidelines and suggestions are meant to assist the agency actually looking at apartments or houses to buy/lease and renovate.

FOR APARTMENTS:

1. It is generally accepted that tenants should have their own bedroom whenever possible; thus, if two residents are going to live together and one or both are physically disabled, the bedrooms and all living spaces must be accessible. There are several guidebooks and checklists available (see Bibliography for some samples of particularly helpful guides) to assist in determining whether or not there is sufficient floor space for a wheelchair to turn, enter a room, or access needed living spaces. Removing cabinets under sinks, installing grab bars, widening doorways, installing ramps, moving electrical outlets or light switches, remodeling a bathroom or kitchen to make fixtures and appliances barrier-free, and assessing the fire safety of an apartment and the building it is in are ALL areas that need to be considered. Additionally, checking to make sure laundry and recreation facilities, parking garages, trash chutes, dumpsters, and mailboxes are also accessible is also important. A thorough investigation of the apartment, willingness of the landlord to accommodate the needs of any tenants with disabilities, and the aesthetic nature of the environment are key issues to be evaluated before a decision on a particular apartment is made. The space and design considerations are many in number; please refer to the resources listed in the Appendix to ensure due consideration is given to every aspect of the apartment.

2. For financial reasons, it is important to check into public housing options in the community to see if apartments are minimally accessible or could be adapted for use by a resident with a disability. While there are many regulations on the accessibility of a public

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housing complex, they do not always accommodate the needs of every individual with physical disabilities.

3. Ensuring access to local amenities and transportation is a critical piece of the evaluation process. Is the parking lot accessible? Are there spaces set aside for individuals with handicapped parking permits? Is public transportation available to and from these apartments (if it is available at all)? What local amenities are accessible from the apartment? Is it possible to get to a grocery store, pharmacy, clothing or department store, bank, church or synagogue, medical services, and a convenience store from the apartment without assistance or with minimal assistance?

4. What is the environment and neighborhood like? Is it known as a "rough area" or is it a section of town where there is a high crime rate? Would you want to live there? Have the prospective tenants been consulted about their desire to live in that particular area or apartment? Their input can prove valuable in making such a determination; it is impossible to presuppose a person's opinion of his/her potential home.

5. Will it be structurally and financially feasible to remodel the apartment(s)? What are the estimates of the cost of remodeling each apartment?

6. How will a personal service attendant or homemaker aide be accommodated in the apartment(s)? Is there sufficient space available for them to adequately perform their job?

Apartments that have been remodeled in Albany, New York, for example, are minimally accessible at the outset, located in a public housing complex for senior citizens. Some rearrangement of kitchen space has been made so that the clients can prepare their own meals and assist with household maintenance. For clients who depend on a homemaker/chore aide, the accessibility needs are not as crucial in areas such as the kitchen and closets. This would be true for clients in other situations as well. If their disabilities prevent them from doing some of the household chores themselves, the concern for accessible cabinet space or appliances is not as much a consideration as it would be for clients who are able to do these

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tasks on their own. The complex in Albany is located near the downtown area and the services provided for the tenants who are elderly are available to the tenants who are disabled as well. This includes scheduled van transportation to different areas of the city and complex-sponsored shopping trips. Additionally, the clients with disabilities have the staff support needed (it is a supervised apartment program) to enable them to have any assistance they may need to access other community resources.

The possibilities for remodeling an apartment or set of apartments are manifold- if the needs of the residents can be met in that environment. That assessment is one that will need to be made before an agency decides to pursue the renovation of an apartment or group of apartments.

FOR HOUSES:

1. In general, a house being remodeled for individuals with physical disabilities should be on one level; bedrooms should be designed so that a means of egress to the outside can be installed. A home with three or four bedrooms for three or four individuals is the best scenario. Currently, most state and federal housing policies (including DDD and HUD) favor bedrooms being shared by two individuals to use the available space in the most cost effective manner possible. While the concern for cost is justified, it is considered by many providers and consumers to be more conducive to independent living and positive peer relationships for individuals to have their own bedroom. In either case, it is recommended that a home that is being considered for renovations for accessibility be a minimum of 3000 square feet in size, all on one floor.
2. Considerations for accessibility are much the same as those listed under Apartments, though there may be others as well: access to a garage, front or back yard, recreation room, and laundry room are some of the other areas to be assessed for accessibility.
3. Again, if the residents of the home will require personal service attendants or assistance with household maintenance, the need for total accessibility is reduced; ensuring access to areas critical to

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those residents' daily living is necessary and should not be minimized, however.

4. Financial aspects of the renovations may be the critical issue in looking at a particular home. Because of the requirements of the Building codes, it may be necessary to do more than simply make the home "barrier-free". Because people who are non-ambulatory will be living in the home, other features may be required, (see Chapter Six for more details). These features may add greatly to the cost of renovations. A competent architect and construction contractor can assist in the evaluation of the cost factor.

5. Access to local amenities is always a consideration. The need for clients to be able to interact in the community is crucial and the agency needs to consider carefully what access those clients will have from the particular home being considered for remodeling. Transportation will also be an issue; if the home can have a van at its disposal, that is immensely helpful public or paratransit services must be available otherwise. (Paratransit services are public transportation services provided on a limited basis to individuals who are elderly or disabled. Generally, they are organized on a local basis- a county or municipality- and are available to the residents of that jurisdiction).

6. Consideration of the neighborhood and the neighbors is especially important when one is looking at purchasing and renovating a single family dwelling. The law requires prior notification of the local community for homes being funded through DDD. This process can serve a dual purpose of providing a public forum for the community and for the organization to assess the climate of reaction in the neighborhood. The issue of community opposition will likely remain, (see Chapter Ten for more details on this issue). While it should not preclude an agency from purchasing a particular piece of property, it should be considered nevertheless.

There are several books and articles in the popular press and through government-related entities on making houses accessible. Many appliance manufacturers publish brochures aimed at attracting an audience with disabilities. The Bibliography at the back of this manual is divided into categories; under "Construction/Remodeling" there are several resources highlighted that can

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give much more detailed information on the types of renovations that can and should be done as well as specific information on the square footage requirements, turning radii, and design layout recommended for both apartments and single family dwellings. It is highly recommended that these resources be consulted in accordance with the architect's needs to facilitate a knowledgeable and workable plan for renovating a home.

Renovating a house or apartment is not always a viable alternative. If this is the case, the agency may then need to consider how best to design a new home to meet the needs of the clients who will reside there. Once that decision is made, the process begins anew to develop a home consistent with the philosophy of the organization and with the needs of the clients. This is not an easy task; many hours of work and architectural consultation go into the design of a home for people with disabilities. Many architects and building officials have not dealt with the issues surrounding the development of housing for people who are physically disabled before; this experience then will hopefully be an educational process for all involved and the final product a model of accessible housing.

The philosophy statement of the organization should serve as the guiding force in the decisions made about the design of the housing to be built. For example, if the agency feels that office space for staff is an intrusion into the living space of the clients and not a "normal" thing to have, then their design should reflect that, perhaps adding an extra closet somewhere for the storage of records and supplies. Or if the organization requires live-in staff, obviously the design of the home will have to accommodate that need. The agency must give priority to the needs of both clients and staff and be able to verbalize those needs to an architect so that they can be incorporated into the design from the beginning. Some general priorities that should be determined by the time an architect is consulted include

- the number of clients that will live in a bedroom
- the size of bedrooms needed
- the size of the bathroom needed and the type of appliances desired (e.g. a bathtub versus a shower, "handicap" sinks versus

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normal size sinks, type of toilet needed, choice of floor covering)

— **the basic design of the kitchen (L-shape, U-shape, linear, two sided, etc.) and the appliances needed as well as their placement.**

— **the floor coverings (see suggestions of other providers in section below) and wall coverings**

— **the placement of outlets and switches**

— **the installation and placement of an emergency alert system**

— **recreation areas- their size and design**

— **laundry room(s)- location and size**

— **living room- size and placement in house or apartments**

— **garage and driveway- accessibility**

— **other features deemed pertinent to the facility- i.e. a Jacuzzi or whirlpool bath**

Once there is a basic framework from which to develop a design, it may be beneficial to make several site visits to view the innovations and modifications made by other providers around the state and country. These agencies have had the experience of developing and operating homes for people with disabilities and their suggestions are offered as practical recommendation*.

The design suggestions and finishing materials in this section are categorized into the rooms they would affect in the residence. When there are specific considerations unique to a group home or apartment, those are noted- Further information can be found in the Bibliography at the back of this manual.

BATHROOM

— **Roll-in showers are recommended over tubs, with a slanted floor to keep the water from wandering into the rest of the home.**

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— Though there are sinks specifically designed for individuals with disabilities, most people would not recommend the use of these "handicapped sinks". A regular size sink seems to work better, with the open space under the sink allowing access in a wheelchair.

— Several agencies have recommended that grab bars be installed after an individual takes residence so that they can be installed with his/her needs for support in mind.

— A mirror mounted above the sink should be one that can be tilted and should be mounted so that the bottom of the mirror is no more than 40 inches from the floor.

— If a medicine cabinet is to be installed, it has been suggested that it be mounted in or on a blank wall and not above the sink. The individual does not have to reach over a sink to use the cabinet.

— An interesting design feature noted in an apartment complex in New York was the installation of a small closet inside the bathroom for storage of personal articles and bath supplies.

— The most frequently recommended floor finish is tile because it is easy to clean and wears well.

— In group homes, there seems to be a preference for the bathroom being placed down the hall, which is typical in most single family dwellings. The idea of two bedrooms sharing a bathroom that separates them does not seem to be as appropriate a design.

— An emergency pull-cord system connected to a main office, resident manager, or local emergency service is often installed to provide a ready-source of assistance in emergency situations.

KITCHENS

— For appliances, a self-defrosting, side-by-side refrigerator is often recommended because of the ease of access and maintenance for people in wheelchairs. A countertop stove is also recommended, with controls mounted at the front so that a person does not have to reach over a burner to use them. A wall-mounted oven,

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mounted at a lower height for greater accessibility, is also recommended; a side-opening oven is also preferred. Many clients also find a microwave to be particularly useful for their cooking needs. Placed on a counter, it is quite accessible and easy to use. Dishwashers are also very helpful and highly recommended.

— Counters and cabinets lowered to 30 inches above the floor with a clear space under at least part of the counter area makes the kitchen work area accessible. A clear space under the sink, with hot water pipes insulated to prevent injury is also vital to a tenant's ability to use the kitchen. Also useful is a pull-out tray which can be used as work space.

— Pull-out shelves from a cabinet provide easier access to kitchen utensils and foodstuffs. Many different examples of this have been used in apartments and group homes around the country. A small pantry is also helpful. One popular design is to have shelves in the door of the pantry and pull-out shelves in the cabinet.

— Switches to a garbage disposal or lights, mounted on the edge or side of a counter make it much simpler for a person to make full use of their kitchen.

— A roll-in pantry/closet has also been used in several designs and proven quite useful. This idea may be utilized more in a group home, where larger amounts of food need to be stored.

BEDROOMS

— Though it seems to be a popular design, there are mixed feelings about having a sink in the bedroom of a group home or apartment. Many people feel this adds an institutional air to the home.

— The closet must be accessible and can be designed with a lowered clothes rod and loop handles at least $\frac{1}{4}$ inches by 4 inches. Lowered shelves in the closet also allow a person seated in a wheel chair to reach things in their closet.

— An emergency system in the bedroom, hooked into a central office or local emergency services **may** provide security for both tenants and management.

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— Carpet is by far the best choice for floor covering in bedrooms; it should be an easy-care fabric with no more than 1/2 inch thickness and no shag or pile styles.

— Wall protection in the bedrooms is usually not a major problem, though some homes have used heavy-duty vinyl wallpaper or carpet 3 ft. up the walls to protect the surfaces from damage by power wheelchairs.

LIVING/DINING AREA

— These areas are not generally problem areas in a home for people with disabilities. One major consideration is allowing enough space for the individual to have furniture as well as some maneuvering space. This is easy to accomplish in the initial planning and design stage- simply allow enough square footage to provide that access.

— Carpet is considered the best floor covering here as well. The same recommendations made for bedrooms would apply to the living/dining area.

— If a wall or window air conditioner is installed in the living area, it can be mounted just above the floor or in the window no higher than 30 inches from the floor so that a person seated in a chair can operate the controls. Windows should be mounted at a reachable height for someone in a wheelchair and all latches and levers should be at a height not to exceed 48 inches above the floor.

LAUNDRY FACILITIES

— Front loading washers and dryers are the best type of laundry appliances to use. They are very expensive and can require a lot of maintenance, however. Some apartment complexes have been able to lease the machines through a commercial vendor and then avoid the maintenance and upkeep necessary to keep the machines operating. Other homes have used top-loading washers, with adaptive devices added to the controls and handles that allow clients to use them. These are less expensive and therefore easier to acquire. For front-loading dryers and washers, some homes have built platforms to raise those appliances to a level where they are more accessible to a person in a wheelchair.

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— In commercial apartments where people with physical disabilities may be living, access to the laundry facilities needs to be carefully planned to ensure the client the ability to do laundry.

CORRIDORS

— In group homes, health care facilities, and in corridors between apartments, some wall covering or guards are recommended. One frequently cited suggestion is to install carpet on the walls, up to three feet from the floor. For heavily traveled areas, putting hardboard behind the carpet will ensure that no damage will be done to the wall itself. Other suggestions have included installing hardwood "bumpers" at the hub height of wheels on wheelchairs, putting wood paneling on the first three feet of wall from the floor, using heavy-duty vinyl wallpaper on the walls, installing acrylic sheets up two or three feet on the lower part of the wall, or using regular wall board and painting the walls as needed (usually OFTEN!).

— For group homes housing individuals with physical disabilities, intermediate care facilities, or skilled nursing facilities, the home may be required to have 8 foot corridors; aesthetically, this is not optimal. Creative use of the required space will be a challenge to the architect and clients.

— in homes not required to have 8 foot corridors, there should nevertheless be sufficient space allowed for individuals to turn and enter rooms off of that corridor. The optimal size is 6 feet, to allow for the passage of two wheelchairs in the hall at the same time, but five feet is sufficient to allow access.

DOORS/ENTRYWAYS

— A minimum of 32 inches is required by most barrier-free building codes, but consumers and provider agencies as well recommend a minimum of 36 inches to assure access by people in all types of wheelchairs.

— Kickplates on the bottom of the doors are needed to ensure the door of some longevity. These can be constructed of various materials, but vinyl/acrylic guards are often more colorful than

metal ones. Such guards can also be installed on the edges of the door frame to protect them.

— Door latches should be the lever type, which can be used more easily by the individual who has difficulty with their upper extremities.

— Doorbells and peep holes should be set at 42 inches from the floor so that they can be reached by someone seated in a chair.

— An extra loop handle can also be installed on the door to give the tenant greater leverage in closing a door that does not have an automatic door closer.

CONTROLS

— In general, controls such as light switches, electrical outlets, drapery cords, thermostats, fire alarms, and ventilation levers which are intended to be operated by the occupant should be no more than 48 inches above the floor. It is recommended that electrical outlets be located no lower than 18 inches above the floor. This allows the individual greater independence in their environment.

Obviously, the individual needs of the clients residing in a particular home will take precedence over any suggestions offered here. The tenants' needs must be kept uppermost in the minds of the designers; of concern, too, is the ability to maintain the built environment in a safe and reasonable manner over the course of several years. These factors should be the prime considerations as a design is planned.

Chapter Six

BUILDING CODE AND CONSTRUCTION ISSUES

To ensure the renovations or construction of a home will comply with the New Jersey Uniform Construction Code and that the home will receive a Certificate of Occupancy, any remodeling or construction must meet the approval of a local construction official. Nearly every municipality in the state has a local building code official; the communities which do not have these officials and therefore fall under the jurisdiction of the Department of Community Affairs are listed in Appendix B.

The Department of Community Affairs is the state agency charged **with the enforcement of the state's** Uniform Construction Code. **They also provide Interpretations on building code issues that may be unclear or require clarification. One such interpretation is called Binding Interpretation Number 12, which was developed by the Department of Community Affairs and the Division of Developmental Disabilities. This interpretation gives DDD the authority to license homes for people with developmental disabilities within certain use groups, meeting certain life safety standards. In order to understand some of the issues surrounding the Building Codes, the following information on use groups and their divisions that apply to homes for people with disabilities is provided:**

I- stands for "institution" and refers to facilities providing health or supervised care. The definition used in the BOCA Code, ninth edition is "all buildings and structures, or parts thereof, shall be classified in Use Group I in which people suffering from physical limitations because of health or age are harbored for medical or other care or treatment, or in which people are detained for penal or correction purposes, or in which the liberty of inmates is

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restricted." The I-use group is divided into several categories; those that apply to homes for people with disabilities are I-1 and 1-2.

1-1 is a use group for group homes housing six or more people who, "...because of age, mental disability, or other reasons, must live in a supervised environment *but who are physically capable of responding to an emergency situation without personal assistance.*" (emphasis added) This use group is clearly meant for individuals who are ambulatory or who are capable of making an independent transfer and wheel themselves to safety. For those who are not able to do those things, the following use group would apply:

1-2 is a use group used for medical, surgical, psychiatric, nursing, or custodial care on a 24 hour basis. Six or more individuals who are "not capable of self-preservation" living together must be housed in a building built to the 1-2 Use Group requirements. The 1-2 Use group is used for hospitals, nursing homes, intermediate care facilities, skilled nursing facilities, mental hospitals, and detoxification units. Group homes for six or more people who are non-ambulatory and need assistance in evacuating a building must also meet these requirements.

The "R" Use group is designated for "all buildings and structures ...in which families or households live, or in which sleeping accommodations are provided for individuals with or without dining facilities, excluding those that are classified as institutional buildings." This use group, too, is divided into separate classifications; two of these classifications can apply to homes for people with disabilities.

Use group R-2 includes all multiple family dwellings which have more than two units (e.g. apartment complexes) as well as all dormitories, boarding houses, and similar buildings for shelter and sleeping accommodations where the occupants are not transient.

Use group R-3 encompasses all one or two family dwelling units, including not more than five lodgers or boarders living with that family. Many homes purchased and renovated for individuals with developmental disabilities who are ambulatory have been single family homes that fall into the R-3 Use groups.

Building Code and Construction Issues

Each use group carries with it certain stipulations for construction or remodeling in order to assure compliance with the Building Code. The more stringent requirements are found in the I Use Groups, most specifically the 1-2 Use Group. Any group home housing six or more people who are not capable of self-preservation will be required to meet the 1-2 specifications. The need for a competent architect to assist the agency in interpreting the codes and the implications they have for the design of a home is essential. The Binding Interpretation between DDD and DCA assures DCA that homes receiving DDD funds will meet this requirement along with other requirements for individuals who are ambulatory.

For homes financed or authorized by other jurisdictions, the building code requirements will still apply, though the use-group classifications have differed. Part of the confusion lies in the fact that there are over 500 local building code officials who have jurisdiction in their own municipalities. Their interpretations differ from place to place and while DCA attempts to maintain uniformity through bulletins and interpretations, there are still many issues that will receive differing judgements in different locales. It is imperative that the agency work closely with the building official to understand what will be required of them in order to assure the home of a Certificate of Occupancy.

There are a few communities in the state which do not have local building code officials. Those municipalities fall under the jurisdiction of DCA in that case and must have their plans and construction overseen by an official of DCA. Those communities are listed in the Appendix.

The Department of Community Affairs has state-wide responsibility for the enforcement of the Uniform Construction Code and therefore has authority over a local building official. However, for most organizations, the local building official is the person with whom the agency will need to confer, unless further interpretation on a specific building issue is required.

It may also prove judicious for an agency to consult their insurance carrier on any requirements they may have for a new or remodeled building. There have been instances where an insurance company

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has refused to provide coverage if the home did not have a sprinkler system. There may be other requirements a particular company may insist upon before issuing a policy or adding a home to the agency's existing policy.

Particular attention is paid here to the specifications of the 1-2 Use Group. This is because several problems have been encountered by agencies building homes, which were required to meet the 1-2 requirements, with DDD capital grants. The experiences of several agencies are offered here to give some guidance to other potential providers who may be building homes with monies from DDD and who may be required to meet the 1-2 requirements. The BOCA code is written with the intent of providing the greatest amount of safety in buildings used by various groups. For the 1-2 Use group, those groups include people who are not capable of evacuating from a building on their own accord. In order to ensure the safety of those individuals, the code provides some "trade-offs" in building design and construction which can be used to offset hazards. In the Code, one notes that there are exceptions to many requirements and allowances for certain features if others are provided in their place. This is where a competent architect can be an invaluable asset. The illustrations cited here are examples of possible options; many other scenarios exist and may be utilized if an architect familiar with the Codes can design a home incorporating different trade-offs.

One of the most useful trade-offs is installing a sprinkler system. Once that is in the plans, it is no longer necessary to have automatic door closers, the fire ratings needed for walls and doors become less restrictive, and there are alternate egress (exit) possibilities. The advances in sprinkler safety and the shortened response time of the sprinkler system indicate that many more trade-offs may be possible as the technology advances and becomes available to the public. The continued monitoring of such advances in Fire safety may prove helpful to potential providers in the future.

Another home has been designed so that there are no corridors. This eliminates the institutional look of the eight foot corridors required by the Code and has also meant that the living area did not have to be sprinklered. The need for a second means of egress to

the outside was not eliminated from the requirements, however, and each bedroom has a door to the outside.

Many people find some of the requirements of the 1-2 Use Group distract from the fact that homes are *where people* live. This is a well-voiced concern, but unfortunately, one which the building codes do not currently address. Because the 1-2 Use Group is meant for facilities such as hospitals and nursing homes, features such as red and white lighted exit signs over the doors are still required, as are certain fixtures and design characteristics that would not be found in a regular single family dwelling. While there is a great desire to change some of these limitations, there is greater difficulty in effecting such change. Because New Jersey adopts the codes as they are developed on a national level, it takes a national code change to provide any alternatives. At this point, the only national code amendments made on behalf of people who are developmentally disabled have been those for the 1-1 use group. Because the 1-2 requirements are integrally tied to health care facilities, it becomes more difficult to effect change for the advantage of one particular group of people.

With that in mind, prospective providers along with their consultants are encouraged to study carefully the effects a design will have on the environment created for the people who will live there. It is also strongly suggested that a careful study of the building code requirements be undertaken, again with an architect, to determine what trade-offs, if any, a provider can employ in the home they are building.

For providers with funding from a source other than DDD, the concerns with building codes do not suddenly disappear. However, those providers may have more flexibility within a Use-group classification. The Building Code official always has the final say, but may be an ally in developing the most enabling environment for the people who will live there. A good working relationship is of great importance and should be developed in the course of the planning and building so that there are as few surprises as possible.

Chapter Seven

LICENSING ISSUES

Chapter Three of this manual reviewed the different types of homes that can be developed for individuals with physical disabilities and included the name of the licensing agent for each home. The licensing standards for the different types of homes reflect the need for monitoring of safety and quality of care of individuals who reside in those homes. Other types of homes, such as unsupervised apartments, require no licensing since the individuals living there are responsible for their own environment.

The types of homes that the Division of Developmental Disabilities licenses are group homes, supervised apartments, supportive living apartments, skill development homes, respite, and foster family care homes. The Department of Health is responsible for licensing Residential Health Care Facilities, certifying Intermediate Care Facilities, and Skilled Nursing Facilities. The address of each licensing agent is included in the Appendix. Copies of licensing regulations can be requested and in some cases will need to be purchased. If there is a charge, this has been noted in the Appendix.

Licensing standards for the Division of Developmental Disabilities are reviewed every three years. The most recent set of standards (and those which are currently being used) was written in 1984, while the agency was still the Division of Mental Retardation. Therefore, licensing standards as they are now interpreted and enforced are meant to monitor the residential environment of clients with mental retardation. The revisions that will be adopted in 1987 will reflect the addition of a broader range of clientele.

For the Department of Health, licensing regulations are reviewed every five years, with additions provided in between review periods

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on an as-needed basis. Intermediate Care Facilities fall under the jurisdiction of the federal Department of Health and Human Services' Health Care Financing Administration; those certification standards are reviewed and revised on a federal level, with public comment periods and national critique. The original standards were written in 1974 and are being substantially revised in 1986.

Project Redirection, which is under the auspices of the Developmental Disabilities Council, has been studying issues related to the change of the Division of Mental Retardation to the Division of Developmental Disabilities. Nine task forces were created to look at different issues connected to this transition. The Housing task force looked at the issues surrounding the licensing of homes by the Division of Developmental Disabilities. Some of the concerns raised about licensing were centered around the philosophical consideration of intrusion into a person's home for the purpose of monitoring that home or that person, particularly when the person is a self-directing adult who has chosen to live in the particular home. Most individuals, including those with disabilities, do not appreciate the imposition of licensing standards and inspections on their lifestyle. The details of how the Division of Developmental Disabilities will deal with this situation for individuals who have previously been unserved by the agency have not yet been worked out. Those seeking capital or operating funds from the Division should verify carefully what, if any, licensing or certification standards will be required.

For homes not under the auspices of DDD, the issue is not as crucial. Obviously, a home providing health care services and seeking appropriate funding will automatically fall under the auspices of the Department of Health. For other homes, where the funding sources do not require the home to be licensed, these will not need to be raised.

A related point of interest to potential providers is the area of accreditation. There are two accreditation councils in the United States that are concerned with facilities for people with disabilities. They are best known by their acronyms, CARF and ACMRDD, which stand for the Commission on Accreditation of Rehabilitation Facilities and the Accreditation Council for Services for Men-

tally Retarded and other Developmentally Disabled Persons, respectively. Accreditation by either of these organizations is a process of "voluntary evaluation of an agency's services against nationally recognized standards." (taken from literature produced by ACMRDD). The process for each accreditation council is outlined in their respective literature. Copies of the standards are available, at cost, from each organization. Once an organization decides they want to be accredited, an application is filed and surveyors from CARF or ACMRDD are scheduled to evaluate the actual program and facility. Both organizations will accredit residential services. There is an application fee along with additional charges for each day a surveyor spends evaluating a program. Once the survey is



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completed, the evaluators produce a written report on the program's compliance with the standards; that report is forwarded to the accreditation board, which makes a final decision on whether or not to certify a particular program's compliance with the accreditation standards. The applicant agency receives a complete report on the evaluation and the decision on accreditation.

Accreditation is not required for a residential facility to be licensed in New Jersey, but is often recommended to provide further evidence of a quality program to regulatory agencies, the public, and the clients served. It is rather costly and must be renewed regularly; information on the addresses of each council are listed in the Appendix.

Licensing and its attendant issues will continue to be a focus of interest for clients and provider agencies as the difficulties are worked out within the Division of Developmental Disabilities. The development of new standards for any and all facilities should be of special concern to provider agencies seeking quality service within their organizations.

Chapter Eight

TRANSITION AND "MOVING IN"

It has been said more than once that group homes or apartments with first-time tenants are often more like a freshman dorm on a college campus than a "community residence." For many individuals with disabilities, living on their own away from parents or the watchful eye of staff in an institution, the adjustment to a less restrictive lifestyle in an apartment or group home is a difficult one.

The many details of moving are enough to overwhelm those of us who have moved several times in our lives. For individuals with disabilities who have lived in the same setting all or most of their lives, those details can seem even more engulfing. One detail that needs attention from the time a decision is made to move is the matter of funds. Often, the costs of moving are borne by the individual's family, though for people moving to homes sponsored by DDI, there are funds available to assist with that task. Supportive living apartment programs, for example, can request assistance from DDD for people who need financial aid in the actual move.

For unsupervised apartments, supportive living apartments, and some group homes, tenants must provide their own furniture and household goods. This can mean a major expenditure for individuals on limited incomes. Families often assist with the purchase of such items. Additional expenses for individuals living independently in an apartment, including such costs as utility and security deposits, are an unwelcome burden on an SSI income and may pose some difficulties. Again, parents or other family members are often the ones to make sure such expenses are covered, though a sponsoring agency should consider setting up a contingency fund for individuals lacking any other support. Some

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agencies have set up a revolving, no-interest loan fund to assist clients with the expenses of "moving in". One organization in California which operates a group of thrift shops to provide funds for the operation of their programs, takes donated furniture and household items from its stores and makes them available to new tenants free of charge or at a reduced price.



Transition and 'Moving In'

The transition of adjusting to a different environment and lifestyle is less tangible and should be programmatically addressed. Most agencies deal with the problems and advantages of the transition period on an individual basis, with the needs of the clients in a particular home being addressed as they surface. There are some agencies in New Jersey which provide transitional classes for clients moving into their Supportive Living Apartment Program from supervised apartments and other living arrangements. The classes take approximately eight weeks and clients must demonstrate a proficiency in key areas of independent living. Programs in other states in the country seek to provide training and assistance in adjusting to the new lifestyle through classes for individuals who will be moving while they are still in their former living environment; other programs have developed transitional housing, where individuals move into (usually) an apartment and receive training in that environment. After a specified period of time, they are expected to move out of the transitional living home and into their own apartment or a group home.

The classes usually carry over to the new living environment once the person has moved to ensure that the skills are transferred to the new home. Some programs offer individualized training, on an one-to-one basis; others offer classes in a central setting. Skills taught include personal and household maintenance, financial management, social interaction, problem solving, cooking, using public or private transportation, leisure time activities, and some academic training.

Transitional programs or not, there are many things a provider of housing can do to help ease the transition into a new living environment. It may be possible to have the day program (e.g. activities center or workshop) work with the residential service provider to reinforce the skills being taught in the home. The direct care staff (when present) or other employees of the agency will need to be responsive to the cues the clients give in their adjustment to their new environment. While the skills of each individual in a home are going to vary, the types of skills outlined above are those a provider should consider in providing transitional assistance to individuals moving into a home. Certain skills can only be mastered in the transitional stage, based upon actual experiences.

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Other areas of particular concern include substance abuse, interpersonal relations, attendant management, and behavior problems. It is well documented that persons with physical disabilities have a high rate of substance abuse; providers need to be aware of the potential abuse of alcohol and other drugs and while they may not be in a position to insist upon treatment or counseling (as in the case of an apartment manager), it is advantageous to have referral sources available.

Interpersonal relations is another area of concern for many providers. Two individuals may share an apartment or bedroom who thought they were great friends and would enjoy living together only to discover they are not compatible in a close living situation. Housemate problems seem to be a constant difficulty and one which is difficult to deal with in a close living situation such as a group home. For agencies which sponsor several homes in the same vicinity, it is sometimes possible to work out housemate exchanges between homes so that more compatible mixes can be found. In apartments, however, this becomes more difficult, particularly if there is a lease involved. It is also difficult to predict how well people will mix in a given living situation or to provide training in social skills that will enable a group of people to live together. Providers should, however, be aware of the issues and prepared to deal with them as they surface.

Personal attendant management is a third area of concern for clients in the state of New Jersey. As attendant services become more readily available, the process of learning to serve as an employer and manager of one's own services will be of great importance. Attendant management training courses have been developed by independent living programs and service agencies in other areas of the country; the goal is to assist the consumer to learn the skills necessary to manage and employ another person as his/her attendant. This can be difficult to teach and assimilate, particularly if the client has not been involved in employment situations previously.

The final area of concern, behavior problems, is also difficult to predict and many agencies find they are not prepared to deal constructively with severe behavior disorders once they surface. Some

Transition and "Moving In"

programs offer behavior management services to assist the individual in changing their behavior while in a community living environment. In some other areas of the country, agencies have developed "behavior shaping homes" for persons with severe behavior problems. The homes are administered and carefully staffed to provide consistent behavior therapy, with the hope that as the behaviors improve, those clients can move on to other less restrictive community settings and live with their peers.

It has also been discovered that these problems cannot always be surmounted and the community living arrangement for the individual involved cannot be maintained. It is a disappointment to everyone involved when such occasions arise, but an agency must be prepared to deal with the fact that not every one is motivated to live in a community setting and not everyone is capable of living in a group or apartment arrangement. It is through such experiences that agencies learn how to better screen prospective tenants.

Moving in and making the transition to a new living situation, then, is handled differently by clients and provider agencies. The need for assistance in moving, both financial and psychological, is easily identified. The need for transitional living classes or training is equally as important and an issue that should not be overlooked when planning for prospective tenants.

Chapter Nine

SUPPORT SERVICES

From experience, most people know that individuals with physical disabilities cannot live in the community without the support of other services to help them maintain themselves in their environment. It is imperative then, to look at housing in light of what other services may be available for an individual in a particular community and in a particular neighborhood. This chapter will outline the services available in New Jersey and how one goes about accessing them. Addresses and phone numbers for each one are listed in the Appendix and further information can be obtained from the respective offices.

The following programs are categorized by the type of service provided. It is hoped that by listing the programs by service category, one can more easily determine what is available and where one can go for more information. (The categories are in alphabetical order.)

Because many of the programs listed here are provided by the Division of Developmental Disabilities and/or the Division of Vocational Rehabilitation, the eligibility criteria for each are described here. Eligibility for a particular program within these divisions will need to be determined by going through the intake/eligibility process the respective agencies administer through their regional offices.

The Division of Developmental Disabilities provides services to individuals who meet the definition of "developmentally disabled". That is defined as a mental and/or physical impairment that becomes apparent before the age of 22, is likely to continue in-

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definitely, and substantially impedes the individual's functional abilities in at least three of the following areas: self-care, learning, mobility, receptive and expressive language, self-direction, economic self-sufficiency, and ability to live independently. Individuals who are disabled before the age of 55 may also qualify for services from DDD when funds are available. The Intake and Eligibility Unit of DDD handles all applications for assistance and determines whether or not an applicant meets the eligibility requirements. The staff in this unit also identify the services that will be the most appropriate for the individual and make referrals for those services.

The Division of Vocational Rehabilitation determines eligibility based on three factors: 1) the person must be at or near "working" age; 2) he/she must have a physical or mental disability which could interfere with employment; and 3) he/she must have the potential to benefit from services and/or become employed in a competitive or sheltered workshop environment. An individual goes through a diagnostic evaluation, including a basic medical and specialty examination to determine the extent of the known disability. A prospective client is assigned to a vocational counselor who helps him/her develop an Individualized Written Rehabilitation Plan, from which the needed services and referrals are made.

Keeping those requirements in mind, here then are the support services available in the state of New Jersey:

ADAPTATIONS

This includes both homes and vehicles; for homes, it would include remodeling and minor renovations to make a home accessible.

for homes-

Community Development Block Grants are available from some municipalities for this purpose. Check with the local city or town administration.

Community Service Clubs (such as Rotary, Kiwanis, Lions, etc.) often consider building a ramp or remodeling a room in a house

for a family member who is disabled as a community service project. Local clubs would need to be contacted on an individual basis.

Home Assistance Program of the Division of Developmental Disabilities is set up to provide services to allow a person to remain in their own home. This may include actual construction or remodeling of the home. Contact a DDD Regional office for more information.

for vehicles-

The Division of Vocational Rehabilitation will assist in retrofitting a vehicle so that it can be driven by a person with a disability if this will enable the person to become employed. The DVR local offices can provide more information.

ADVOCACY

While many individuals are capable of advocating on their own behalf for services and legal rights to which they feel entitled, often there are many other individuals who are unaware of the benefits for which they qualify and are lacking skills in working through the various systems. The following agencies provide services to assist individuals in accessing information and services:

Citizen Advocacy is an arm of the Association for Retarded Citizens. It provides a volunteer system of support for individuals with mental retardation to assist them in making use of community resources. There are Citizen Advocacy Offices in different regions of the state.

DIAL for Independent Living is an independent living program that assists disabled people to become their own advocate. They have also been involved in legal advocacy for accessible housing and barrier-free communities. Their offices are located in Clifton and Parsippany.

HIP is the second independent living program in New Jersey. They also provide advocacy services and are located in Englewood.

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The Public Advocate's Office is a state funded program to provide legal advocacy for clients served by state programs. There are members of the staff assigned to DDD and DVR. Much of their work is done on individual cases where a person is experiencing difficulty in receiving state-funded services. They also serve as a party in all guardianship hearings initiated by DDD.

United Cerebral Palsy Associations of New Jersey has a *Consumer-Advocacy Project* in each of its six affiliates in the state with state-wide coordination provided in Trenton. These advocates work to provide information and referral services, a voice in legislative and policy issues affecting persons with disabilities, and advocacy groups.

ADULT TRAINING CENTER

These are often called Adult Activity Centers and were set up under the former Division of Mental Retardation for clients who were lower functioning. The Division of Developmental Disabilities sees these centers continuing to meet the needs of those clients. The addition of people with physical disabilities to these centers for day programming has not fully been considered at this time; some of the centers are not accessible and will need modifications to accommodate people in wheelchairs. Individuals who are non-mentally retarded may require these programs to be modified and expanded. Most of the programs are operated under contract with the Division by locally based non-profit groups, such as Associations for Retarded Citizens. Eligibility determination and assignment to a program is done through the Regional Offices of DDD.

CASE MANAGEMENT SERVICES

Case management provides a client with a central point of contact in locating and accessing services. A case manager's responsibility is to coordinate the various services a person needs to meet the goals of an individual habilitation or program plan and assure them of continued attention and follow-up. For clients of the Division of

Developmental Disabilities, case management services are provided through the Division. For clients of the Division of Vocational Rehabilitation, the services are provided through their local offices.

CREW LABOR

The Division of Developmental Disabilities supports crew labor programs to provide training for clients to work on supervised mobile work crews. These crews are available for hire, usually in the areas of maintenance, landscaping, and car washing. Private businesses or homes contract for the services with the crew and pay them directly.

DENTAL CARE

Division of Developmental Disabilities provides this service for its clients by contracting for the service. Local dental organizations have also been known to contribute dental care or offer it at a reduced price to people with disabilities on limited incomes. The New Jersey Foundation of Dentistry for the Handicapped has a program called Mobile Dentistry for the Disabled. They can be contacted for information about qualifying for services. Some service organizations also sponsor dentistry services, including the Knights of Pythias and the Shriners.

DIAGNOSTIC SERVICES

The Division of Vocational Rehabilitation provides diagnostic services as part of its intake/eligibility process. This is done to determine the extent of the known disability and the need for treatment. Local DVR offices can be consulted for further information.

When applying for services with DDD, it is necessary for the client or his/her family to seek diagnostic services on their own; there is no financial reimbursement for these services.

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EDUCATIONAL SERVICES

The Division of Vocational Rehabilitation provides payment for books and training materials for clients who they have determined will find them essential to their preparation for employment.

The Department of Education provides educational services to all people with disabilities to the age of 21. They also have an Adult Basic Education Program which is available to individuals with disabilities. Special Needs Vocational Programs are offered through the Department of Education as well.

EMPLOYMENT/JOB PLACEMENT

The Division of Vocational Rehabilitation provides job seeking skills training and sometimes is able to place a person in a job. Job modification consultation may also be provided. Post-employment services to enable a person to keep his/her job are offered as well.

Local Job Service offices are helpful to individuals with disabilities who are seeking employment. Their listings in the telephone book can be consulted for information about the local offices. (See "Supported Work" below)

HOME HEALTH/HOMEMAKER SERVICES

If a person is Medicaid eligible, the Division of Medical Assistance and Health Services' local Medicaid offices can be approached about eligibility for home health aide/homemaker services. As with all Medicaid-funded services, they must be medically-indicated and meet Medicaid specifications for service. For individuals depending on other sources of funds for payment, there are home health agencies listed in the telephone directory. There is also a state association of home health agencies, which is called the Home Health Assembly. Information about home health agencies and the services they provide is available from them. The certification of Home Health Agencies is done through the Department of Health's

sources). Medicaid issues identification cards on a regular basis as proof of a person's eligibility. There are 16 local offices (see Appendix) where a person can apply for Medicaid benefits.

MEDICAL/SURGICAL TREATMENT

The Division of Vocational Rehabilitation may provide funding for medical or surgical treatment when indicated to correct or reduce a disability. Clients must have a diagnostic evaluation which shows the necessity of such treatment. There are several rehabilitation facilities in New Jersey which strive to provide the necessary medical treatment for greater mobility and independence.

OCCUPATIONAL THERAPY

The Division of Developmental Disabilities and the Division of Vocational Rehabilitation provide these services, when the needs of Inc clients indicate, in sheltered workshops and adult training centers. Rehabilitation hospitals also provide occupational therapy to individuals going through a program of therapy at their facilities.

PERSONAL ATTENDANTS

The state of New Jersey has three programs to provide attendant services. At this time, two are demonstration programs that will be piloted in certain areas before receiving permanent funding. Each one needs to be contacted separately to determine application procedures and eligibility criteria.

Medicaid- This program is meant for individuals with medical needs who require home assistance, but not skilled nursing care. Services are provided by state certified home health aides under the supervision of a registered nurse and according to a written plan of care that has been certified by a physician. Individuals applying for these services must be Medicaid eligible and living in the community. They can receive a maximum of 25 hours of service a week.

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Department of Human Services- the Personal Service Demonstration Program is under the auspices of DHS and the county Offices on the Handicapped. Funds were allocated by the state legislature for a demonstration program for a 14 month period to provide personal attendants to 200 individuals in the ten counties with Offices on the Handicapped. Services are under the direction of the person with disabilities, who may be between the ages of 18 and 65, and can be provided for up to 40 hours per week. Priority is given to individuals who are employed, have the ability to be employed, or are living independently. Each county decides how they are going to contract for attendants. The demonstration period runs until June of 1987, at which time it is hoped there will be a more permanent source of funds available to continue the program.

Division of Developmental Disabilities- another demonstration program has been funded through DDD for individuals who have developmental disabilities but who may not have been clients of the Division before. Four grants were awarded to four different



Licensing Division; they can be consulted about the licensing standards for agencies and home health aides.

INDEPENDENT LIVING PROGRAMS

The Independent Living Centers in New Jersey provide services to assist individuals to live on their own in the community. They are not involved in the provision of housing, but in services related to living in the community. The two centers in New Jersey were part of the original Independent Living movement in the 1980's and continue to work for the rights of citizens with disabilities. The majority of the staff at these two programs are themselves disabled; consumer direction is crucial to the philosophy of independent living programs. *DIAL for Independent Living* is located in Clifton, with a satellite office in Morris County. They are involved in information and referral services, advocating for accessible housing and community buildings, and consumer education. HIP is an acronym for *Handicapped Independence Program* and is located in Englewood. It provides services to people with visual impairments, physical or emotional disabilities who reside in Bergen County. The services provided include peer counseling, information and referral services, advocacy, social work support groups, and training classes in independent living. *The Robert Wood Johnson Hospital* in Edison is (in 1986) starting an Independent Living program through their facilities. They intend to provide information and referral services as well as independent living training.

INFORMATION AND REFERRAL

Ten of the twenty-one counties in the state have County *Offices on the Handicapped* which are set up to provide comprehensive information and referral services to people with all types of disabilities residing in that county. Each office is staffed by a director and usually a contingent of volunteers who work to provide information on all issues of relevance to individuals with disabilities. The list of counties with offices are listed in the Appendix.

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SCfl/P-Statewide Computerized Referral Information Program is a service of the Developmental Disabilities Council and provides a toll-free number for information and referrals to services for people with disabilities in New Jersey. The service is free and includes a computerized print-out of the requested information.

LEGAL COUNSELING

The *Division of Developmental Disabilities* provides legal counseling services to their clients on the issue of guardianship. This is done when a client reaches the age of eighteen; the Division is charged with determining the need for guardianship for each individual receiving services from them. Also involved in the issue of guardianship is the *Public Advocate's Office*. They serve to represent the client in guardianship hearings. The Public Advocate's Office is available for other legal services as well. They can provide legal counseling and negotiating on behalf of clients of DDD, promote the training of parents, guardians, relatives, and friends of the person with developmental disabilities to be advocates for the needs and rights of people with disabilities, and make referrals to other agencies. They also work to ensure due process and protection of individual rights.

The *Client Assistance Project* of the Public Advocate's office serves clients of the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Impaired.

The *Community Health Law Project* also provides legal services to individuals with disabilities and the agencies serving them.

MEOICAID

For individuals who meet the eligibility requirements for Medicaid, this can be a vital support for the provision of medical services. Eligibility is determined by income and/or the presence of a disability. Individuals receiving Supplemental Security Income can qualify for Medicaid assistance; certain persons in Intermediate Care Facilities for MR/DD also qualify (see description of funding

organizations (Archway- Atlantic and Gloucester Counties, Project Freedom-Mercer County, United Cerebral Palsy of Monmouth and Ocean Counties, and the Puerto Rican Association for Middlesex County Human Development, Inc.) to develop model programs of personal attendant services. The number of clients that can be served by each program is limited, as are the hours of service (a limit of 20 hours per week). A person wishing to apply for the service must be eligible for presumptive eligibility status. They then apply to the respective model program for actual personal attendant services.

PHYSICAL THERAPY

Like occupational therapy, the Divisions of Vocational Rehabilitation and Developmental Disabilities provide these services to individuals who participate in programs sponsored by either Division and for whom **the** service has been indicated in an IHP, IPP, or **IWRP**. DVR may also provide funding for physical therapy when it is indicated to assist a person to work. This is usually an intensive therapeutic intervention to assist a person to become employable. Private rehabilitation hospitals also provide physical therapy on an out-patient basis to individuals who need continuing treatment. Payment may be through a private insurance carrier or personal resources.

PSYCHIATRIC SERVICES

Both the Division of Developmental Disabilities and Vocational Rehabilitation provide psychiatric services on an as-needed basis for their clients.

RECREATION/LEISURE ACTIVITIES

The New Jersey Department of Community Affairs has an *Office on Community Recreation for Handicapped Persons* which sponsors some recreational programs in the state. They can be contacted at the Trenton DCA offices and offer information and referral services on recreation programs in the state. Local communities also

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offer recreational programs, usually through community-based groups serving persons with disabilities and local parks and recreation departments. Combing seasonal recreation catalogues distributed by local parks and recreation departments often shows a surprising amount of programming for people with disabilities. Community-based organizations like Associations for Retarded Citizens, United Cerebral Palsy Associations, New Jersey Epilepsy Foundation, and organizations for individuals with autism also provide many recreation programs.

RENTAL SUBSIDIES

For information on rental subsidies through the Department of Housing and Urban Development, it is possible to contact the¹ local housing authority or the Department of Community Affairs. Information on eligibility requirements and availability of subsidies changes regularly, so a phone call or visit to a local office, as indicated, will give one current information. Section 8 subsidies allow a person to pay a maximum of thirty percent of his/her income for rent, with HUD subsidizing the remaining rental payment. There are income guidelines and quotas on the number of subsidies allowed. Individuals planning to reside in a home constructed with HUD 202 monies must meet the HUD income criteria and qualify for Section 8 assistance.

SUPPORTED WORK

The Division of Developmental Disabilities has developed a program of supported work for its clients called Project H.I.R.E. It seeks to place persons with mental retardation and other developmental disabilities in competitive jobs with the support of a job coach. The coach assists the employee in applying for a job, going through the interview process, adapting to the work environment once employed, and learning the skills necessary to perform the job. The program is administered through two agencies in the state: New Jersey Association for Retarded Citizens and United Cerebral Palsy Associations of New Jersey.

TRANSPORTATION

This is often a great stumbling block for individuals attempting to live in communities in this state. Public transit is limited and not always accessible; para-transit services are also limited, though have proven to be a valuable service to many people who otherwise would have no transportation whatsoever. The public transit possibilities are encompassed by New Jersey Transit (both rail and bus services) and the paratransit services offered in each county as a benefit of the Casino Revenue Funds. Reduced Fares are available on NJ Transit for individuals over the age of 62 or persons declared "disabled". Transit services both intrastate and interstate (e.g. to New York and Philadelphia) honor the Reduced Fare cards.

The Division of Developmental Disabilities may also fund transportation by providing vehicles for the use of clients residing in DDD sponsored group homes or supervised apartments. The organization sponsoring the home contracts with DDD for the maintenance and operation of the vehicle for subsequent years after its purchase.

Specialized transportation for persons with severe disabilities that cannot be accommodated by public transit may be assisted by the Office of Coordinated Transit of NJ Transit. They can provide referrals to transportation services that may be able to accommodate the needs of the person with more severe disabilities. SCRIP (see Information and Referral above) can also assist in locating transportation services.

VOCATIONAL COUNSELING

The Division of Vocational Rehabilitation provides this service to its clients in helping them assess what vocation they wish to pursue. Counseling is provided by DVR counselors and includes developing vocational objectives for each individual. An Individualized Written Rehabilitation Plan will incorporate the goals and objectives

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worked out in the counseling sessions to ensure the individual is assisted in meeting those goals.

VOCATIONAL TRAINING

The Division of Vocational Rehabilitation in the Department of Labor funds two different types of vocational training programs: Work Activity Training Centers (called WATCs) And Occupational Training Centers (OTCs). For adults with more severe disabilities who are not prepared to enter a sheltered workshop program, the Work Activity Training Centers provide training in daily living skills, vocational evaluation, transportation training, recreation, and parental or guardian advisement. Application is made directly to the facility (a list is included in the Appendix).

Occupational Training Centers provide evaluation and training for employment in labor and industry as well as possible long-term employment. Both OTCs and WATCs are sponsored and administered by private organizations with services located in each county of the state. Application for OTCs is made through the regional offices of DVR.

Information on other services not mentioned in this listing may be obtained from the Information and Referral programs listed under that category. It should also be noted that the Developmental Disabilities Council has produced a small manual entitled *Resources for Persons with Developmental Disabilities in New Jersey*. While slightly dated (it was published in 1984), much of the information is still current; it can be obtained from the DD Council.

The Housing Prototype Project, which has sponsored this manual, has also developed a chart to outline what types of support services can be expected to benefit persons living in each type of living environment. Their study of these services is summarized in the following chart:

Support Services

SUPPORT SERVICE MATRIX

- | | |
|--|--|
| <p>Unsupervised Apartments/Own Home/Condominium, etc.
Realtors-identify apartments that are accessible Modify apartments Attendant services-personal care. Medicaid, DHS, DDO Home health Medicaid, Medicare Private insurance
Homemaker/chore services-Title XX, Title 111, Medicaid
Transportation-Casino Revenue
Access to Case Management
Access to Independent Living
Training Centers Outside
Medical Services Access to Recreational and Social Programs Help with finances (mortgages, deposits, etc.)</p> | <p>2. Foster Care/Skill Development Homes
More useful for children
Subcommittee does not recommend for physically disabled adults
Should also consider special needs adoption</p> |
| <p>3. Supportive Living Apartments
Modify apartments
Attendant services-personal care. Medicaid. DHS, DDD
Home health-Medicaid, Medicare Private insurance
Homemaker/chore services-Title XX, Title III. Medicaid
Transportation-Casino Revenue
Access to Case Management
Access to Independent Living
Training Centers Outside Medical services Access to Recreational and Social Programs Day
Programming/Employment</p> | <p>4. Supervised Apartments
Modify apartments
Transportation-Casino Revenue
Access to Case Management
Access to Independent Living
Training Centers Outside
Medical Services Access to Recreational and Social Programs Day
Programming/Employment</p> |
| <p>5. Croup Homes
Modify apartments/home
Attendant services-personal care, Medicaid, DHS. DDD</p> | |

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SUPPORT SERVICE MATRIX (cont'd)

5. Group Homes (cont'd)

Home health-Medicaid, Medicare
Private insurance
Homemaker/chore services-Title
XX, Title III, Medicaid
Transportation-Casino Revenue
Access to Case Management
Access to Independent Living
Training Centers Outside Medical
Services Access to Recreational
and
Social Programs Day
Programming/Employment

6. ICF - MR/DD

Transportation-Casino Revenues
Outside Medical Services

7. SNF

Separate categories for -young
adults -pediatric facilities
Transportation-Casino Revenue
Outside Medical Services

Clearly, from the number of services available, it is certainly possible to provide housing for individuals with disabilities in the community, if one is careful to assess the availability of necessary services. Because of funding cuts in human services and transportation, it is not always easy to secure the funding or services needed for the clients residing in a home, but a strong sense of purpose and philosophical commitment will help a provider to advocate strongly for the services they see as essential.

Chapter Ten

COMMUNITY OPPOSITION

For all the sophistication of modern American society, there is still a great deal of fear and misunderstanding about people with disabilities. When individuals with disabilities want to move into a neighborhood, they are often met with hostile neighbors who are concerned about their homes and the safety of the area. This seems to be particularly true when the individuals involved are mentally retarded. It also seems to apply most to construction of group homes or a remodeled home in an already established neighborhood composed largely of single-family dwellings. The recommendations and general information provided here applies mainly to those two situations, though the construction of an apartment complex or moving of individuals into apartments already constructed may also bring community reaction.

Opposition stems from fear and misunderstanding and must be countered with that in mind by the organization sponsoring the home. One of the most common concerns centers around property values and although there have been several studies done around the country proving that there is no impact on a neighborhood's property values, people are still concerned about the issue. Other misunderstandings are often couched in objections to a home: it isn't close enough to shopping centers or movie theaters; the street is too busy and the people might get hurt; it's not close enough to a busy street so that they can access public transportation; there aren't enough staff scheduled at certain times of the day; the list goes on. The underlying problem is that neighbors feel threatened; they see the value of their property threatened as well as the safety and tranquility of their neighborhood.

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Provider agencies need to be aware of these fears and prepared to deal with them before they arise. Public relations is the key to effective community interaction and the agency should be ready to go into a community with their strategy well-planned. Pro-active public relations will serve the clients far better than re-active defense.

It is suggested that the public relations effort should begin six months to a year in advance of opening a home. A working relationship with the local news media and local officials will help cast the agency in a favorable light before the home is actually opened. The credibility of an agency is crucial to good community relations. Once a site has been selected, the agency should approach the local officials about a meeting to discuss the plans for the home, whether it is being built new or remodeled. Those invited to this meeting should be the mayor and other key township officials. A letter to local newspapers should be sent at this time as well, indicating the agency's plans to consider a home in the area and highlighting the agency and its current program.

Should the agency be invited to a meeting with the mayor, they should assume this is a public meeting and be prepared to answer any questions that may be asked. If no contract has been signed to purchase land or a home, it is best not to give out the address of the site under consideration. Once the site has been determined and the contract has been signed, another letter should be sent to the mayor and local officials indicating the site has been chosen. Letters also sent to neighbors and the local press should include information about the agency and the description of/justification for the home.

The New Jersey Developmental Disabilities Council strongly suggests inviting all those concerned to a meeting to discuss the home. They recommend holding the meeting in a neutral location (e.g. a church) and selecting agency staff and board members on the basis of their ability to remain calm and rational under pressure. Other individuals involved in community living programs are also urged to be present- including residents, family members, and neighbors of other homes.

The staff and board members representing the home and the agency sponsoring it need to be thoroughly prepared for this meeting,

Community Opposition

giving details on how the home will be run and who will be living there. Questions on parking and maintenance will probably come up and those leading the meeting should be ready to describe how those potential problems will be handled. The key concept should be that the home will be like any other home - with the individuals living there being people first - who happen to have disabilities.

It may be helpful to have copies of some studies done on property values available for distribution at the public meeting. One was done by Dr. Julian Wolpert of Princeton University for the New York Office of Mental Retardation and Developmental Disabilities and is available from OMR/DD. Films or slide shows may also be presented at the meeting; most available at this time deal with homes for individuals with mental retardation who are ambulatory, so they may not be as helpful for a home where the residents will be persons with physical disabilities. One recently produced video tape is entitled "The House on Maple Street". It was developed by the Developmental Disabilities Council in conjunction with the National Advertising Council. The tape is based on the lives of six individuals living in an ARC sponsored group home in Bergen County. All of the residents are ambulatory, but the narrator speaks of all developmental disabilities in his commentary. It can be borrowed from the Division of Developmental Disabilities.

Homes receiving funding from the Division of Developmental Disabilities must provide notification outlined above (the time lines are specified in the regulations regarding community residences for the developmentally disabled). Staff of the Division are available to assist in preparing for public meetings and will attend on behalf of the Division and the sponsoring agency.

Once the home is open and the residents have moved in, the community relations cannot stop. The home should initiate contact with neighbors, perhaps having an open house or barbecue where neighbors are invited to come and see the home and meet their neighbors. Keeping the home well-maintained and neighbors informed of any changes in the home will also help to build good neighborhood rapport. Good neighbor skills and graciousness will do a great deal for building positive relationships with those who reside in the neighborhood and serve as an example for the development of other community-based homes.

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As a summary of the issues presented in this chapter, the following list of "dos" and "don'ts" is taken from the New Jersey Developmental Disabilities publication entitled *A Guidebook, Establishing Community Residences for Persons with Developmental Disabilities*:

Community Opposition

DO

1. expect community opposition
2. draw upon the expertise of agencies with experience in this area
3. emphasize the program is a local agency serving local people
4. establish a working relationship with the press
5. be prepared to answer questions on all aspects of the program
6. be honest and straightforward
7. take the initiative in all aspects of community education

DON'T

1. try to sneak the home into the community
2. ignore the mass media
3. avoid public meetings, or any other arena in which the community concept can be promoted
4. minimize the importance of being perceived as a credible organization
5. give out an address before the sale of the home (or lot) is final
6. respond as if the opposition is a personal attack
7. wait to be confronted before responding to community concerns

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Their sources are indicated by the following code:**

ILL- Interlibrary Loan

NJSL- New Jersey State Library

UCPANJ - United Cerebral Palsy's state office

**SEC- Shirley Eves Center, United Cerebral Palsy of
Cumberland/Salem Counties**

PUL- Princeton University Library, Environmental Sciences

**They are further categorized by subject area, then alphabetized by
author within each subject section.**

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Metro Center for Independent Living, St. Paul, MN

Miller Home, San Bernardino, CA

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Nesika Group Home, Washington New Horizons, Inc.,

Hartford, CT

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People Acting to Help (JPATH) **Philadelphia, PA**

Phoenix Residence, Minneapolis, MN

Project Open House, **New York, NY**

Pueblo County Board for Developmental Disabilities, Pueblo, CO

Residential, Inc., **New Lexington, OH**

Rochester Center for Independent Living, Rochester, MN

Seven Counties Service*, **Louisville, KY**

Stavros **Center for Independent Living, Massachusetts**

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Cheshire Home and Cheshire II, Florham Park.
DIAL for Independent Living, Clifton,
Division of Developmental Disabilities, Information on Medicaid
Community Care Waiver, "N.J. State Plan for Services
to

**Persons with Developmental Disabilities." "Restructuring
For Service, 1984-1989"**

Housing Authority of Bergen County (Park Ridge Apartments)

**HUD- List of HUD-sponsored housing in New Jersey Kessler
Institute for Rehabilitation, E. Orange. Matheny School, Peapack**

**New Jersey Local Developmental Financing Fund- General Infor-
mation**

New Jersey Health Care Facilities Financing Authority

Operation Life, Long Branch

Our House, Inc.- Summit

Project Freedom, Trenton

Robert Wood Johnson Rehabilitation Center, Edison

Spectrum for Living Cluster

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APPENDIX A

In the following pages are the organizations and materials mentioned in the Manual, listed in alphabetical order and referenced by a categorical heading when that is appropriate. For information not contained in this Appendix, contact SCRIP (Statewide Computerized Referral-Information Network) at 1-800-792-8858.

ACCREDITATION

ACMRDD- Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons 4435 Wisconsin Ave., N.W. Washington, DC. 20016

CARF- Commission on Accreditation of Rehabilitation Facilities
2500 North Pantano Road Tucson, AZ 85715 (602)-886-8575

ADULT TRAINING CENTERS

A Comprehensive list of all DDD-operated Adult Training Centers can be obtained from the Coordinator of Adult Activity Centers. Some are operated by UDD and some are sponsored by non-profit organizations in the local counties.

ADVOCACY

Citizen Advocacy Program
55 High Street
Mount Holly, NJ 08060
(609)267-5880

Consumer Advocacy Program
c/o UCPA of New Jersey
956 South Broad St.
Trenton, NJ 08611
(609)392-4004

Division of Advocacy for the
Developmentally Disabled NJ Dept.
of the Public Advocate CN850
Trenton, NJ 08625 I -800-
792-8600 (Toll Free)

TECHNICAL GUIDE

AAMH

Association for the Advancement of the Mentally Handicapped 60
Prince Street Elizabeth, NJ 07208 (201)354-3040

ASSOCIATIONS FOR RETARDED CITIZENS

New Jersey Association for Retarded Citizens
958 Livingston Ave.
No. Brunswick, NJ 08902
(201)-246-2525

County Units:

Atlantic
1227 Drexel Ave.
Atlantic City, NJ 08401
(609)-345-7021

Burlington Deacon Rd.
Hainesport, NJ 08036
(609)267-5453

Camden
215 West White Horse Pike
Berlin, NJ 08009
(609)-767-3650

Cape May
6 Maryland Ave.
Rio Grande, NJ 08242
(609)-465-9349

Cumberland
1680 West Sherman Ave.
Vineland, NJ 08360
(609)-691-9138

Essex
62 North Walnut Street
East Orange, NJ 07017
(200)-676-8070

Morris
P.O. Box 123, Central Ave.
Morris Plains, NJ 07950
(201)-326-9750

Bergen-Passaic 25 Broad
Ave. Palisades. NJ 07650
(200)-943-1500

Gloucester
53 Smallwood Place
Woodbury, NJ 08096
(609)-848-8648

Hudson
Murdoch Hall, 114 Clifton Place
Jersey City, NJ 07304
(201)434-7783

Hunterdon
Hunterdon County Administration Bldg.
Main Street
Flemington, NJ 08822
(201)-782-7827

Mercer
600 New York Ave.
Trenton, NJ 08629
(609)-393-2483

Monmouth 630 Broad
Street Shrewsbury, NJ
07701 (201)-747-2928

Ocean
345 Chambers Bridge Rd.
Brick Town. NJ 08723
(201)-477-4321

Appendix A- Address Lists

Raritan Valley (Middlesex)
1014 Livingston Ave. No.
Brunswick. NJ 08902
(201)446-2386

Somerset
P.O. Box 38, 203 South Main Street
Manville. NJ 08835
(201)725 8544

Salem
P.O. Box 5, 105 Salem Woodstown Rd.
Salem. NJ 08079
(609)-935-3600

Sussex
39 Newton-Sparta Rd.
Newton. NJ 07860 (201)-
181-7442

Union
1220 South Avenue
Plainfield. NJ 07062
(201)-754-5910

Warren
13 Broad Street
Washington, NJ 07882
(200-689-3244

AUTISM ORGANIZATIONS

**New Jersey Council or Organizations and Schools for
Autistic Children and Adults, Inc. 123 Franklin Corner
Road, Suite 213 Lawrenceville, NJ 08648 (609)-895-0190**

BOCA

**Building Officials and Code Administrators International
4051 West Flossmoor Rd. Country Club Hills. IL 60477-
5793 (312)799-2300**

CEREBRAL PALSY ASSOCIATIONS

**United Cerebral Palsy Associations of New Jersey, Inc.
956 South Broad Street Trenton, NJ 08611 (609)-392-4004**

UCP of Cumberland County
P.O. Box 787 Millville, NJ
08332 (609)825-9109

UCP of Hudson County
1005 Washington Street
Hoboken, NJ 07030 (200-
656-3779

UCP of Monmouth/Ocean Counties
75 Bath Ave., Box 25 Long Branch,
NJ 07740 (201)222-4741

UCP of North Jersey 91
South Harrison Street
East Orange. NJ 07018
(201)-674-1150

UCP of Union County 373
Clermont Terrace Union,
NJ 07083 (201)-354-5800

**UCPANJ/Tri-County Unit (Morris,
Hunterdon, Somerset) 129**
Washington St. Morristown. NJ
07960 (201)267-1054

A TECHNICAL GUIDE

**Belleville Cerebral Palsy of Essex
and West Hudson 7 Sanford Ave.
Belleville, NJ 07109 (201)751-0200**

**Cerebral Palsy Center of Bergen Cty
241 No. Van Dien Avenue
Ridgewood, NJ 07450 (201)444-6017**

**Cerebral Palsy Treatment Ctr of
Burlington County
Cedar Street Mt.
Holly, NJ 08060
(609)-261-1667**

**Cerebral Palsy School and Treatment
Center of Camden County 7512 No.
Crescent Blvd. Pennsauken, NJ
08110 (609)662-7300**

**Cerebral Palsy of Gloucester/Salem
Route 322
Glassboro, NJ 08028
(609)-881-8678**

**Cerebral Palsy of Middlesex County
Roosevelt Park-Oak Drive Edison,
NJ 08837 (201)-549-5580**

**Matheny School
Main Street Peapack.
NJ 07977 (201)-234-
0011**

**Rehabilitation Center of Morris Cty 7
Sussex Ave. Morrittown, NJ 07960
(201)-539-3660**

**Passaic County Elks Cerebral Palsy Treatment Cent*
1481 Main Ave. Clifton, NJ 07011 (201)-772-2600**

DCA

**Department of Community Affairs
for Boarding Home Licensing/Office on Commission for Handicapped Recreation/
Code Enforcement
CN 805
Trenton, NJ 08625
(609)-292-6364- Code Enforcement; 292-0506- Boarding Home Regulations
292-6243-Handicapped Recreation**

DEPARTMENT OF HEALTH

**CN 367
Trenton, NJ 08625
for licensing Standards or Information. Dr. Solomon Goldberg (609)-292-5764
Charge for copies of Licensing Standards- \$7.00**

DDD

**Division of Developmental Disabilities
222 South Warren Street, CN 700
Trenton, NJ 08625 Eddie C. Moore,
Director (609)-292-3742**

Appendix A- Address Lists

292-5304- Community Care **Waiver**
984-0154- Licensing
984-5349- Program Development Unit
292-3742- Personal Attendant Model Program

Regional Offices:

Northern Region- Chester, NJ- (201)-879-5022 Central Region-
Springfield. NJ (metropolitan area)- (201)-379-1700 Central Region-
Bordentown, NJ-(609)-298-5981 Southern Region- Cherry Hill, NJ-
(609)-751-0240

DEVELOPMENTAL DISABILITIES COUNCIL

108-110 North Broad Street. CN 700
Trenton, NJ 08625 (609)292 3745

DVR

Division of Vocational Rehabilitation is part of the Dept. of Labor
Administrative Office:
Labor and Industry Building, 10th floor
Trenton, NJ 08625
(609)292 5987, TTY- 292-2919

Local Offices

Atlantic
1545 Pacific Avenue
Atlantic City, NJ 08401
(609)-441-3080

Cumberland/Salem 22
Washington St.
Bridgeton. NJ 08302
(609)-451 9098

Burlington
K-Mart Plaza, Rt. 541
Burlington. NJ 08016
(609)-387-7600

Camden
2600 Mt. Ephraim Ave.
Camden, NJ 08104
(609-757-2781,2782,2783

Cape May
Cape May Cty Social Service Complex :
7-9 Delsea Dr.
Rio Grande, NJ 08242
(609)-848-5300

Gloucester
251 No. Delsea Dr., #26
Deptford, NJ 080%
(609)-886-9451

Suburban Essex
20 Evergreen Place, 4th floor
East Orange, NJ 07081
(201)-266-1870

Monmouth
1 Main St., Suite 302
Eatontown, NJ 07724
(201)-389-3311

Union
125 Broad Street, 7th Floor
Elizabeth, NJ 07201 (201)-
820-3112

Bergen
10 Banta Place
Hackensack, NJ 07601
(201)-487-7890

A TECHNICAL GUIDE

Sussex, Warren Doctor's
Park, Seber Rd. Bldg 4,
Suite C Hackettstown, NJ
07840 (201)-852-4110

Hudson
2518 Kennedy Blvd
Jersey City, NJ 07306
(201)333-7766

Morris
7 Sussex Ave., 2nd Floor
Morristown, NJ 07960
(201)-539-3660

Essex-Urban
80 Mulberry Street Rm 201
Newark, NJ 07102
(201)-648-3367,3445,3493

Middlesex
29 Livingston Ave. **and New Street**
New Brunswick, NJ 08901
(201)-545-8120

EPILEPSY FOUNDATION

Epilepsy Foundation of New Jersey
206 West State Street Trenton, NJ
08608

EDUCATION

New Jersey Department of Education
Division of Special Education 225 West
State Street. CN 500 Trenton. NJ 08625
(609)-292-8616

FARMERS HOME ADMINISTRATION

District Director 319
Landis Ave. Vineland.
NJ 08360 (609)-696-
1330

HEALTH CARE FINANCING ADMINISTRATION

Department of Health **and** Human Services
P.O. Box 26676 Baltimore. MD 21207

Somerset, Hunterdon
352 E. Main Street
P.O. **Box 279**
Somerville, NJ 08876
(201)-526-0550

Passaic
370 Broadway
Paterson, NJ 07501
(201)-977-4285

Ocean
Toms River Mall
1214 Rt. 37 East
Toms River, NJ 08753
(201)929-9404

Mercer
120-130 E. Front St.
Trenton, NJ 08608
(609)-292-2940

Appendix A- Address Lists

HOME HEALTH AGENCIES ASSEMBLY
(state organization of Home Health Agencies)
760 Alexander Rd. Princeton, NJ 08540
(609)452-8855

HOSPITALS-REHABILITATION SERVICES

Children's Specialized Hospital
New Providence Road
Westfield. NJ 07090 (201)233-
3720

The Matheny School
Peapack. NJ 07977
(201)234-0011

Kessler Institute for Rehabilitation
Pleasant Valley Way West Orange,
NJ 07052 (201)-731-3600

Robert Wood Johnson Rehabilitation
10 James Street
Edison. NJ 08818
(201)-321-7070

HUD
Department of Housing and
Urban Development Military
Park Building 60 Park Place
Newark, NJ 07102 (201)-877-
1661

HUD- Washington Office
451 Seventh Street S.W.
Washington, D.C. 20410
(202)-755-6422

INFORMATION AND REFERRAL

Offices on the Handicapped (see listing below)

SCRIP-Statewide Computerized Information-Referral Program NJ
Developmental Disabilities Council 108-110 North Broad Street, CN 700
Trenton, NJ 08625 1-800-792-8858- in New Jersey; (609)-292-3745- from
outside New Jersey

INDEPENDENT LIVING PROGRAMS

DIAL for Independent Living
234 Parker Ave.
Clifton, NJ 07011
(201)-472-5540, TTY- (201)-472-6329

Handicap Independence Program (HIP)
44 Armory Street
Englewood. NJ 07631
(201)-568-0817

Robert Wood Johnson Rehabilitation Center
Independent Living Program
10 James Street
Edison, NJ 08818
(201)-321-7070

A TECHNICAL GUIDE

MEDICAID

District Offices for Medicaid Services are also grouped by counties:

Atlantic

1 South New York Ave.
Atlantic City, NJ 08401
(609)-441-3620

Bergen

SO Main Street
Hackensack, NJ 07601
(201)-488-5667

Camden

Parkade Building, Rm 207
519 Federal Street
Camden, NJ 08103
(609)-757-2870

Cumberland/Cape May

108 Landis Ave.
Vineland, NJ 08360
(609)696-6560

Essex

155 Washington Street
Newark, NJ 07102
(200)-648-2470

Gloucester/Salem

251 N. Delsea Drive, Suite B
Deptford, NJ 08096
(609)-845-7185

Hudson

2815 Kennedy Blvd. 2nd floor
Jersey City, NJ 07306
(201)-433-8011

Hunterdon/Somerset/Warren

84 Park Ave., 2nd floor
Flemington, NJ 08822 (201)-
782-1130

Mercer

28 West State Street, Rm 1105
Trenton, NJ 08608
(609)-292-7633

Middlesex

75 Paterson Street
New Brunswick, NJ 08901
(201)-246-0653

Monmouth

1200 Memorial Drive
Asbury Park, NJ 07712
(201)-775-5700

Morris/Sussex

10 Park Place. 4th floor
Morristown, NJ 07960
(200)-267-1700

Ocean

1861 Hooper Avenue
Toms River, NJ 06753
(201)-255-6226

Passaic

100 Hamilton Place. 9th floor
Paterson, NJ 07303
(200)-977-4077

Burlington

Chesley and Alloway Bldg. 2nd floor
Rt. 28 and Eayrestown Rd.
Mt. Holly, NJ 08060
(609)-757-2870

Union

125 Broad Street, 6th floor
Hersh Towers
Elizabeth, NJ 07201
(200)-820-3135

MT LAUREL INFORMATION

It will be necessary to contact the local planning councils in each township to receive information on the status of Mt. Laurel decisions in each locale.

Appendix A- Address Lists

NATIONAL TRUST FOR HISTORIC PRESERVATION

1785 Massachusetts Ave.. N.W.
Washington. DC 20036 (202)-
673-4054

NJHCFFA

New Jersey Health Care Facilities Financing Authority
Capitol Place One, Suite 602
200 South Warren Street- CN 366
Trenton, NJ 08625
(609)-292-8585

OFFICES OF THE HANDICAPPED

Atlantic County Office for the Disabled
1333 Atlantic Ave. Atlantic City. NJ
08401 (609)345 -6700 (ext. 2831)

Bergen Cty Office on the Handicapped
355 Main Street Hackensack, NJ 07601
(201)-646-3555

Cumberland Cty Office on Disabled
1680 West Sherman Ave. Vineland.
NJ 08360 (609)-691-9430

Essex Cty Office on the Handicapped
P.O. Box 500
Cedar Grove, NJ 07009
(201)-228-8330

Hudson County Office
c/o Salem-Lafayette Social Security
94 Union St.
Jersey City, NJ 07304
(201)332-5130
(201)-434-7503

Mercer Cty Office on the Handicapped
c/o Lawrence Library 2751 Brunswick
Pike Lawrenceville, NJ 08648 (609)-883-
5054

Middlesex Cty Office on the
Handicapped 841 Georges
Rd. North Brunswick, NJ
08902 (201)-745-4013

Monmouth Cty Office on the
Handicapped 29 Main St.
Freehold, NJ 07728 (201)-
431-7399

Ocean County Office for the Disabled
34 Hadley Ave., CN 2191 Toms River.
NJ 08754 (201)-244 -6804

Union County Office on the Handicapped
Union County Administration Bldg
Elizabeth, NJ 07207 (20!)-527-4828

PERSONAL ATTENDANT SERVICES

Personal Attendant Demonstration Program
Office of the Deputy Commissioner
Department of Human Services 222 South
Warren Street, CN 700 Trenton, NJ 08625
(609)-633-2181 or 2182

A TECHNICAL GUIDE

Personal Attendant Model Program
Divison of Developmental Disabilities
contact a regional office (see list above under "DDD")

Medicaid's Personal Attendant Programs
contact a local Medicaid office

PUBLIC HOUSING AUTHORITIES

It will be necessary to contact the local public housing authority in each county or township to gather information.

SOCIAL SECURITY

Social Security Administrative Office
402 East State Street
Trenton, NJ
1-800-272-1111 (toll free)

SPINA BIFIDA ASSOCIATIONS

Spina Bifida Coalition of New Jersey
c/o RWJ Rehabilitation Center 10
James Street Edison, NJ 08818 (201)-
549-3663

Spina Bifida Assoc. of North Jersey
P.O. Box 257
Highland Lakes, NJ 07422
(201)-540-8671

Spina Bifida Assoc. of South Jersey
16 Paul Rd.
Maple Shade, NJ 08052
(609)-622-7359

Spina Bifida Assoc. of Delaware Valley
2114 Stanford Street Philadelphia.
PA 19152 (215)-725-6320

TRANSPORTATION
N.J. Transit
Office of Special Services
P.O. Box 10009
Newark, NJ 07101
(20D)-648-7300

Spina Bifida Assoc. of Bergen-Passaic
P.O. BOX 3D Caristadt, NJ 07072
(201)-935-1809

Spina Bifida Assoc. or Metro-NJ
P.O. **lot** 1175 Mountainside, NJ
07091 (201)-464-5079

Reduced Fare Program
NJ Transit 180 Boyden
Ave. Maplewood, NJ
07040

Appendix A- Address Lists

VETERANS ADMINISTRATION

Benefits Information and Assistance
20 Washington Place
Newark, NJ
(201)-989-8116

Office of Construction
810 Vermont Ave.
Washington, D.C. 20420

VOCATIONAL TRAINING

The following programs are funded through the Division of Vocational Rehabilitation; note that there are two different programs: Occupational Training Centers (OTCs) and Work Activity Training Centers (WATCs).

OCCUPATIONAL TRAINING CENTERS

Abilities of Southern New Jersey
790 N. Delsea Dr. Westville, NJ
08093

Atlantic Cty Opportunities Ctr.
Atlantic Ave.
Egg Harbor, NJ 08215

Cumberland Rehabilitation Ctr.
215S South Delsea Drive
Vineland, NJ 08360

Goodwill Industries of Southern
New Jersey, Inc. 100 South 17th
Street Camden, NJ 08102

Highland Workshop 133
Main Street Franklin, NJ
07416

Abilities of Northwest Jersey, Inc. 255
East Washington Ave., Box 251
Washington, NJ 07882

Bergen/Passaic ARC
One John Street
Haledon, NJ 07508

Edison Sheltered Workshop, Inc.
Stelton School, Plainfield Ave.
Edison, NJ 08817

Jersey Cape Diagnostic Center
Crest Haven Rd.
Cape May Court House, NJ 08210

Boland Rehabilitation & Training Center
450 Market Street Newark, NJ 07105

Occupational Center of Essex County
391-A Lakeside Ave. Orange. NJ
07050

Occupational Center of Union Cty 301
Cox Street Roselle, NJ 07203

Ocean County Occupational Center
166 Main Street Lakewood, NJ 08701

Occupational Ctr of Burlington Cty
Woodland Rd., P.O. Box 1129-B Mt.
Holly, NJ 08060

Camden Occupational Training Center
215 West White Horse Pike Beling,
NJ 08009

Occupational Ctr of Hudson County
780 Montgomery Street Jersey City,
NJ 07306

A TECHNICAL GUIDE

Occupational Center of Mercer County
600 New York Ave. Trenton, NJ 08638

Occupational Ctr for Handicapped
10 Ridgeage Avenue Cedar Knolls,
NJ 07927

Raman Valley Workshop
9 Terminal Rd.
New Brunswick, NJ 08902

Salem County Occupational Ctr
Salem-Woodstown Rd. Salem. NJ
08079

St. John of God Community Services 532
Delsea Drive Westville Grove, NJ 08093

Somerset ARC
203 So. Main Street, P.O. Box 382
Manville, NJ 08835

WORK ACTIVITY CENTERS (WATCs)
Atlantic Opportunity Center Egg Harbor,
NJ (609)-965-6871

Bergen/Passaic ARC
Haledon, NJ (201)-
750-5575

Burlington ARC
Hainesport, NJ
(609)-267-5453

Cerebral Palsy Assoc. of Middlesex
Edison, NJ
(201)-549-5580

Monmouth ARC
Shrewsbury, NJ
(201)-747-2928

Raritan Valley Workshop
No. Brunswick, NJ (201)-
828-8080

Somerset ARC Manville, NJ (201)-725-8544

UCP League of Union County
Union, NJ
(201)-354-5800

**MUNICIPALITIES WHERE OCA ENFORCES THE
UNIFORM CONSTRUCTION CODE**

The townships on this list are under the authority of the state office of the Department of Community Affairs for the enforcement of the construction codes.

ATLANTIC COUNTY

Hammonton
Mullica
Corbin City
Estelle Manor
Waymouth
Buena Vista Township
Buena Borough

BURLINGTON COUNTY

Washington Township
Fieldboro

CAMDEN COUNTY

Gloucester
Chesilhurst Borough
Audubon Park
Merchantville

HUNTERDON COUNTY

Bloomsbury
Glen Gardner Borough
Hampton Borough
Holland Township
High Bridge
Millord Borough

MERCER COUNTY

Hopewell Borough

MONMOUTH COUNTY

Asbury Park Shrewsbury
Loch Arbour

OCEAN COUNTY

Beach wood

WARREN COUNTY

Franklin Township
Knowlton Township
Greenwich Township
Harmony Oxford
Township Washington
Borough Washington
Township Belvidere

THE HOUSING PROTOTYPE PROJECT

The following people **have** been part of the committee or administrative process during the duration of the Housing Project. Sincere thanks and gratitude are offered to them for their diligent participation and assistance:

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A TECHNICAL GUIDE

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