



DISABILITY  
LAW CENTER

O F A L A S K A



**ASSISTIVE  
TECHNOLOGY  
& A GUIDE TO  
SELF-ADVOCACY**

MEMBER OF THE  
NATIONAL DISABILITY  
RIGHTS NETWORK

This publication was prepared by the Disability Law Center of Alaska, the Protection and Advocacy System for Alaska. This publication was made possible by funding support from the United States Department of Education, National Institute on Disability and Rehabilitation Research (NIDRR).

The contents are solely the responsibility of the grantee and do not necessarily represent the official view of the funders.

All laws are subject to change by legislation and by court decisions. This information is not intended to be legal advice. It is a public education resource. Readers should use the guide for information and then ask questions about their own individual needs.

## Table of Contents

What is Assistive Technology?.....	1
Making Informed Choices about Assistive Technology .....	2
Assistive Technology Resources .....	3
"Magic Words" for Requesting Assistive Technology .....	6
Letters of Medical Necessity .....	7
Sample Letter of Medical Necessity #1 .....	8
Sample Letter of Medical Necessity #2 .....	9
Sample Letter of Medical Necessity #3 .....	10
Laws Supporting Your Access to Assistive Technology.....	11
Guide to Self-Advocacy.....	12
Agency Contacts .....	18

## What is Assistive Technology?

Assistive Technology falls into one of two categories; Assistive Technology (AT) Devices or AT Services.

An **AT Device** is defined as any item or piece of equipment that is used to increase, maintain or improve functional capabilities of individuals with disabilities. People with different disabilities require different assistive technologies, for example, AT can be:

- Low-tech like communication boards made of cardboard or fuzzy felt;
- High-tech such as special purpose computers;
- Hardware such as prosthetics, attachment devices (mounting systems), and positioning devices;
- Computer hardware, like special switches, keyboards, and pointing devices;
- Computer software such as screen-readers or communication software;
- Inclusive or specialized learning materials and curriculum aids;
- Much more, including electronic devices, wheelchairs, walkers, braces, educational software, power lifts, pencil holders, eye-gaze, and head trackers.

**AT Service** means any service that directly assists an individual with a disability in the selection, acquisition or use of an assistive technology device. An AT Service may include:

- Evaluation and assessment;
- Training—for consumers, friends and family members, and professionals in the use of an AT device;
- Purchasing, leasing, or otherwise providing for the acquisition of AT devices;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing of AT devices; and,
- Coordinating and using other therapies, interventions or services with AT devices (such as those associated with existing education and rehabilitation.)

People with disabilities use assistive technology devices for a variety of reasons, including to:

- Be as independent as possible;
- Help with communication;
- Increase success or abilities in school, on the job, or living independently; and/or,
- Increase the ability to do basic activities of daily life.

## Making Informed Choices about Assistive Technology

Making informed choices starts with asking the right questions. Begin by thinking about your specific needs. You may want to address the following questions before requesting AT:

- What needs am I seeking to meet through an AT device?
- Is there a device that will help to meet my needs independently or will I need someone to assist me in using it?
- Where will I use this equipment - at home, work, in the community?
- Can my environment (i.e., home, office) support the technology?
- Will the equipment need to be transported often? If so, is it light-weight and easy to handle?

Your next step should be to consider how you will obtain the device. Many AT funding sources require you to seek advice from an appropriate professional when considering the purchase of any new assistive device. You may find it helpful to begin by talking with your primary care doctor, who may refer you to a specialist, therapist or other appropriate professional to assess your needs and make recommendations about a new device.

Things to keep in mind as you research AT include:

- How much will it cost?
- Will my insurance cover it? If not, are there sources within the community that may help to pay for it?

Next, make arrangements to speak with at least two dealers of the type of AT devices you want. Questions to consider include:

- Will I be able to try the device before I buy it?
- How do I maintain the device?
- Will someone train me in its use and maintenance?
- How long is the equipment expected to last?
- Can adjustments be made to the equipment to accommodate growth and change?
- If growth and/or change are considerations, what signs will tell me that the current device is no longer functionally appropriate?
- What is the expected cost for maintenance? Will the funding source assist in covering maintenance?
- Is there a written warranty with the device? Are there limitations in the warranty coverage?
- Will the dealer repair my device at the store, or will it need to be sent out?
- If repairs cannot be made instantly, will the dealer loan me a device?

## Where Can I Get Assistive Technology?

### State of Alaska

#### Division of Vocational Rehabilitation (DVR)

DVR helps people with disabilities who want to work, but who need some assistance to do so, to get the training and help they need to fulfill their employment potential. One of the things DVR can do is provide an AT assessment to find out what kind of technology may help their clients in getting and keeping a job. Once those devices are identified, DVR may pay (in part, or in full) for the technology.

#### Medicaid/Denali KidCare

Alaska Medicaid (including Denali KidCare, the program for children), provides “acute and long-term-care medical services” for children, pregnant women, Alaskans with disabilities, and elders. Among other things, Medicaid will pay for some types of durable medical equipment (like wheelchairs and prosthetics) and *some* assistive technology devices. There are a lot of rules around exactly what they can or will pay for, but this is one source to check.

#### Senior and Disability Services (SDS)

SDS oversees Alaska’s four Medicaid Waiver programs. Having a waiver means that the individual will have extra financial help (through Medicaid) so they can live as independently as possible. If an AT device or service can help in achieving that goal of independence, the waiver may pay for the technology. Each case is different. Talk with a case manager to see if AT assistance will be an option in your case.

#### Tribal Vocational Rehabilitation (TVR)

TVR is like DVR (above) except that TVR services are exclusively for American Indians or Native Alaskans with disabilities. These programs focus on providing job training and assistance to their clients in a culturally relevant way. Like DVR, these programs may pay for AT if the technology will help in the client getting and keeping a job.

#### Independent Living Centers (ILC)

Access Alaska describes the work of an ILC well by saying:

“People want the freedom to make decisions about their health, independence and lifestyles. Disability and age should not limit that freedom. [ILC’s] help Alaskans find information and access resources, advocate for change, secure funding, training and services to lead the most independent, inclusive, productive, and satisfying lives possible.”

In other words, ILC’s help people with disabilities live independently in the environment of their own choosing.

## **Alaska School Districts**

For some children with disabilities, an appropriate education requires school districts to provide assistive technology devices. Three federal laws offer protections to children with disabilities by requiring they be provided a free, appropriate public education. These include:

### Individuals with Disabilities Education Act (IDEA)

The IDEA mandates a free, appropriate public education for infants, toddlers, preschoolers, children, and youth with disabilities. Several parts of the law relate directly to AT devices and services.

The IDEA's 2004 regulations require that school districts provide Individualized Education Plans (IEP's) for all children covered by the IDEA. In developing the IEP, the use of AT devices and services must be considered to help assure the child's successful completion of IEP goals and objectives. Further, the IDEA regulations require that a child may use the device at home if doing so is required for the student to make progress on IEP goals.

### Rehabilitation Act (Section 504)

Students with disabilities attending public schools who do not qualify for services under IDEA may be qualified under Section 504 of the Rehabilitation Act. The Act also applies to colleges and other post-secondary educational environments, if they receive federal funding. If a student is a qualified disabled individual under Section 504, then they are entitled to any assistive technology devices and/or services which are necessary to receive a free, appropriate public education.

Section 504 also prohibits unnecessary segregation of students with disabilities from other students. Therefore, if an assistive technology device could keep the child in a regular classroom, then the device would probably be required under Section 504.

### Americans With Disabilities Act (ADA)

The ADA requires private and public schools to provide "auxiliary aids and services". Those auxiliary aids and services could include AT.

## **Insurance**

### Private Insurance

Individual private insurance policies may elect to cover AT devices or services when your doctor says they are medically necessary. Each insurance company has its own criteria for determining medical necessity. You must look at your individual policy for information about possible coverage of AT.

As with Medicaid, AT may be covered if it falls within the terms and definition of durable medical equipment, prosthetics, speech therapy and rehabilitation services. For any questions or concerns regarding your insurance policy, please contact:

Division of Insurance

Consumer Services Section

550 West 7th Avenue, Suite 1560, Anchorage, AK 99501-3567

Telephone: (907) 269-7900

Fax: (907) 269-7910

(800) INSURAK (800) 467-8725 (In-state only) 5

### Medicare

Medicare is a federal health insurance program covering medical services and some medical equipment for people who are 65 and above, and for people with disabilities who have been getting at least 24 months' worth of Social Security Disability benefits. Medicare can cover assistive technology if it is medically necessary and falls within Medicare's definition of durable medical equipment or prosthetic devices.

### Worker's Compensation

The worker's compensation system was created to protect people who are injured at work by providing them with cash benefits and medical care. All states require medical and hospital benefits to be extended to eligible employees who are injured within while on the job. Those benefits can include assistive technology.

Note: It is important to remember that each program has its own eligibility rules and appeal procedures. If you need more information on these programs, contact the agency directly at the numbers located in the back of this guide.

## **“Magic Words” For Requesting Assistive Technology**

Each program—state agencies, school districts, and insurance—conducts its own assessments for assistive technology. Because each program was formed to serve a particular purpose, evaluations and assessments requesting AT should include terms that are related to the objective of each program. Although these "magic words" will not guarantee success in obtaining assistive technology, they will help increase the chances of successfully acquiring needed assistive technology by describing how the requested device or service relates to the program's objective.

Vocational Rehabilitation: Use such phrases that reflect employment issues necessary to achieve individual employment plan goals:

- “as needed to achieve employment outcome” or,
- “necessary to remain employed.”

Medicare: Use such phrases that reflect medical considerations such as:

- “reasonable and necessary”
- “needed to maintain and improve functional limitation”
- “as a prosthetic device” or,
- “needed to remain in the home setting.”

Medicaid and Private Insurance: Use phrases that impact on a medical condition. The equipment should be described in terms of how it would treat the medical condition. Therefore, such phrases as "necessary to correct mobility impairment," "needed to alleviate the impact of the impairment or disability," or "necessary to improve the functional limitations of the disability."

## Letters of Medical Necessity

Letters of medical necessity are required when requesting treatment in today's health care systems. An effective letter may expedite and ensure that the correct treatment is ordered. Letters of medical necessity are used to prescribe and certify that the use of certain equipment will:

1. prevent disease, disability and other adverse health conditions; or,
2. prolong life.

An effective letter of medical necessity should include:

- Your functional and/or psychological limitations;
- Your exact diagnosis(es) and ICM-9-CM codes;
- The anticipated duration of your condition;
- Anticipated limitations or adverse health problems which are likely to occur if the requested device/service is not authorized and provided to you;
- Rationale, e.g., increase access to home, maintain employment, safety, cost effectiveness, etc.

Additionally, requests for augmentative communication devices specifically require documentation that includes:

- Defining circumstances in which the communication device will be used, i.e.: community, work, school, etc.
- Examples of how you presently communicate.
- How the communication device will assist you in communicating effectively.
- How having the device will improve your quality of life.

## Sample Letter of Medical Necessity #1

RE: John Doe

To Whom It May Concern:

This letter is written in support of my patient, John Doe's request for an electric wheelchair.

Mr. Doe has been under my care for many years. His past medical history is significant for Diabetes Mellitus, chronic hypertension, moderate to severe depression without suicidal ideation, Pickwickian Syndrome, and morbid obesity.

The latter one has been unresponsive to multiple interventions. For approximately one year, Mr. Doe has been unable to walk due to his uncontrollable weight gain and has been totally reliant upon a wheelchair for his mobility. Although Mr. Doe has been provided with a manual wheelchair, this has failed to meet his mobility needs.

Because of his disproportional body habitus, he is unable to self propel the manual wheelchair.

Mr. Doe is completely dependent upon other to move about - even to wheel himself to the bathroom for his basic needs.

It is my medical opinion that an electric wheelchair would allow Mr. Doe to function independently and safely meet his own daily living needs. Otherwise, his overall health status will gradually deteriorate to a point where his life will be in jeopardy.

If you need any further assistance and additional documentation, please do not hesitate to call me.

Sincerely Yours,

Dr.

## Sample Letter of Medical Necessity #2

RE: Jane Doe

To Whom It May Concern:

Let this serve as a letter of medical necessity for Jane Doe and her request for a motorized scooter.

It is my understanding that Ms. Doe has significant congestive heart failure requiring oxygen. I am not her primary care physician for that, however, I can provide the additional medical information regarding her right shoulder.

Her right shoulder was injured several years ago in an assault. She sustained significant fracture and has ongoing pain, disability and limitation of function since that time. I've seen her on many occasions in the past, as well as on May 4, 2000.

At this time, her functional limitation is that of only 120 degrees of active flexion, about 90 degrees of abduction. She has pain with these maneuvers and significant difficulty with any resisted motion in those planes. She is using a walker at this time, but has great difficulty doing that. Her pain is significant and real. Her X-rays today show no particular glenohumeral arthrosis, but we are considering a possible underlying rotator cuff tear as it relates to this prior injury. An MRI is pending at this time.

I anticipate Ms. Doe will continue to have difficulty with this right shoulder. She does not appear to be a particularly good surgical candidate at this time even if the surgical type of lesion was identified on the basis of the MRI. It is clear that with her significant shortness of breath, weight and inability to use the right shoulder particularly well, I think she is likely to be wheelchair bound on a permanent and indefinite basis.

It should be noted that Ms. Doe has tried diligently to use a manual wheelchair but cannot function with this due to limitations of her right shoulder. The pain is far too significant and her fatigue strength is too poor.

Sincerely Yours,

Dr.

### Sample Letter of Medical Necessity #3

RE: George Smith

Dear Sir or Madam:

George Smith is a 5 year old child with serious medical problems. Specifically, he has Leigh's Syndrome (a mitochondrial disorder) characterized by hypoglycemia, multiple surgeries, apnea and frequent recurrent pneumonias as a result of aspiration of secretions.

Leigh's disease (subacute necrotizing encephalomyopathy) is caused by at least four known genetically determined causes: pyruvate dehydrogenase complex deficiency, complex I deficiency, Complex IV deficiency, and complex V deficiency. These defects can occur sporadically or by inheritance. Leigh disease first presents in infancy with feeding and swallowing problems, vomiting and failure to thrive. Delayed motor and language milestones become evident and are followed by seizures, weakness, hypotonia, ataxia, tremor, pyramidal signs and nystagmus. Intermittent respirations occur, followed by sobbing and are suggestive of brain stem dysfunction.

George is followed by me, a Pediatric Pulmonologist, for treatment of recurrent pneumonia due to recurrent aspirations of his oral secretions as a result of his inability to swallow normally. George's pulmonary treatment plan includes daily chest physiotherapy four to six times per day, preceded by SVN treatments (small volume nebulizer) with the head of the bed elevated to improve overall lung volumes, and postural drainage four times per day. Chest physiotherapy involved positioning George in eight different positions to facilitate drainage from all areas of the lung. Between therapy, George requires frequent oral deep suctioning due to his inability to swallow and clear oral secretions. George requires rapid position change during suctioning as the secretions pool and accumulate in any position that he is kept in for any length of time beyond 30 minutes. To further complicate his respiratory status, George has frequent seizures. During the seizure episodes, George needs to be placed in a side lying position rapidly, without any restrictions, and also positioned so that continued clearance of his airway can be maintained by his caregiver. It is imperative that George have an electric bed to facilitate rapid and frequent position changes. The use of a hand crank bed delays care, causes frequent aspiration or oral secretions, which results in hospitalization, expensive antibiotics, and further deterioration of his clinical status. Failure to provide an electric bed for basic care only complicates his respiratory problems further, and can lead to respiratory failure and death.

Please approve this bed for George so that he can continue to receive and benefit from the high quality of care that he deserves.

Sincerely, Dr.

## **Laws Supporting Your Access to Assistive Technology**

### Americans with Disabilities Act (ADA)

The ADA gives civil rights protections to individuals with disabilities in the work place, while receiving services from state and local government, and physical access to public facilities. It is a federal antidiscrimination statute designed to remove barriers that prevent qualified individuals with disabilities from enjoying the same opportunities that are available to persons without disabilities. Assistive technology and devices may be considered as "reasonable accommodations" under certain circumstances.

### Assistive Technology Act of 2004 (Tech Act)

Under the Tech Act, the State Grant for Assistive Technology Program supports state efforts to improve the provision of assistive technology to individuals with disabilities of all ages through comprehensive, statewide programs that are consumer responsive. The State Grant for Assistive Technology Program makes assistive technology devices and services more available and accessible to individuals with disabilities and their families. The program provides one grant to each of the states. In Alaska, that program is administered by ATLA (Assistive Technology of Alaska).

### Social Security Disability (SSD) and Supplemental Security Income (SSI) Ticket to Work, Plan for Achieving Self-Support and other Employment Supports

Through the Social Security Administration's Plan for Achieving Self Support (PASS), a person with a disability can use their Supplemental Security Income (SSI) to purchase AT that would assist them in achieving a vocational goal.

The PASS allow for the exclusion of income and resources, which are otherwise counted in determining SSI eligibility, if used toward the achievement of a vocational goal.

The Ticket to Work program provides persons with disabilities with options to access employment services, vocational rehabilitation and other support services. The Ticket to Work and Work Incentives Improvement Act of 1999 recognizes the importance of AT in allowing an individual to regain employment.

For more information on the ticket to work program, call your local employment Work Incentives Planning and Assistance (WIPA) project:

UAA Center for Human Development  
2702 Gambell St. Suite 103  
Anchorage, Alaska 99503  
Ph: (907) 272-8270 or (800) 243-2199

## 9 Steps to Great Self-Advocacy

If you've done all you can to get the AT you need and you're running into a problem, the information below can help you to better advocate for yourself.

1. Define the Problem
2. Know Your Rights
3. Identify Possible Solutions
4. Find Out Who to Talk With
5. Be Prepared
6. Document Everything
7. Evaluate and Follow Up
8. Be Assertive
9. Ask Questions

### 1. Define the Problem

Before a problem can be fixed, it has to be clearly defined.

It is important to be clear and precise when defining the problem or issue you want fixed. The more specific you are when you define the problem, the easier it will be to identify where you need to go to solve your problem and come up with possible solutions.

Not convinced about how important this step is? Consider the difference between the following statements you might make to your doctor:

“I'm not feeling well.”

or

“I'm running a temperature of 101 degrees and have a sore throat.”

It's likely that the second statement will get you the help you need, and get it more quickly.

From *Self-Advocacy* by the National Mental Health Consumer's Self-Help Clearinghouse (2000)

### **Breaking down the problem**

Sometimes, our problems seem overwhelming: Have you ever replied “everything” when someone asked you what was wrong? When you feel overwhelmed by a problem, you should try to break it down into smaller “chunks” so that you can more effectively plan your strategy.

By breaking a problem down into smaller segments, you have a greater insight into what steps to take.

By deciding which parts of the problem you can most easily solve, you can save yourself time and effort. “Not all problems can be solved,” says Brian Cooper, director of consumer advocacy at the National Mental Health Association. “You have to ask yourself two questions, “Which problems matter most?” and “Which problems have a chance of being solved?”

In other words, says Clearinghouse executive director Joseph Rogers, “You’ve got to pick your battles.”

## **2. Know Your Rights**

Before you can advocate for your needs, you must understand your rights.

Find out what laws, regulations and policies address your situation. Many advocacy agencies in Alaska, including the Disability Law Center, can help you to better understand your rights.

You can find some information about your rights on our website at:

[www.dlcak.org](http://www.dlcak.org) under Publications

## **3. Identify Possible Solutions**

Along with clearly identifying the problem or issue, it is important to identify possible solutions.

What would you like to see happen in order to fix the problem?

Consider many possible solutions and the advantages and disadvantages of each. Then, decide which solution(s) you would like to pursue. Keep your goal in sight but be flexible about how to get there.

Understand the difference between what you *want* and what you need.

For instance, you may *want* to sue someone for money because they didn't provide something you requested. You may be angry about that, which is understandable. But maybe what you need is the service or thing you originally asked for.

#### **4. Find Out Who to Talk With**

Start with the person closest to the problem. That person may be a classroom teacher, case manager, health professional, or social worker.

If you don't get the outcome you're seeking, ask how and with whom you would appeal that person's decision.

Climb the agency's chain of command to make sure a supervisor or someone else with authority has a chance to work with you on the problem and your proposed resolution.

From *Self-Advocacy* by the National Mental Health Consumer's Self-Help Clearinghouse (2000)

##### **Talking to the right person**

When you're not getting anywhere by talking to lower-level employees, you might need to "go up the supervisory ladder." Advocate Howard Trachtman says that he recommends the "judicious" use of appeals to supervisors, especially in cases when it's your first point of contact with an agency. Going to a supervisor before you've given someone a fair chance to resolve your problem can create bad feelings, and you can always go to a supervisor later.

If someone fails to resolve a problem to your satisfaction, then you should go up the supervisory ladder, one level at a time. In other words, always ask to speak with someone's immediate supervisor.

Some advocates recommend going straight to the top of the supervisory ladder, but there is an obvious advantage to moving one level at a time: you give more people the opportunity to give you what you want. If, on the other hand, you go straight to the top, and that person says "no," you probably won't get what you're after.

#### **5. Be Prepared**

It is important to be prepared before you meet with someone, whether it's in person or on the phone. The more prepared you are the more likely you will be able to get what you need.

- Bring (or have handy) any papers that show the problem:
  - Bills;
  - Receipts;
  - Contracts;

- Copies of regulations or policies;
- Notes, etc.
- Bring or have a note pad and pen or pencil, or audio recorder (but you must ask permission before you record a meeting);
- Bring a friend.\*

\*Having a friend or family member with you at in-person meetings can be helpful in many ways. They can remind you of things you wanted to ask. They can also be a witness to things that were agreed upon in the meeting. Just having another person with you for support can make it easier to say what needs to be said. Sometimes, it may also make the person you're meeting with more likely to cooperate.

## 6. Document Everything

Write down what happened each time you talk to someone while trying to solve the problem. Pay close attention to what is being said to you and take notes.

This history can come in handy if the issue is one that lasts a long time before being fixed. In part, it can provide evidence of your advocacy efforts if you should need to take legal action.

Things to write down:

- Face-to-face conversations,
- Telephone calls;
- Any incidents concerning your situation.

A record can be made by simply writing down who you spoke with or met, where and when you talked with that person, and a brief description of your exchange – what you asked for, what you reported on, what action needs to be taken. For example:

Who:	Jane Jones Early Intervention Coordinator
When:	6/28/08, 11:00 a.m.
Where:	Mat-Su Valley School Fair
What:	Asked her about programs available at my school. I was told she would need to check and let me know. I gave her my telephone number and address. She gave me her business card.
Action to be taken:	Should receive contact from Ms. Jones within a week. Call her on July 8 <sup>th</sup> if I don't hear from her.

Keep copies of everything. If you need to show someone a document, don't give them your original – ask them to make a copy. Then write down who took the papers, what the papers were, and when they were taken.

## 7. Evaluate and Follow Up

If you did not get what you were seeking when you started your advocacy efforts, what other steps do you need to take to be successful?

Have you followed through to find out how your request has been handled and that you have done what is required of you?

You may want to look at achieving another solution through a different plan of action.

Decide which issues you are willing to compromise on and the minimum you are willing to accept.

If you're not happy with the outcome, find out about your rights to file an official appeal or complaint.

Pay attention to timelines for appeals. You might lose the right to appeal a decision that you are unhappy with if you don't make the appeal in time.

## 8. Be Assertive

Show assertiveness, but talk respectfully and professionally to others and avoid slang or negative comments.

Be prepared to explain your concerns in a clear, specific manner.

Check to make sure the person you are speaking with has understood what you have said. It is OK to ask people to repeat back to you what you have told them.

From *Self-Advocacy* by the National Mental Health Consumer's Self-Help Clearinghouse (2000)

### **Managing your anger**

Remember that assertiveness is *not* the same thing as aggression: you should be a persistent and tireless advocate for yourself, but you should not shout at or insult others in the process. As Andrea Stephenson explains, "Assertiveness is being able to say what you need to say in a respectful and dignified manner."

When we perceive something as an injustice, our anger can be an asset if we use it to motivate ourselves to engage in self-advocacy. However, we must be careful not to let our anger become a liability for us. If you don't let your anger transform into shouting or character attacks, then the other people involved won't be able to use your behavior as an excuse for denying what you want.

## 9. Ask Questions

Making sure you understand what you have been told is just as important as making sure the other person understands your concerns.

It is your responsibility to ask questions when you are unsure of something.

Do not accept vague or incomplete answers to your questions. If this occurs, ask the person to clarify or let you speak with someone who can better assist you.

Whenever possible, ask to have things put in writing.

---

---

These are 9 good steps to get you started, but there is much more information available.

If you would like to read more, we suggest the booklet called *Self-Advocacy* by the National Mental Health Consumer's Self-Help Clearinghouse. There is a link to this publication on our website at: [www.dlcak.org](http://www.dlcak.org) under Publications, then Other Resources.

Advocacy skills help increase your ability to obtain the goals you have set for yourself.

These skills can help you take control of your own life. It may seem hard at first, but advocating for yourself gets easier with practice.

As a self-advocate, you have the decision-making ability and the power to change circumstances in your life.

No one is better than determining what is best for you, than YOU.

## Agency Contacts

### **Information and Referral for Alaska**

Call “211” or visit <http://www.alaska211.org>

**Stone Soup Group** provides information, support, training and resources to families who care for children with special needs. (907) 561-3701 [www.stonesoupgroup.org](http://www.stonesoupgroup.org)

**Assistive Technology of Alaska (ATLA)** is Alaska's only comprehensive assistive technology (AT) resource center. (907) 563-2599 [www.atlaak.org](http://www.atlaak.org)

**Alaska Autism Resource Center (AARC)** provides state wide services for Alaska, which includes in person and online educational presentations and classes, resources for parents, caregivers, educators, grandparents and first responders, referral services and a weekly telephone support group. (907) 334-1300 [www.alaskaarc.org](http://www.alaskaarc.org)

**Disability Law Center of Alaska** (907)565-1002 or 800-478-1234 <http://www.dlcak.org>

**Governor’s Council on Disabilities and Special Education** ensures that people with developmental disabilities and their families have access to all the programs and services they need to make their own choices and live independently in their communities. This includes access to health care, transportation, housing, employment and recreational opportunities. (907) 269-8990 or 888-269-8990 <http://dhss.alaska.gov/gcdse/Pages/default.aspx>

**UAA Center for Human Development (CHD)** is a University Center for Excellence in Developmental Disabilities in Education, Research, and Service (UCEDDs) authorized by the Developmental Disabilities Assistance and Bill of Rights Act of 2000. (907) 272-8270 or 800-243-2199 <http://www.uaa.alaska.edu/centerforhumandevlopment>

**State of Alaska Division of Vocational Rehabilitation (DVR)** is an **Alaska** State agency that helps Alaskans with disabilities get and keep good jobs. There are several DVR offices around the State. <http://labor.alaska.gov/dvr>

**Aging and Disability Resource Centers (ADRC)** connects seniors, people with disabilities, and caregivers with long-term services and supports of their choice. The ADRC network serves Alaskans statewide, regardless of age or income level, through regional sites. 1-877-625-2372 <http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx>

**Department of Health and Social Services, Senior and Disability Services (SDS)** mission is to promote health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity. 800-478-9996 <http://dhss.alaska.gov/Pages/default.aspx>

**LINKS** is a non-profit serving individuals in the Matanuska-Susitna Borough and all of Alaska with three programs:

- **Community Parent Resource Center** - Advocating and training for parents with children with disabilities through one to one meetings and group training to increase parental knowledge, advocacy, and participation in their child's education;
- **Aging and Disability Resource Center** - Promoting health, well-being and safety for individuals with disabilities, seniors and vulnerable adults and caregivers by facilitating access to quality services and supports that foster independence, personal choice and dignity, and;
- **Acquired and Traumatic Brain Injury** - Mini Grants Grants up to \$2500 for Adult Alaskans with an ATBI to increase independence and functioning. Grants are awarded monthly.

(907) 373-3632 <http://linksprc.org>

**Alaska Center for the Blind and Visually Impaired** is a nonprofit whose mission is to equip Alaskans with vision loss to meet their life and work goals. The Center is the only vision rehabilitation agency in Alaska. 907-248-7770 or 1-800-770-7517 <http://www.alaskabvi.org>

**Alaska Brain Injury Network (ABIN)** mission is to educate, plan, coordinate, and advocate for a comprehensive service delivery system for TBI survivors and their families. Our vision encompasses working to prevent traumatic brain injuries (TBI) and promote wellness for Alaskans with all brain injuries. (907) 274-2824 <http://www.alaskabraininjury.net>

## INDEPENDENT LIVING CENTERS

### **Southeast Alaska Independent Living (SAIL)**

907-586-4920 (voice, TTY)

800-478-7245 (Toll Free)

[info@sailinc.org](mailto:info@sailinc.org)

<http://www.sailinc.org>

### **SAIL Ketchikan (Satellite)**

907-225-4735 (voice, TTY)

888-ILC-SAIL (Toll Free)

[ketchikan@sailinc.org](mailto:ketchikan@sailinc.org)

### **SAIL Sitka (Satellite)**

907-747-6859 (voice, TTY)

907-523-5285 (Toll Free)

[sitka@sailinc.org](mailto:sitka@sailinc.org)

<http://www.sailinc.org>

### **SAIL Haines (Satellite)**

907-766-3297

[haines@sailinc.org](mailto:haines@sailinc.org)

### **Arctic Access**

907-345-0715 (voice, TTY)

877-442-2393 (Toll Free)

[arcticaccess@gci.net](mailto:arcticaccess@gci.net)

<http://arcticaccesscil.org>

### **Arctic Access (Satellite)**

907-387-0688 (voice, TTY)

[arcticaccessnome@gci.net](mailto:arcticaccessnome@gci.net)

### **Access Alaska, Inc.**

907-248-4777 (voice)

907-248-8799 (TTY)

[info@accessalaska.org](mailto:info@accessalaska.org)

<http://www.accessalaska.org>

### **Access Alaska Fairbanks**

907-479-7940 (voice, TTY)

800-770-7940 (Toll Free)

[info@accessalaska.org](mailto:info@accessalaska.org)

### **Access Mat-Su Outreach (Satellite)**

907-357-2588 (voice, TTY)

800-770-0228 (Toll Free)

[accessak@mtaonline.net](mailto:accessak@mtaonline.net)

### **Independent Living Center**

907-235-7911 (voice, TTY)

800-770-7911 (Toll Free)

<http://www.peninsulailc.org>

[ilc@xyz.net](mailto:ilc@xyz.net)

### **Independent Living Center Soldotna (Satellite)**

907-262-6333 (voice, TTY)

800-770-7911 (Toll Free)

[solinc@alaska.net](mailto:solinc@alaska.net)

### **Independent Living Center Seward (Satellite)**

907-224-8711 (voice, TTY)

[ilc@arctic.net](mailto:ilc@arctic.net)

**TRIBAL VOCATIONAL  
REHABILITATION AGENCIES**

**Tanana Chiefs Conference Voc Rehab  
Program**

122 First Avenue, Suite 600  
Fairbanks, AK 99701  
Ph: (907) 452-8251 Ext. 3232

**Inupiat Community of the Arctic Slope  
Vocational Rehabilitation**

P.O. Box 1610  
Barrow, AK 99723  
Ph: (907) 852-2448

**Bristol Bay Native Association**

P.O. Box 310  
Dillingham, AK 99576  
Ph: (907) 842-2262

**Kodiak Area Native Association**

3449 Rezanof Drive East  
Kodiak, AK 99615  
Ph: (907) 486-9842

**Tribal Vocational Rehabilitation  
Association of Village Council Presidents**

P.O. Box 1818  
Bethel, Alaska 99559  
Ph: (907)543-7491 or (907)543-7492

**Aleutian/Pribilof Islands Association, Inc.**

1131 East International Airport Road,  
Anchorage, AK 99518-1408.  
Ph: (907) 276-2700

**Cook Inlet Tribal Council, Inc.**

3600 San Jeronimo Drive  
Anchorage, Alaska 99508  
Ph: (907) 793-3362  
Toll free: 877-985-5900

**Kawerak, Inc. Vocational Rehabilitation  
Program**

P.O. Box 948  
Nome, AK 99762  
Ph: (907) 443-4362  
Toll Free (Alaska Only): 877-759-4362

**Metlakatla Indian Community Vocational  
Rehab Project**

P.O. Box 8  
Metlakatla, AK 99926  
Ph: 907-886-5872

**Central Council Tlingit & Haida Indian  
Tribes of Alaska - Tribal Vocational  
Rehabilitation Program**

320 W. Willoughby Ave., Suite 300  
Juneau, AK 99801  
Ph. (907) 463-7326

**Maniilaq Tribal Voc Rehab Program**

P.O. Box 135  
Kiana, Alaska 99749  
Ph. (907) 475-2162



**1-800-478-1234**

**ANCHORAGE OFFICE:**

---

3330 Arctic Blvd., Suite 103; Anchorage, Alaska 99503  
(907) 565-1002 phone • (907) 565-1000 fax

**FAIRBANKS OFFICE:**

---

1949 Gillam Way, Suite H; Fairbanks, Alaska 99701  
(907) 456-1070 phone • (907) 456-1080 fax

**JUNEAU OFFICE:**

---

230 South Franklin, #206; Juneau, Alaska 99801  
(907) 586-1627 phone • (907) 586-1066 fax

**ALL NUMBERS ARE BOTH VOICE & TDD**  
[www.dlcak.org](http://www.dlcak.org) • e-mail: [akpa@dlcak.org](mailto:akpa@dlcak.org)