

SHELTER WORKER'S GUIDE



TO ACCOMMODATE CHILDREN WITH ACCESS AND FUNCTIONAL NEEDS



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INTRODUCTION

Purpose of the *Guide*

This *Guide* is designed to help emergency shelter staff and volunteers (shelter workers) learn about children with access and functional needs and those who provide them with care. Shelter workers can use the *Guide* to become more informed about helping the children and their families make full use of services in a general emergency shelter. This *Guide* doesn't include everything that a shelter worker may encounter. Its primary purpose is to help shelter workers learn basic knowledge and skills they can use to avoid some common problems experienced in shelters.

To achieve this purpose, the *Guide* reminds workers that children with access and functional needs and their families are first and foremost individuals and should be shown the same respect and politeness as everyone else. Shelter workers should expect to encounter children who use wheelchairs or hearing aids or who are blind, as well as children with access and functional needs that are less visible. Families and caregivers of the children can provide important services to them in the shelter, usually better than others can, and should not be separated from the children.

Service animals and pets can also be expected. Shelters have an obligation under the Americans with Disabilities Act (ADA) to allow individuals to keep their service animals with them in the shelter and are required by the PETS Act to shelter pets.

This *Guide* offers specific suggestions for developing skills for communicating and interacting with the children, their families and any direct support aides that may be with them.

The *Guide* is divided into two parts: (1) general guidance for interacting with all children with access and functional needs and their family members or aides and (2) guidance for providing assistance in each area of the shelter (sleeping, food service, etc.) to children with different kinds of access and functional needs.



Children with Access and Functional Needs and Their Families in Shelters

Emergency shelters provide temporary services to individuals directly affected by a declared emergency. An emergency shelter is a location designated by local authorities as a safe gathering place such as a community center, church, or local public school. The services provided at a shelter are only those considered necessary to meet the basic temporary needs of people who are displaced from their regular environments. People can expect a shelter to be a safe place where basic services will be available such as water, food, medicine, basic sanitary facilities and family reunification. Most shelters are open for a few hours or overnight depending on local needs and conditions; some, after a major event like a flood or hurricane, may be open longer.

To perform their function, emergency shelters must be accessible to everyone who needs their services. In the past, children with access and functional needs have been referred to hospitals or other facilities instead of receiving services in the same shelter as others. Some of these referrals may still be appropriate when children seeking services are very ill or injured but all shelters are required by law to accept a wide range of children with access and functional needs.

The children and their families have the same feelings and concerns as other children and families in a shelter. While no one should expect luxury accommodations in an emergency shelter, families should be able to find a shelter that meets the needs of their children. Emergency shelters are committed to accommodating children with access and functional needs and their families, in similar ways and in the same places as other children and families.

Emergency Shelter Managers and Staff

Individuals who manage, work or volunteer in emergency shelters (shelter workers) assist individuals in a time of sudden need. Managers of shelters can set expectations and teach specific practices of operation to ensure that children with access and functional needs and their families are welcomed and successfully accommodated without greatly increasing the responsibilities of workers.

Some shelter workers may have little experience with children with access and functional needs. They can avoid problems by learning simple techniques in advance for assisting the children and interacting with their families in a respectful manner. Shelter workers do not have to become experts on children with access and functional needs or family services. Workers should expect that in a well-organized shelter most families that include a child with access and functional needs will be as self-reliant as any other families using shelter services.

For everyone who comes seeking shelter, a shelter worker should ask “May I help you?” These simple words said by a shelter manager / worker are the first step in providing inclusive services.

Problems That May Occur in an Emergency Shelter

The families of children with access and functional needs report several kinds of problems involving shelter workers that are unfamiliar with their children. The most basic problem is being refused admittance. The children and their family members have the same rights as everyone else to be admitted and receive shelter services. If a shelter is not physically accessible, the child’s civil rights are being denied.

Communication problems may be most important. Sometimes when a shelter worker doesn’t know how to talk to a family with a child who has access and functional needs, the family and child are inadvertently put to the side and left to fend for themselves. Poor communication is a source of many subsequent problems.

Children with access and functional needs may come to shelters without family members or their service animals. Many labor-intensive and time-consuming problems for the families and the shelter staff come from such separations. Shelters should make reunification a high priority for all families.

All children, including children with access and functional needs, are usually more vulnerable than adults and dependent on others for sustenance and protection. They are particularly vulnerable in emergencies. Shelter staff need to ensure that the safety of all children is a priority, and should seek training on how to intervene appropriately whenever a child's safety is threatened.

Some children with access and functional needs depend on personal assistive devices (wheelchair, feeding tube, or communication device) and medical supplies to maintain their health and participate in school, social life and family life. In an emergency, they may arrive at the shelter with or without such equipment. Shelters that do not strive to accommodate essential equipment, or replace equipment that was lost, can expect many problems to arise. Shelters also need to be equipped to support the electrical needs of children by providing access to outlets, charging stations, generators or long-life batteries. Shelter workers need to be aware of the great importance of such equipment and supplies and their responsibility to accommodate or find substitutes for such assistance.

While all families in a community should undergo preparedness planning before an emergency occurs, shelter workers cannot expect that every family who comes to a shelter will be equipped with all the paperwork (such as prescriptions), medicines and medical supplies, extra clothing, assistive technology and other supplies that a well-prepared family would have with them. Shelters can do their own preparedness planning, such as training using this Guide, to be ready to provide accessible services to both prepared and unprepared families, with or without children with access and functional needs, who arrive at the shelter.

Families of children with access and functional needs frequently rely on paid direct support workers to help their child with activities of daily living. Reconnecting with these supports after a disaster may take extra time and cause serious problems for families when they transition out of a shelter. Shelter workers need to understand the challenges that these families face and make accommodations to ensure that they have a safe place to go when the shelter closes.

Delivering Family Centered Services

Shelter workers should be aware that families often rely on a combination of care managers, therapists and personal caregivers to provide life-sustaining supports to their children with access and functional needs. Every family should be accommodated in a way that respects the family's strengths and needs. Some families will require more support from shelter workers; others will require less. Some families will have prepared for sheltering and some will not. But all families deserve the respect and attention needed to make use of public shelter services.

If shelter workers can offer "Family Centered Services," they will better accommodate families with children who have access and functional needs. At the core of FCS is sensitivity and respect for the dynamics of the family and the values of individual family members. It is based on the idea that individual families know their children and their situational needs and requirements best. It also suggests that a child should be understood as part of their family, and assistance offered that is suited to the family's needs. The FCS approach recommends that shelter workers should recognize that a shelter is not the best environment for evaluating and trying to change how a family operates.

Culturally and Linguistically Effective Support of Children with Access and Functional Needs

In addition to Family Center Services, shelter workers need to offer shelter services that are respectful to the cultures and languages of others. Offering culturally and linguistically competent supports in an effective manner requires advance knowledge and planning. Shelter workers need to be aware of the cultures and languages spoken by families of any community in order to offer effective services.

Culture refers to the patterns of behavior that include language, thoughts, communication, actions, customs, beliefs and values of ethnic, religious or social groups. Having awareness and a respect for the cultures of the children and families sheltering will avoid the stereotyping of minority families.

Shelter leadership and workers need to be aware in advance of languages spoken by the effected community prior to the opening of a shelter to ensure the appropriate linguistic services are offered. Providing effective language services involves translating shelter materials and signage into the local languages and offering qualified interpreters. Effective language service will address communication barriers.

FAMILY GUIDE TO SHELTERS

As all families enter an emergency shelter, they will receive the “Family Guide to Shelters”. This document, which is also posted prominently in the shelter, states what families entering the shelter are responsible for and what they can expect from shelter workers and shelter services. All of the general points of the statement are addressed in this Guide to support shelter workers in delivering services in a manner consistent with best practices for supporting Children with functional and access needs and interacting with their family members. The Family Guide is intended to be a supplement and should be used in tandem with other shelter guidelines.



Family Guide to Shelters

Expectations and Responsibilities

In a disaster or major emergency, public general shelters provide a temporary safe place for you, your children and other family members. You should not expect luxurious conditions or to stay very long, but you can expect workers in the shelter to provide food and water, and help you meet other basic needs. During your stay in the shelter, you have a clear responsibility – responsibility for the overall care and well-being of your children. The right to a public shelter for your child and for all children is protected, including children with access and functional needs*.

At the emergency shelter you and your family can expect:

- To be admitted regardless of your access or functional needs
- To be housed together with your entire family, including family members with access and functional needs*.
- To have your family's basic needs met, including food, water, diapers, access to bathrooms and safe sleeping areas
- To have everyone's civil rights respected, including reasonable accommodations for adults and children with disabilities under the Americans with Disabilities Act
- To be spoken to in a respectful manner and in a way to reach all people in the shelter, including those with hearing, sight or other access and functional needs*
- To have the safety of all infants and young children be a priority
- To have the best interest of the children be a primary consideration in all actions
- To have the rights and freedoms of adults and children with access and functional needs* to be honored and respected
- To have space and procedures available to all for care of pets and service animals
- To receive help from shelter workers in resolving any disputes that arise with others in the shelter



When receiving shelter, you and your family have responsibilities, to include

- To provide for your child's needs – physical, psychological, and emotional
- To give shelter officials accurate information about any medical condition you have or anything else that could limit your ability to care for your children
- To notify shelter staff of any medicines or other accommodations that your children need because of asthma, allergies, a disability, or other condition
- To bring with you, if possible, any medications, prescriptions, assistive devices or medical equipment your child will need
- To provide care for your service animal and supplies for sheltering pets
- To assist making and keeping the shelter environment safe by following all posted shelter rules and policies
- To respect the rights of others, including accommodations made to meet the needs of children with access and functional needs*
- To make personal arrangements to leave the shelter as soon as you can, when it is safe to do so

*An individual with an access and/or functional need is someone who may have additional needs in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision and medical care.

PHYSICALLY, PROGRAMMATICALLY AND COMMUNICATION ACCESSIBLE SHELTER

Many children and parents may find shelter arrangements difficult because they are separated from their personal items and familiar surroundings. For children with access and functional needs and their families, the situation can be even more difficult if shelter services and spaces are not physically, programmatically and communication accessible. This section recommends best practices for operating physically, programmatically and communication accessible shelters.

Federal laws have been established to break down barriers experienced by individuals with access and functional needs trying to gain access to employment, transportation, public accommodations and other services used by the public. The American's with Disabilities Act, Rehabilitation Act, Civil Rights Act, Fair Housing Act and others give legal protections and civil rights to all individuals / children with access and functional needs. They guarantee equal opportunity in public accommodations, including emergency preparedness, response and recovery. It also includes emergency shelters.



Best Practices for Operating Physically, Programmatically and Communication Accessible Shelters

Advance planning

Each child with access and functional needs and his or her family will have particular needs, different from those of other families. To provide equal access, advance planning requires identification of the range of likely needs in a shelter and arrangements made in advance to meet those needs.

Accessibility

Emergency shelters must provide access to all people, including children with access and functional needs and their families. Emergency shelter operators should ensure that shelters are physically, programmatically and communication accessible to children with access and functional needs.

Keeping families together

Family members provide each other the support and assistance necessary to cope with emergencies and disasters. Many children with access and functional needs rely on the support of family members to assist them with everyday life activities. Families that arrive at the shelter together should be allowed to remain together. After a disaster, families may become separated. Family reunification is a critical post-disaster service for anyone with a missing family member and one of the first steps to recovering from a disaster.

Inclusion

ADA requires children with access and functional needs to be included in an integrated setting that meets their needs. For most children their needs can be met in a mass care shelter. Children should be housed with their families and not be directed to a special needs or medical shelter. Shelters must house children even if they are not accompanied by their families or caretakers.

Reasonable Modifications

The ADA requires shelter operators and staff to make reasonable modifications to policies, practices, and procedures when necessary to avoid discrimination. Examples of reasonable modifications include: modifying kitchen access to provide access for children's dietary needs; adjusting shelter schedules to accommodate children and families for needed extra time, and establishing procedures that individuals with access and functional needs can use to request reasonable modifications to sleeping arrangements

Communication

From the moment children with access and functional needs arrive at a shelter, staff must effectively communicate with them and their families. Examples include: alternative format materials for children who are blind or who have low vision and for children who are deaf or hard of hearing. Emergency responders typically give communication the highest priority in all aspects of response; that is also true in shelters.

Shelter Environment

Shelter workers must maintain an accessible environment the entire time the shelter is operational. This includes maintaining accessible routes and removing protruding objects in areas where people can walk. Consult children with access and functional needs and their families regarding placement of their cots. Some individuals will have needs that require accommodation when assigning the location of their cot.

Supplies

Provide an effective way for families / children to request and receive durable medical equipment and medication. Shelter managers need to plan and make arrangements in advance so persons with access and functional needs can obtain emergency supplies of medications and equipment.

Feedback

To evaluate and improve shelter services, shelters should establish a process for people to give feedback on how the shelter and its staff provide services to children with access and functional needs and their families. Families of children with access and functional needs will arrive at the shelter with information about what to expect and their family's responsibilities.

Transition back to the community

Provide children with access and functional needs and their families a reasonable amount of time and assistance to locate appropriate housing and services.

INTERACTING WITH SHELTERING FAMILIES AND CHILDREN, INCLUDING CHILDREN WITH ACCESS AND FUNCTIONAL NEEDS

Children with access and functional needs and their families should have opportunities equally provided to others, even if that requires some extra effort and planning by shelter staff. General guidelines for assisting all families who come to a shelter also apply to assisting individuals with access and functional needs. Children with access and functional needs can't be excluded from shelters or shelter services except in rare circumstances, and certainly not because of staff inattention or lack of preparation.

Long experience with emergency shelters has led to establishing shelter structures and operations to provide many accommodations needed by families and children without access and functional needs. Shelter operators have learned to find appropriate buildings that can provide adequate heating and lighting, showers and bathrooms, cots for sleeping and resting, meal preparation equipment and service, basic medical support, and various logistic, communication, and other services. Unfortunately, less attention has been devoted to modifying these accommodations to serve children with access and functional needs.

Families with a child or children with access and functional needs should not expect all the supports and comforts they may have at home. Like all other families who seek safety in a shelter, families of children with access and functional needs may experience uncertainty and worry. The families do have a right to expect that accommodations for them will be included in shelter services and spaces. Shelter services should meet the basic needs of everyone who comes to the shelter in an emergency, and all areas of the shelter – for resting, food service, personal hygiene, and other needs – should be accessible.

Shelter workers are the most important points of contact for families with a child with access and functional needs. Shelter workers who have little experience with children with access and functional needs and their families can learn simple techniques of interacting with them in order to provide better services to everyone.

The pages in this section suggest general steps to improve communication – often the most poorly understood and neglected part of interaction especially in extreme situations. They also explain basic steps of assisting with family reunification, medical needs, safety needs and transition out of the shelter.

This section begins with communication and recommended terminology to use in speaking with, or about, children with specific access and functional needs and their families.

Communicating with Children with Access and Functional Needs

In a disaster situation, communication is always important and may be challenging for everyone. Anyone may become disoriented, lack focus and be unable to process information or directions quickly. Children with access and functional needs that affect their sight, hearing, or cognitive ability to understand information can often be helped by using a few simple techniques of talking and listening. In some cases, the parent might have an access or functional need and not the child. The techniques discussed here often work with adults and children without access and functional needs as well.

This section focuses on four important parts of communication in the setting of an emergency shelter by;

- Discussing the words used to refer to children with or without access and functional needs, and includes a table of words to use with respect to different access and functional needs.
- Suggesting polite and productive ways to talk to families of children with access and functional needs.
- Explaining ways to orient children with access and functional needs to shelter activities and spaces.
- Discussing how signage can be made accessible and used in a shelter.

1. Words to Use in Speaking With or About Children or Adults with Access and Functional Needs

Words used when talking to, referring to or working with a child with access and functional needs can be appropriate or inappropriate, and will have positive or negative consequences. Outmoded, disrespectful language can make children and families feel excluded and can make shelter staff that use them seem ignorant and out of touch. They can become a barrier to successful shelter operations. Use words and phrases that show respect for the dignity of children with access and functional needs and their families. Avoid slang and don't make jokes about a child's perceived lack of abilities.

There are no strict rules of "politically correct" language you have to learn; just use good judgment and the general recommendations given here.

It is rarely necessary to refer to a child's functional and access need at all when you are talking to them or a family member. Unless you are a doctor, it is almost never polite to ask what their medical diagnosis is or "what's wrong" with them.

Put the child first, say "child with an access or functional need" rather than "disabled child." Don't use inaccurate and outmoded terms (such as "dumb" when referring to a person who doesn't speak). Such words are very demeaning and disrespectful.

Use active language such as "she uses a wheelchair," not "she is confined to a wheelchair." It is polite to say "child who is blind" or "child who is deaf." For example, "Our shelter is serving three children who are blind and two who use wheelchairs."

When talking about children who don't have access and functional needs, it is better to say "children without access and functional needs" instead of "normal children" or similar terms. For example, "We have six children without access and functional needs and two who are blind waiting in the lunch line."

When talking about parking places, building entrances or other accommodations for children or adults with access and functional needs, use the term "accessible" rather than "handicapped" (accessible parking place, accessible entrance). (The accessible entrance is over here.)

It's also okay to use words or phrases such as disabled, disability, or children with access and functional needs when talking. For example, "How are we going to make the serving line more accessible to the children with access and functional needs and their families?"

Referring to Different Access and Functional Needs

This table gives respectful language to use to refer to children who have access and functional needs.

ACCESS AND FUNCTIONAL NEED	RESPECTFUL LANGUAGE
Mobility or Physical Disability	Wheelchair user, Child who uses a wheelchair Physical Disability, Child with a mobility or physical disability
Blind or Low Vision	Blind, low vision, vision loss. Child who is blind/has vision loss
Deaf, or Hard of Hearing	Child who is Deaf, oral deaf, deafened or hard of hearing
Deaf-blind	Child who is Deaf-blind
Speech / Communication Disability	Child with a speech/communication disability
Intellectual / Developmental Disability	Child with an intellectual disability. Child with a developmental disability
Autism	Child with autism, Child who has autism
Chronic Medical Condition	Child "living with" a specific disability (e.g., <i>a child living with cancer</i>)

2. Talking and Listening to Children with Access and Functional Needs and Their Family Members

Talking to children with access and functional needs:

- Seek the child's attention before speaking to them
- Speak directly to child and their parent; face them and make eye contact
- Speak clearly and naturally. Keep directions simple and clear by using short sentences and give no more than 3 steps at a time
- Avoid assumptions about what a child or family member can or cannot do or understand
- Ask them if they have a communication device they need to use
- Offer choices, if possible such as during organization of the children's activities.
- Refrain from shouting or speaking unnaturally slowly

- Learn to use writing, pictures, and other formats to provide information – if necessary.

Listening to children with access and functional needs:

- Be an active listener. Concentrate on what the child or family member is saying and respond to any questions
- Repeat what you think you have heard and have it confirmed that you properly understood what they expressed
- Allow children and their family members to speak out and expect them to speak up for themselves
- Permit children to use a communication device if they have one
- Learn to use writing, pictures, and other formats to share information.

3. Accessible Signs

Offering accessible services should be a goal of every emergency shelter, but without the use of clear (accessible) signs, children and families may still have a difficult time locating accessible areas and services.

There are several uses for signs; in an emergency shelter, their primary purpose is to provide someone with information and direction. Signs should be simple and consistent so that they can be understood by everyone including children such as an ADA compliant symbol restroom sign.

Through accessible signage, most children with access and functional needs and their families can use shelter spaces and services independently, with less help from shelter staff.

4. Assistance with Orientation/Guidance

Children with autism, vision loss, intellectual disability or other access and functional needs (or others at a family member's request) may need additional assistance from shelter staff in orienting themselves to the layout of shelter areas

Give individualized (family) shelter orientations:

- Provide a walk-through of areas within the shelter (for example, bathrooms, dormitory and eating areas) to help with shelter familiarization; explain shelter schedule and rules
- Introduce shelter staff and explain their roles
- Provide a verbal mapping of the shelter facility
- Verbally explain any signage or written rules.

To guide a child who is blind, offer them your arm (or alternatively your hand if s/he is small) and walk slightly ahead of them. The motion of your body will guide them as you walk. Tell them about changes in the walking surface, or obstacles overhead or in your path. If a child has a service animal or durable medical equipment (such as a cane), ask the child which side they want you to walk on so you don't interfere with them or their service animal. To help a child who is blind to sit down, place their hand on the back of the chair and they will seat themselves.



SERVICE ANIMALS / PETS



Today, there are many types of service animals that provide various services for children with functional and access needs. Service animals may be trained and certified to provide special skills to assist a child with their daily living activities. Service animals are no longer limited to “Seeing Eye Dogs” or for individuals with low or no vision. Children with mobility, hearing, seizures and other needs may use a service animal to provide assistance. **Service animals can also include different types of animals.**

Under the Americans with Disabilities Act (ADA), shelters are prohibited from discriminating against individuals with disabilities. The ADA requires shelters to allow individuals with disabilities to bring their service animals into the shelter in whatever areas the public are allowed.

Typically, it is readily apparent that the animal is used by the person for reasons relating to their individual need. Some, but not all, are licensed or certified and have identification papers. If you are not certain that an animal is a service animal, you may ask the person who has the animal if it is a service animal. A service animal is not a pet.

Interacting with a Person and their Service Animal

A service animal wearing a harness or official coat is working and on active duty, and should not be approached or distracted.

Some service animals on active duty will not always wear a harness or other identifiers and should not be approached or distracted.

Distractions include petting, making eye contact, giving treats, touching, gesturing, making noises or talking to the service animal.

Always ask the person accompanied by the service animal first for their permission to approach the animal. If they are agreeable, they may have to remove the harness or working coat of the service animal to let the animal know they are not on active duty and can be touched or petted.

Do not give anything to drink, food or treats to the service animal without the permission of the owner. Also identify to the owner in advance the types of treats or foods or water you want to give their service animal to ensure you avoid any allergy concerns or specialized dietary requirement of the animal.



Pets

To protect their pet’s families will take their pets with them to a shelter. The PETS Act requires that state and local emergency plans address families with pets. The PETS Act authorizes the rescue, care, shelter, and essential needs for individuals with household pets and the pets themselves following a disaster or emergency. Shelter operators need to be aware of how their states and local municipalities are prepared to shelter animals and have the information readily available in accessible formats to individuals entering shelters.

FAMILY REUNIFICATION

Reunification is a critical disaster service for anyone with a missing family member and one of the first steps to recovering from a disaster. Reuniting children with their families should be an important priority for shelter workers. It can also be one of the most challenging processes to implement and accomplish. The purpose of family reunification is to quickly re-establish the link among all members of a family. It's a system that collects information from various locations about missing family members (hospitals, shelters, etc.) so that they can find each other.

If a child with access and functional needs is separated from his/her parent, the key to supporting them and keeping them safe is to reunite them with their family as quickly as possible. Children often rely on family members, informal caretakers and paid support persons to assist them with many everyday activities. Children with a severe access or functional need often rely on family to supply life-sustaining medicines, medical care or personal care, making reunification a very high priority for these individuals. The communication techniques in this Guide can be used while assisting children with access and functional needs in the process of reunification.

If a child arrives at the shelter without a family member or a caregiver, shelter workers and shelter managers should:

Be prepared or have designated staff and interpreters available at registration to interact with children with access and functional needs that are not able to identify themselves or provide any documentation of who they are.

Be aware of shelter policies and procedures to contact FEMA and the National Center for Missing and Exploited Children (NCMEC) to aide in reunifying families after a disaster.

Be aware of policies to reunify children that are alone in the shelter with appropriate law enforcement officials.

Know which Identify agency or departments (i.e., State, Social Service Agency, other) are responsible for the guardianship of unaccompanied minors and/or reunification efforts.

HEALTH CARE SERVICES

Children with access and functional needs who receive regular health care at home or school (such as bladder management, feeding support, administration of medications or the use of medical equipment) can receive such care in a shelter. Shelters must accommodate children who bring medical equipment with them, except in rare cases.

Children with access and functional needs who have a complex or severe medical condition that cannot be handled by a caregiver or general shelter staff, may be referred to a hospital, medical center or a medical needs shelter if available. This would include children with a serious or chronic illness, disease or condition that requires specialized treatment, monitoring or equipment, like a child with an unstable cardiac condition for example. If a change in placement is required because the shelter cannot provide the necessary level of care, the receiving shelter should also accept all, or at least some, of the child's family members.



When a child who requires intensive medical care arrives at a general shelter, the welcoming and registration staff should refer needed supports to the shelter management. They, with the assistance of medical staff, will decide if the shelter can serve the child. A child's medical needs may change or deteriorate while in the shelter. If a child's medical care becomes more than the shelter is capable of handling, shelter managers should work closely with local emergency managers to quickly determine the most appropriate placement for the child and their family.

Behavioral Health

All children involved in a disaster will have positive, negative or neutral reactions to their shelter experiences immediately, throughout, and possibly long after a disaster. The behavioral reactions of children with access and functional needs will vary and are strongly influenced by factors such as their developmental age and whether or not they are united with a parent or other family member. Their reactions will often compound any physical and medical needs and should not be ignored by shelter workers.

Children with access and functional needs will require behavioral support throughout their sheltering. Ideally, a well-prepared emergency shelter will have trained its staff in basic disaster behavioral health support, such as disaster behavioral health and have behavioral health professionals available to provide services to children with and without access and functional needs. Shelter workers can also identify and support children with access and functional needs by looking for signs of emotional distress such as,

- Crying
- Not Sleeping / Eating
- Hyperactivity
- Fidgety
- Temper Tantrums
- Hyperventilation
- Flat Affect
- Detachment
- Rage / Aggression
- Fear / Worry
- Anxious



If a shelter worker sees a child displaying any of the above signs, ask the child or a family member if the child is okay or if there is anything the worker can do. If possible, refer them to behavioral health staff working in the shelter so they may assess the situation. Do not assume that the behavior is only a symptom of the child's access or functional needs.

Safety

Children with access and functional needs are at increased risk for accidental injuries, child abuse and child neglect. They often need the protection of family or trustworthy caregiver staff to remain safe. Shelter management and staff should be constantly aware that children with access and functional needs may be especially vulnerable to sexual abuse in an emergency shelter. Potential problems can be avoided by considering appropriate sleeping arrangements for families and a child, ensuring adequate and safe child care is available in the shelter and carefully screening staff and volunteers.

While the shelter is in operation, shelter workers should know where children with access and functional needs are and who is with them, staying aware of activities involving children and adults and routinely checking any isolated places in the shelter.

Shelter workers can also offer support to parents who are struggling to care for their children in the aftermath of a disaster, responding quickly if a child needs or family member asks for help, and being suspicious if a non-family person asks for information about a child.

Shelter workers are required to report to the shelter authorities any suspicions they have about a child with access and functional needs, or any child, in a verbally or physically abusive situation. They don't have to know for sure that abuse has occurred; only suspected. They should not attempt to interview or investigate the matter on their own.

TRANSITIONING OUT OF THE SHELTER

After providing a safe haven, the goal of most emergency shelters is to transition people out of the shelter as quickly as possible. Some families and their children will be able to transition out easily by seeking assistance from friends and relatives. Others will rely on shelter workers, local government and community services to leave the shelter for more permanent housing.

The difficulties of transitioning out of a shelter can be compounded for families with a child who has access and functional needs. In addition to the personal loss felt by all families, families with children with access and functional needs may have lost connections to specialists, schools and supplies that are a vital part of their children's daily lives. Such disconnection from schools, supplies and specialists can make it extremely difficult for a family to find accessible housing, childcare or school, necessary medicines and medical equipment, usable transportation and other supports needed for the family to live together.

Various local and national organizations provide supports to children with access and functional needs and their families during normal times and in the wake of disasters. Shelter leaders should establish cooperative agreements with such organizations before a disaster to facilitate the relocation process for children with access and functional needs. Shelter workers should learn as part of their training, what services these organizations can provide after a disaster and how to contact them.

It is important that shelter workers understand that not all families can be expected to independently access assistance centers and disaster recovery centers. Shelter workers need to share transitional information using the communications strategies in this Guide and be prepared to deliver materials in accessible formats. Navigating the transition process and accessing services can be especially challenging for shelter workers anxious to close the shelter and return to their own homes. Shelter managers should ensure that shelter staff are aware of any responsibilities they have to help families and individuals successfully transition out of the shelter and return to the community.

ASSISTING CHILDREN WITH SPECIFIC ACCESS AND FUNCTIONAL NEEDS IN ALL AREAS OF THE SHELTER

A child with access and functional needs and their families do not necessarily need help. Most children and families try to be as independent as possible and will ask for assistance only if they need it. Their support needs will vary. Having an open and respectful conversation about a child's or family's support needs is a first step in delivering family centered supports in a dignified manner.

This part of the Guide discusses assisting people with specific access and functional needs (such as hearing, vision, or mobility). This part of the Guide also suggests best practices for accommodations. When incorporating these accommodations, it is important that they fit the child. Improper accommodations or improperly sized durable medical equipment (DME) may injure a child.

Shelter workers should not expect that every child with an access or functional need will require a great deal of time and attention. Many children use medications or assistive technology to meet their needs with no help from others. Some have family or paid caregivers who regularly assist them, and will do so during their shelter stay. Shelter workers need to ensure that shelter processes and physical facilities are not exclusionary, and be ready to communicate in a welcoming and accessible fashion.



Personal Support Needs:

Most children with access and functional needs rely on family members or caregivers for emotional support and assistance with daily activities like dressing, mobility, meals, medicines, bathing or using the washroom. A family member may also use sign language or communication technology to facilitate communication. The amount of support provided varies widely from one child to another.

Assistance with Healthcare Needs

Family and caregivers are often very familiar with the medical, dietary, and personal care needs of their children they assist, and are skilled in meeting those needs. Their support is difficult to replace in a shelter if a child is separated from his/her family.

Plan accommodations in advance so children and their families therefore have access to all of the services available in the shelter.

Do not separate a child from their family caregiver.

Make sure to focus your interaction on the child and family member. Do not ignore the child or the family or assume that they understand.

Assistance with Medications

Children with access and functional needs may use few or no medications. Others have more complex regimens of taking medications which are critical to preserving their physical or mental health. Family members are trained and authorized to dispense medications to their children. Medications may require refrigeration or handy storage to be quickly available in a crisis. Shelter workers must plan in advance to have access to pharmacies that can assist in replacing or obtaining needed medications in doses appropriate for children.

Assistance with Meals

Eating can be a serious challenge for children with neuromuscular disorders or other access and functional needs that make chewing and swallowing difficult and dangerous. When a child cannot eat safely or take in adequate amounts of nutrition orally, an alternative feeding method may be instituted by their doctor. Diet and feeding protocols must be accommodated at the shelter to avoid life-threatening events. Feeding protocols may also require preparing specialty foods. For some families private eating areas should be made available to promote their child's privacy and dignity during meal times. Ask a family member how to proceed when providing meals in alternative ways.

Tube Feeding

If swallowing and chewing prove very difficult, a child may use a feeding tube to take in food in liquid forms. A soft pliable tube is inserted through the skin of the abdomen into the stomach or small intestine. The feeding tube remains in place and is uncapped for each feeding. Some children may use tube feeding to supplement eating by mouth. A child with a feeding tube will probably have his/her own equipment, such as an IV pole or feeding pump, feeding containers, syringes and a supply of liquid food. This food may or may not need refrigeration. The child may be helped by a family member. Family members will know how to use the equipment. As always, ask what assistance a child using a feeding tube or their family members need.

Assisting with Bathing and Toileting

For some children with access and functional needs, bathing can be difficult and even dangerous. Family members have the skills and experience needed to ensure that this process is conducted safely while respecting the dignity of the child being helped.

Shelter workers should try to provide any supplies or equipment needed to make personal care processes safe and effective.

Ask the child being supported or the family member what supplies they need, if any, and try to obtain them.

Since there may be a tight schedule for everyone to use the bathroom and shower area, try to schedule use of the facilities by Children with access and functional needs in a way that avoids pressuring them to hurry.

Assisting with Communication

Some children with access and functional needs may rely on their family or caregiver for assistance with communication. Family members often have learned to interpret an individual’s style of communication and can facilitate communication between shelter workers and the child with access and functional needs.

Keep the following in mind when working with a family member as an interpreter or communication assistant:

Speak clearly.

Speak in short, simple sentences.

Listen carefully to the child, and watch for, and respond to verbal cues and gestures.

Children who use Mobility Aids

Always ask the child and family members how you can help before attempting any assistance. Do not attempt to move a child and/or their devices without permission.

- Ensure that the child’s wheelchair, scooter, walker, crutches or cane is accessible to him/her at all times.
- Provide access to electricity if necessary for medical equipment.
- When talking to a child in a wheelchair, make eye contact, talk naturally without being patronizing. If a conversation is expected to last longer than a few minutes, find somewhere to sit down, or squat down to the wheelchair user’s eye level.
- To a wheelchair user, their wheelchair is part of their body and personal space and should be treated as such.
- Do not interfere with the child’s movement unless asked to do so.

Assistance by Shelter Area

REGISTRATION AREA	DORMITORY AREA	MEAL PREPARATION AND SERVING AREA	SELF-CARE NEEDS REST ROOM AND SHOWER AREA	PLAY AREAS FOR CHILDREN	SUGGESTED ACCOMMODATIONS
Make sure the area is accessible (e.g. have tables that can accommodate a family member with a wheelchair) and does not have any restrictions such as steps that would prohibit registering.	Ask first before assuming that a child needs help. Ask if they need any support aids that will make them more comfortable (e.g. lift equipment, medical cots). Provide physical support when asked to those who need it for navigating the dormitory area or transferring between wheelchair and cot.	Determine if there are any dietary needs. Ask those using a mobility aid if they need help to see, select, or transport their food items to dining tables. Assistance may be needed to clear tables after meals.	Ask a family member or child if any assistance is needed in using restroom or shower areas. Ask if any support aids are needed (e.g. shower seats)	Accessible routes to the play area and throughout the play area. Provide play components (toys, equipment, etc.) at ground level	<u>Only use Durable Medical Equipment (DME) that is size appropriate for the child.</u> <ul style="list-style-type: none"> ▪ Lift equipment ▪ Facilities for charging batteries for power chairs ▪ Medical cots ▪ Mattress pads ▪ Privacy screens ▪ Portable ramps ▪ Bedside commodes with screens ▪ Transfer boards ▪ Table-level access to activities

Children who are Blind or have Low Vision

In one-to-one conversation or in groups that include a child or family member with vision loss, remember that individuals who are blind or have very low vision cannot see the usual non-verbal cues used in conversation. Replace gestures and vague verbal references (over there) with more precise statements from the vantage point of the person with vision loss (to your right). Think before speaking or acting; ask if help is needed; tell the person what you are doing or going to do, for example, “here is my arm”.

- Speak to the individual when you approach them and clearly state who you are.
- Give verbal cues that you are listening and that you understand them (I see, Yes, Oh, OK, and so forth.)
- When conversing in a group, identify yourself and make clear to whom you are speaking (use each person’s name)
- Do not attempt to lead the individual without first asking; offer your arm instead of taking theirs. Keep half a step ahead of them but allow him or her to walk at their own pace and control their own movements.
- Be descriptive when giving directions; verbally give the person information that is obvious to sighted individuals.
- Watch for overhangs or protrusions the child could walk into and advise him/her in advance of actions they should take and when.
- If the child uses a cane or has a service animal or guide dog, ask him/her which side you should walk on to avoid obstructing them or distracting their animal.

Assistance by Shelter Area

REGISTRATION AREA	DORMITORY AREA	MEAL PREPARATION AND SERVING AREA	SELF-CARE NEEDS REST ROOM AND SHOWER AREA	PLAY AREAS FOR CHILDREN	SUGGESTED ACCOMMODATIONS
<p>Provide important information in multiple formats (e.g. large print, Braille or adjustable on-screen computer font size).</p> <p>Provide a verbal orientation to the shelter.</p> <p>Give clear and concise directions and be descriptive (e.g. the dormitory area is down the main hall and to your left).</p>	<p>Assign a cot space in an area where access is unobstructed to other areas like food service, restrooms, and emergency exits.</p> <p>Verbally explain where the family is located in the dormitory area in relation to other service areas.</p>	<p>Ask the child or family member if they would like you to read the menu, help with a tray or silverware, and so forth.</p>	<p>Ask a family member or child if any assistance is needed in using restroom or shower areas.</p> <p>Descriptively answer any questions.</p> <p>Explain how the shower or restroom is laid out, e.g., where the sink and towels are.</p>	<p>Encourage children to engage in play.</p> <p>Make adaptations to activities such as verbal instructions, adding sounds, making targets bigger.</p>	<ul style="list-style-type: none"> ▪ Braille signs ▪ Braille shelter forms ▪ Being prepared to read forms and signs out loud ▪ Large print materials ▪ Audio recordings ▪ Use accessible standard fonts – e.g. Verdana or Arial font minimum size 12 pt, 18 preferred

Children who are Deaf, Oral Deaf, Deafened or Hard of Hearing

Individuals who do not hear well or at all may describe themselves as members of distinct groups of people: the Deaf, oral deaf, deafened or the hard of hearing. Some individuals who are medically deaf or hard of hearing and who identify with and participate in the culture of Deaf individuals, which is based on use of visual sign language, refer to themselves as “Deaf”. A sign language interpreter may accompany a Deaf person. Individuals who are oral deaf, in contrast, often prefer modes of communication that rely on speech and listening. Still other individuals refer to themselves as individuals who are deafened or hard of hearing. Their hearing loss ranges from mild to profound and their usual means of face-to-face communication is speech. A shelter worker who is aware of these differences is better prepared to assist a variety of individuals who are deaf or hard of hearing.

- Shelter workers must provide American Sign Language (ASL) interpreters, assistance for children to shelter and play alongside peers.
- Hearing aids do not guarantee that a child can hear well. They increase volume but may not increase clarity.
- Get the child’s attention via a visual cue (such as a wave) or a gentle touch on his or her arm before speaking.
- Face the child and make eye contact when speaking to him/her, not the interpreter, as he/she also may rely on speech reading.

- If speaking through an interpreter, pause occasionally to allow him or her time to translate completely and accurately.
- Use gestures and facial expressions to help explain the meaning of what you are trying to communicate.
- Speak clearly at a normal pace. Avoid obscuring your lips or face with hands, papers, or by chewing gum.
- Make sure that you have been understood and repeat if necessary
- Offer a paper and pencil. Write slowly and let the child or family read as you write. Written communication may also be important if you are unable to understand the individual's speech.

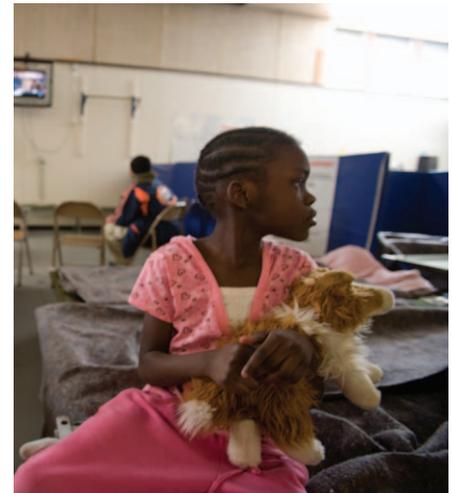
Assistance by Shelter Area

REGISTRATION AREA	DORMITORY AREA	MEAL PREPARATION AND SERVING AREA	SELF-CARE NEEDS REST ROOM AND SHOWER AREA	PLAY AREAS FOR CHILDREN	SUGGESTED ACCOMMODATIONS
<p>Post general information in various locations. Provide important information in written handouts or online in the shelter.</p> <p>Use communication aids if available (interpreters, communication boards, electronic notice screens).</p> <p>Relay information about the disaster and about changes in shelter routines.</p>	<p>Give visual alerts if there is an emergency in the shelter.</p> <p>Communicate dormitory rules and other safety rules in multiple formats.</p> <p>Clearly mark emergency exits.</p>	<p>Post information on meal service and schedules.</p>	<p>Most children who are Deaf, oral deaf, etc. but otherwise without access or functional needs will need no assistance in this area but in case some do, post information explaining that accommodations are available on request.</p>	<p>Provide interpreters in play areas</p>	<ul style="list-style-type: none"> ▪ Well-designed signage ▪ Qualified interpreters ▪ Closed caption televisions ▪ Telephones compatible with hearing aids, and with handset amplifiers ▪ Internet access ▪ Telecommunication devices or TTYs ▪ Pen and paper.

Children with Behavioral Health Needs

Children who are coping with an emergency situation will have various reactions as they struggle with the disruption and loss caused by the disaster. A child's and family's behavioral health needs may not be immediately clear. A range of disaster behavioral health problems may surface at different times during a shelter stay. A child or family member may have a behavioral health diagnosis that will not be apparent to you. They may choose not to disclose this information because of the stigma and misinformation that surround behavioral health.

A small percentage of children or family members with behavioral health needs may speak or act in unusual ways that others could find frightening or disruptive of shelter routines. Shelter staff should expect such events to be very rare, and for most children or family members with behavioral health needs to adapt well to the shelter. When providing services to individuals you believe to have a behavioral health need or disaster behavioral health need, be careful to ensure their rights are not violated and they receive the assistance needed to access shelter services.



If you feel that a person may have behavioral health needs:

- Speak calmly – loud stern tones will likely have either no effect or a negative effect on the individual
- Use non-threatening body language – keep your hands by your sides if possible, don't intrude into their personal space
- Eliminate or reduce commotion – if possible move away from loud sounds, bright lights and crowds
- Look for personal identification – medical ID may indicate a mental illness and offer a contact name and telephone number
- Ask a family member for advice if one is present of the person being helped, if known – they are usually the best resources for specific advice on calming the child and ensuring everyone's safety
- Prepare for a longer interaction – the individual should not be rushed. Be patient and supportive.
- Use short direct phrases – too much talking can distract the person or confuse the situation

Assistance by Shelter Area

REGISTRATION AREA	DORMITORY AREA	MEAL PREPARATION AND SERVING AREA	SELF-CARE NEEDS REST ROOM AND SHOWER AREA	PLAY AREAS FOR CHILDREN	SUGGESTED ACCOMODATIONS
Be mindful of your non-verbal communication (body space, body language, tone of voice) and monitor theirs for signs of discomfort. Ask first instead of assuming that they need assistance.	Ask them or a family member if any assistance is needed in this area	Ask them if any assistance is needed in this area (if necessary, consult their support person for guidance)	Ask them if any assistance or equipment is needed in this area (if necessary, consult their family or caregiver for guidance).	Provide quiet areas and quiet play areas.	<ul style="list-style-type: none"> ▪ Quiet rooms for calming and counselling ▪ Privacy screens

Children with Intellectual / Developmental Disabilities

Intellectual disabilities are sometimes called cognitive disabilities or developmental disabilities. Children or family members with intellectual disabilities, like everyone else, deserve to be treated with dignity and respect. Each individual has a personality and their own feelings, preferences, and abilities to understand and act. Shelter workers can make shelter services more accessible to people with intellectual disabilities by using effective communication techniques to explain centre activities.

- Always ask before you assist a child, and then listen carefully to any information or requests
- Expect that it may take extra time to communicate information or to complete everyday activities
- Read written notices or other shelter information aloud; be available for a private discussion of the information
- Break down information into simple steps, using a calm tone and consider using non-verbal symbols to identify shelter areas or activities

Assistance by Shelter Area

REGISTRATION AREA	DORMITORY AREA	MEAL PREPARATION AND SERVING AREA	SELF-CARE NEEDS REST ROOM AND SHOWER AREA	PLAY AREAS FOR CHILDREN	SUGGESTED ACCOMODATIONS
Provide information gradually and clearly. Adjust your method of communication if necessary. If a child is accompanied by a family member or caregiver, speak primarily to the child unless they ask you to speak to their caregiver. Be patient and supportive.	Ask them if any assistance is needed in this area (if necessary, consult their support family or caregiver for guidance).	Determine if there are any dietary needs, or need for items like easy-grip utensils, bendable straws, or no-skid placemats. Provide alternative feeding methods if necessary and/ or different types or texture of food. Provide refrigeration with refrigerators or coolers. Allow for more time or assistance at meals if necessary.	Ask them if any assistance or equipment is needed in this area (if necessary, consult their family or caregiver).	Provide activities that are age appropriate. Ask them if any assistance or equipment is needed in this area (if necessary, consult their family or caregiver).	<ul style="list-style-type: none"> ▪ Communication boards using pictures or symbols for meals, sleep, etc. ▪ Speech simulator devices such as micro or adaptive computers. ▪ Specialty supplies like straws, paper products and plastic utensils. ▪ Quiet rooms for calming and counselling ▪ Privacy screens

Children with Autism

Autism is a complex condition that may affect social interaction and communication. Different children with autism can have very different symptoms, from mild to more severe. Very different levels of accommodation may be needed for different people with autism. Every person and every situation is individual.

- A child or adult may or may not communicate with words. Approach the person in a gentle manner using a soft, calm tone. High levels of sensory input may cause tension or unusual behaviours.
- Unless absolutely necessary, do not touch a person with autism. Many people with autism are very sensitive to touch.
- Understand that behaviours such as rocking, repetitive hand motions and repeating words or phrases may be comforting to a person with autism.
- Avoid loud noises, bright lights and high levels of activity if possible.
- Understand that people with autism may become anxious when their daily routine is disrupted.

Assistance by Shelter Area

REGISTRATION AREA	DORMITORY AREA	MEAL PREPARATION AND SERVING AREA	SELF-CARE NEEDS REST ROOM AND SHOWER AREA	PLAY AREAS FOR CHILDREN	SUGGESTED ACCOMODATIONS
<p>Adjust your method of communication if necessary.</p> <p>If a child is accompanied by a family member or caregiver, when referring to the child speak primarily to the child unless they ask you to speak to their caregiver.</p> <p>Ask first instead of assuming that the child needs assistance.</p>	<p>Do not separate the child from their family or aids.</p> <p>Let the family assess if the child will be able to reside in the general dormitory area or will need a separate living space (due to the noise level and stimulus of dormitory area).</p> <p>Ask if the child will need any help or support aids if available to make them more comfortable.</p>	<p>Determine if there are any dietary needs.</p> <p>Provide alternative feeding methods if necessary and/ or different types or texture of food.</p> <p>Modify food supply, storage and preparation processes to accommodate.</p> <p>Allow more time for meals if necessary.</p>	<p>Ask them if any assistance or equipment is needed in this area (if necessary, consult their family or caregiver).</p>	<p>Provide multiple activities that are age appropriate.</p> <p>Provide quiet areas and quiet play areas.</p>	<ul style="list-style-type: none"> ▪ Quiet rooms for calming and counselling. ▪ Privacy screens ▪ Communication boards using pictures or symbols for meals, sleep, etc. ▪ Speech simulator devices such as micro or adaptive computers.



ADDITIONAL RESOURCES

FEMA: National shelter system (NSS)

www.fema.gov/media/fact_sheets/nss.shtm

FEMA: ACCOMMODATING INDIVIDUALS WITH DISABILITIES

www.fema.gov/oer/reference/index.shtm

FEMA: HELPING CHILDREN COPE WITH DISASTER

www.fema.gov/rebuild/recover/cope_child.shtm

family emergency plan and/or child reunification card locate

www.ready.gov/america/makeaplan/index.html

National Commission on Children and Disasters

www.childrenanddisasters.acf.hhs.gov/

The Americans with Disability Act (ADA) Checklist for Emergency Shelters

www.ada.gov/pcatoolkit/chap7shelterchk.htm

ADA Regulations and technical assistance materials

www.ada.gov/publicat.htm

US Department of Health and Human Services office of Minority Health Affairs

<http://minorityhealth.hhs.gov/>

The Human Society of the United States

www.humanesociety.org/issues/animal_rescue/tips/disaster_preparedness_pets.html

National Center for Missing and Exploited Children

www.missingkids.com

Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters, Federal Emergency Management Agency, November, 2010

http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

GLOSSARY

Access and Functional Needs:

Individuals who may have additional needs before, during and after a disaster in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision and medical care. Individuals in need of additional response assistance may include those who have disabilities, who live in institutionalized settings, who are children, who are from diverse cultures, who have limited English proficiency or are non-English speaking or who are transportation disadvantaged.

Americans with Disabilities Act (ADA):

The Americans with Disabilities Act (ADA) is a law designed to establish a clear and comprehensive prohibition of discrimination on the basis of disability. The ADA gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin and religion, mandated in the Civil Rights Act of 1964. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services and telecommunications. The ADA definition is a functional one and does not list specific disabilities.

Assistive Technology Devices:

In the Assistive Technology (AT) Act, an AT device is defined as “any item, piece of equipment or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” AT includes and is not limited to certain durable medical equipment (DME).

Communication Access:

Providing content in methods that are understandable and usable by people with reduced or no ability to speak, see or hear, and/or experience limitations in learning or understanding

Communication Device:

Communication devices assist or replace speech communication, helping individuals with communication needs express feelings, wants, needs and desires. Devices can consist of symbols, equipment or strategies. Assistance can range from low tech to high tech solutions.

Cultural Competence:

A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.

Durable Medical Equipment (DME):

Equipment that corrects or ameliorates a medical condition or functional disability. Examples include wheelchairs, scooters, canes, white canes, walkers, shower chairs, commode chairs, raised toilet seats, oxygen equipment, nebulizer tubing and machines and speech generating devices. DME can withstand repeated use by a recipient.

Emotional Support Animal:

Any animal that provides therapeutic benefit through companionship and affection to an individual with a mental health disability.

GLOSSARY

Limited English Proficiency:

Persons who do not speak English as their primary language and who have a limited ability to read, speak, write and/or understand English.

Medical Needs Shelter:

A secure facility with generator back-up power, water, sanitation, limited food service and medical oversight to serve as a refuge of last resort during emergency conditions for persons with physical and/or mental conditions requiring limited medical/nursing oversight who cannot be accommodated in a general population shelter and who bring their own caregiver, medical supplies, equipment and special dietary supplies for a 72 hour period. It is important to note, a Medical Needs Shelter is not a substitute for hospital care.

Personal Care Attendant / Personal Care Assistant:

Any person who provides assistance to an individual with functional needs to complete daily living, such as toileting, bathing/showering, dressing, eating, etc. This person can be a family member, volunteer, or hired assistant.

Reasonable Accommodation/ Reasonable Modification:

Any modification or adjustment to policies, practices, procedures or the environment that enables an individual to perform essential functions or participate in the program or event. A requested accommodation is unreasonable if it poses an undue financial or administrative burden or a fundamental alteration in the program or service.



Service Animal:

Any animal individually trained to perform tasks for people with disabilities. Service animals are not pets. Requirements of service animal licensing or permits are prohibited under the Americans with Disabilities Act.

Sign Language:

A language that uses a system of manual, facial and other body movements as the means of communication, especially among Deaf people. ASL – American Sign Language

Sign Language Interpreter:

A person who has been trained to use a system of conventional symbols or gestures made with the hands and body to help people who are deaf or hard of hearing to communicate.

