

VOPA ADVISOR

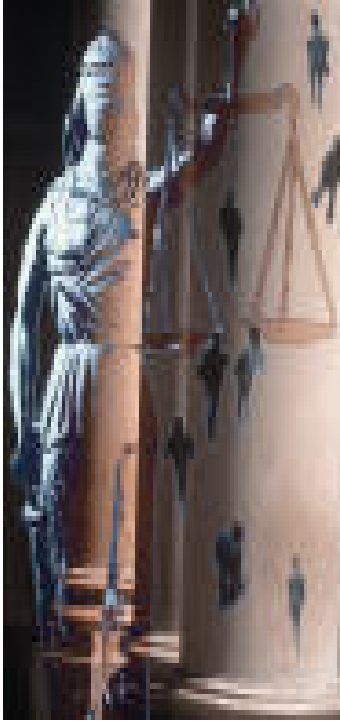
VOLUME 4

SPRING 2005

EDITION I

MESSAGE FROM THE EXECUTIVE DIRECTOR

Colleen Miller



MISSION OF VOPA

Through zealous and effective advocacy and legal representation to:

- ◇ *Protect and advance the legal, human, and civil rights of persons with disabilities;*
- ◇ *Combat and prevent abuse, neglect and discrimination;*
- ◇ *Promote independence, choice and self determination by persons with disabilities in the Commonwealth.*

These are challenging days for people with disabilities and their families and advocates. As Congress considers making dramatic cuts in Medicaid and other programs that benefit many people with disabilities, and as much of the media covers issues, like end of life decisions, with apparent disregard for the concerns of people with disabilities, it is now more clear than ever before that we must make our voices heard. People with disabilities and their friends and families must take every opportunity to educate the policy makers and public about their lives, their needs, their wishes, their dreams. It is time for us to make this personal, on every level that we can.

Let's start with legislators: Do you know who your representatives to Congress are? Have you ever spoken to your delegates to the General Assembly?

The first step is to identify who they are, of course. To learn who your delegates to the General Assembly are, you can log on to the state legislative

web site at www.http://legis.state.va.us. In the upper right hand corner of the home page is a link to "who's my legislator." Click on that link, type in your home address, and you will see the name of your delegate, state senator, and representative to Congress. It will also give you their mailing addresses and other contact information.

The next step is to actually contact them. You can use e-mail, the telephone or a letter. E-mail and telephone are both fast and easy, but sometimes taking the time to write a letter is more effective. Remember that your representatives may hear from lots of their constituents on different issues, so your contact should be designed to catch their attention. Be direct and specific about what you want your representative to do, but most of all, be personal. Tell your own story. Say why a particular issue matters to you or your loved ones.

Policies that affect people with disabilities are also influenced by the

media. Consider writing a letter to the editor about a disability issue that matters to you, or calling your local news station to suggest a story or to react to a story you have heard. The same advice applies when you contact the media: be direct, be specific and be personal.

For people with disabilities and their friends, families and advocates, we can no longer risk staying silent and hoping for the best. Make your voice heard today!!

VOPA ACHIEVES SETTLEMENT WITH ASSISTED LIVING FACILITY

Paul J. Buckley, Esq.

VOPA has reached a groundbreaking settlement agreement with Brice's Villa, an Assisted Living Facility located in Mechanicsville, VA. The settlement includes requirements that the facility:

- obtain additional training for all staff members in medication administration and responding to medical emergencies;
- complete medication administration records timely and accurately;
- retain a registered nurse for a period of six months to monitor medication administration;
- retain a pharmacist for a period of six months to review and certify a monthly inventory of medications and hypodermic needles;
- retain a licensed healthcare professional to provide medical oversight of the facility;
- prescreen each prospective resident to ensure that no resident is admitted for whom the facility cannot provide or secure appropriate care or who requires a level of service for which the facility is not licensed;

proper care or who requires a level of service for which the facility is not licensed;

- report critical incidents including deaths, injury, loss of consciousness and allegations of abuse or neglect to VOPA; and
- ensure unfettered access to the facility and residents by VOPA.

The settlement in VOPA v. Brice's Enterprises, Inc., et al. (Hanover County, Circuit Court, Chancery No. CH 04000125-00) ends litigation initiated by VOPA attorneys Gary Conover and Dana Traynham. The case included an important ruling by the Court which refused to dismiss the case and held that a complaint to enjoin abuse and neglect, as defined in state law, states a cause of action, that VOPA has authority to bring such a case on its own behalf and on behalf of the residents of a facility.

ity.

The case began with the investigation of a suspicious death at the facility. Intensive investigative work by VOPA investigator Peter Widel uncovered evidence of the diversion and theft of medications and hypodermic needles intended for facility residents by facility staff, and the sale of medications to other individuals.

The settlement agreement was approved by Hanover County Circuit Judge John Richard Alderman on February 8, 2005. The agreement will remain under the jurisdiction of the court and includes provisions for monetary penalties in the event of noncompliance.

The settlement was the subject of coverage on the front page of the Metro section of the *Richmond Times-Dispatch* on February 10, 2005.

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS)

Hilary E. Malawer, Esq.

The goal of our PABSS program is to break down barriers to employment for people with disabilities. To this end, the Virginia Office for Protection and Advocacy (VOPA) is currently working with Sharon Beddingfield to ensure her legal rights to work and receive certain work incentives.

Ms. Beddingfield recently began work at Target in Newport News. Due to her cerebral palsy, she requires specialized transportation to travel to and from Target. Ms. Beddingfield also has severe asthma. She requires a dehumidifier so that she can breathe properly, enabling work.

The particular work incentive this

case focuses on is Impairment Related Work Expenses (IRWEs). Under the applicable Social Security law, if an item is necessary for work, related to a disability that is being treated by a physician, and paid for out of pocket, the item should be considered an Impairment Related Work Expenses (IRWE).

VOPA's position is that both Ms. Beddingfield's transportation to and from work and her air conditioner/dehumidifier are IRWEs. If items are considered IRWE's, the Social Security Administration (SSA) must assist with the payment for those items.

In Ms. Beddingfield's case, SSA determined that these items were not

IRWEs. Ms. Beddingfield asked for this decision to be officially reconsidered. SSA continued to hold that the items were not IRWEs. VOPA became involved at this point and filed an appeal on Ms. Beddingfield's behalf. The appeal was heard on February 9, 2005 with the VOPA attorney arguing why certain items are IRWEs, and more globally the need for this work incentive to be properly applied so that Ms. Beddingfield could be independent and work, rather than fostering dependence on SSA.

The judge decided that VOPA's and Mr. Beddingfield's position is

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FROM THE DD NETWORK WHAT IS AN OLMSTEAD PLAN?

There is a lot of talk in Virginia these days about an "Olmstead" plan. But what exactly is that?

Olmstead is the short-hand name of a case decided by the U.S. Supreme Court in 1999. The suit was brought by two women, Lois Curtis and Elaine Wilson, to challenge their confinement in state run institutions. The women claimed that living in institutions violated the integration mandate of the Americans with Disabilities Act. The integration mandate says that states must serve people with disabilities in the most integrated settings possible. According to federal regulations, such settings must allow people with disabilities to interact with non-disabled persons to the fullest extent. In *Olmstead*, the Supreme Court was asked whether the integration mandate means that states are required to place people with mental disabilities in community settings rather than in institutions. "The answer," said the Court, "is a

qualified 'yes.'" The "yes" part of the "qualified 'yes'" answer was hailed as a huge victory by disability advocates nationwide. Although advocates have long believed that institutions are not the best place for people with disabilities, this was the first time that the Supreme Court acknowledged that the law was on the side of people with disabilities.

The challenge for advocates came with the "qualified" part of the "qualified 'yes.'" One of the qualifications was that the Court acknowledged that State governments cannot close all of their institutions at once. They noted, as well, that states have an obligation to administer services with an "even hand." That is where the notion of an *Olmstead* plan came in. The Court said that if a State has a comprehensive, effectively working plan to move people with disabilities out of institutions and into the community, and if that plan is not con-

trolled by a need to keep institutions fully populated, that will show that a state is trying to comply with the integration mandate.

As you consider Virginia's *Olmstead* efforts, ask whether this is what the Supreme Court described. Is this a plan to move people out of institutions? Is it controlled by Virginia's historical embrace of large state facilities and its apparent desire to keep all of those facilities operating, despite a national trend to close institutions? Virginia's DD Network hopes that Virginia will work to come into compliance with the integration mandate.

The DD Network Partner agencies include: the Virginia Board for People with Disabilities (Heidi Lawyer, Director), Virginia Office for Protection and Advocacy, (Colleen Miller, Executive Director), Partnership for People with Disabilities (Fred Orelove, Director)

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correct. The judge specifically held that the specialized transportation and the air conditioner/dehumidifier are IRWEs (Impairment Related Work Expenses). An IRWE is an out-of-pocket expense for something related to a disability that is needed to be able to work.

Systemically, it is very important for individuals with disabilities and advocates to be aware of what IRWEs are. The use of IRWEs can give individuals with disabilities who are receiving a check from Social Security the ability to work, and gain greater self-sufficiency and independence. If you are aware of IRWEs not being properly provided, please contact VOPA for further information and/or assistance.

FROM THE DD NETWORK MEDICAID

The Virginia DD Network agencies continue to work together to discuss and develop strategies for addressing issues of mutual concern with respect to people with developmental disabilities residing in and receiving services in Virginia. However, what we are able to do within the Commonwealth is significantly affected by actions occurring at the Federal level. Through our national member organizations and other avenues, the DD Network keeps abreast of proposed Federal action and works with its joint constituencies to identify and respond to negative proposals. Most recently, the Virginia DD Network joined numerous organizations across the nation to sign

on to formal letters opposing Medicaid cuts.

Medicaid is one of the most important sources of health and long-term supports and services for people with disabilities, serving approximately 7.5 million people with disabilities. In fiscal year 2004, a Medicaid reform proposal which included "allotments" or "caps" would have fundamentally altered Medicaid, eliminating much of the individual entitlement to critical health and long-term care services. Important Federal protections regarding service access and quality would have been at risk. Comprehensive benefits would have been preserved for people in "mandatory"

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PEOPLE-FIRST LANGUAGE

The purpose of using People-First Language is to put the person first, thereby giving more emphasis and importance to the person than to his or her disability.

People with disabilities should never be defined by their disabilities. First and foremost, they are people. Only secondarily do they have one or more disabilities. Therefore, they prefer to be referred to as **“people with disabilities”** or **“people who have disabilities.”**

The words **“handicap”** or **“handicapped”** should NEVER be used to describe a person who has a disability. A **“handicap”** is defined in *Webster’s Ninth Collegiate Dictionary* as “to put at a disadvantage.” The words **“challenged”** and **“impaired”** are also unacceptable. Whether or not we personally have a disability, we all have challenges, disadvantages, and limitations in our lives. To use the word “challenged” in reference to a disability segregates persons with disabilities from the rest of society. It draws extra, unnecessary, and negative attention to [the] those individuals who face challenges, limitations, and disadvantages due to their disabilities. Instead of saying that the person is “challenged,” “handicapped,” or “impaired,” say that he or she **“has a disability”** or is **“a person with a disability.”**

The phrase **“handicapped parking”** is unacceptable. Instead, use the term **“accessible parking.”**

Instead of saying, **“handicapped accessible,”** simply say, **“accessible.”**

Refrain from using the phrases **“disabled people,” “the disabled,”** or **“he/she is disabled.”** The word **“disabled”** actually im-

plies that the person to which it refers is **“broken”** or **“unable to function.”** Again, these terms single out the person with a disability in a negative way, focusing one’s attention solely on the disability and not on the person himself/herself. Instead of using these terms, simply say that the person **“has a disability.”**

Never refer to a person with a disability as someone who is **“afflicted with”** or who **“suffers from”** his or her particular disability. Persons with disabilities do not see themselves as afflicted or suffering continually. They are individuals who happen to have one or more disabilities.

Never refer to persons who do not have disabilities as being **“normal”** or **“healthy.”** To do so implies that persons with disabilities are abnormal and unhealthy. People without disabilities are to be referred to as **“people who do not have a disability.”**

To use people-first language in speech or in writing, **always mention the person before you mention his or her particular disability.**

EXAMPLES



Do not say, “The blind man;” **instead, say, “The man who is blind”** or **“The man who has blindness.”**

Notice that in this example, **we are mentioning the person before we mention the person’s disability.** By doing so, we are giving more importance to the person than to the disability. Notice how this trend continues in the following examples:

Do not say, “He is disabled;” **instead, say, “He has a disability.”**



Do not say, “The autistic child;” **instead, say, “The child has autism.”**

Do not say, “The paraplegic person;” **instead, say, “The person who has paraplegia.”**

Do not say, “The retarded girl;” **instead, say, “The girl who has mental retardation.”**

Do not say, “The learning disabled boy;” **instead, say, “The boy has a learning disability.”**

Do not say, “The man is visually impaired;” **instead, say, “The man has a visual disability.”** (Avoid using the word “impaired.”)

Notice the recurring use of the word **“has”** (have, has, had) before we mention the disability. This conveys the idea that the person simply has a disability. If we say **“is”** as opposed to **“has,”** we imply that the person is the disability.

Consider the following example: Do not say, “She is autistic.” (While this statement is better than saying, “The autistic girl,” it seems to imply that the girl is her disability.

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PEOPLE-FIRST LANGUAGE *con't.*
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Therefore, her identity as a person is lost.)

Instead, say, "She has autism." (This statement conveys that she is a person who happens to have autism. Her identity as a person is maintained.)

Remember: People with disabilities are people first! Therefore, in speech and in writing, mention the person before you mention his or her disability. Doing so shows respect and places more importance on the person than on his or her disability. It also maintains the person's sense of dignity and personal identity, as it implies that he or she is a human being deserving of the same rights, freedoms, respect, and treatment enjoyed by people who do not have disabilities.

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**JANUARY 2005 NAPAS SKILLS BUILDING CONFERENCE IN
ORLANDO, FLORIDA**
Ford Franklin, Resource Advocate

Once again, the National Association of Protection and Advocacy Systems Annual Skills Building conference provided an opportunity for advocates and attorneys to attend trainings that encompassed the latest information on a variety of advocacy issues. There were workshops on everything from the reauthorization of IDEA to how to provide effective technical assistance and information and referral over the telephone. Chances are if you were interested in a disability-related issue involving advocacy it was addressed in some way at the conference.

As a Resource Advocate, I found the individual sessions to be very helpful. Resource Advocates are required to assist clients with a wide variety of disability-related issues across all of our federal programs. The Resource Advocate not only helps clients learn about resources in the community, but also assist the client in learning about their rights in many areas. Areas of knowledge that the Resource Advocate must be innately familiar with include: special education, rights within the state vocational rehabilitation system; issues involving employment; and issues involving access to community and/or government services.

I spend a lot of time helping clients problem solve with the hope that they will be able to advocate for themselves in a wide variety of situations. Much of the Resource Advocate's work is conducted over the telephone. The Information and Referral track of the conference included several workshops on effectively dealing with clients with challenging issues. In addition, I attended sessions which provided information on the 2004 Reauthorization of the Individuals with Dis-

abilities Education Act (IDEA).

One of the nicest things about the annual winter conference is the networking that occurs among advocates from different states. It was refreshing to see so many dedicated and qualified professionals from across the country working on behalf of persons with disabilities. Many of the issues that we are dealing with as a staff on a consistent basis are being addressed by P&As in other states, as well. Everyone that I spoke with said that their agency was looking at better ways to "put the client first." The people that I met seemed to be committed to making sure they were truly representing their clients' interests. All of the advocates and attorneys from other states that I spoke with were dealing with making sure that their resources were being fully utilized to assist as many people with disabilities as possible. Most of the sessions that I attended also had a strong emphasis on client self-advocacy.

I highly recommend NAPAS conferences. Not only are they wonderful training experiences, but they are also a huge source of information for those of us all on the "front lines" in P&As across the country.

DD NETWORK-MEDICAID

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coverage groups, while states would have the flexibility to tailor coverage for "optional" groups and services. Waiver services, critical to keeping and moving people out of institutions, are "optional services." Although the reform package was not passed, it continues to be aggressively promoted.

The President's budget proposal for fiscal year 2006 called for \$60 billion in cuts in the Medicaid program over 5 years by cutting back on the allowable sources of state matching funds. (At the same time, funds for homeland security and tax cuts were considered "off the table.") In addition, the proposal was designed to provide states with "additional flexibility...to further increase coverage among low income individuals and families without creating additional costs for the Federal government."

States and advocates remain extremely concerned that caps on Federal spending and increased "flexibility" to the states would create a block grant situation in which states become solely responsible for expenditure increases. This would likely mean a loss or restriction on optional benefits and services such as waiver services (*March 05 ARC, AAMR, UCP, NACDD Fact Sheet*). Fortunately, consumers and advocates won the short-term battle although the war is still raging. In a victory, the Senate voted (52-48) on March 17 to strike from the budget all proposed Medicaid cuts. At the time of this article, efforts were underway to ensure that this victory will be preserved in the conference committee process.

Medicaid is not the only area in which advocates must be vigilant with respect to Federal action.

Proposed Social Security reform, a proposed 50% cut to the Section 811 Supportive Housing Program for people with disabilities, and elimination of all funding for new unit production will magnify the already enormous problem of affordable and accessible housing for people with disabilities. Consolidation of job training programs could jeopardize the vocational rehabilitation funding stream. It can be very challenging to keep up with the complexity of federal legislative and budgetary activity, but it is critically important to do so regardless of political affiliation or position.



AN OPPORTUNITY FOR OUT-REACH AND EDUCATION

Pamela J. Branch, Esq.

Thanks to Maribel Ramos, Governor Warner's Latino Liaison and member of the Virginia Latino Advisory Commission, I was told of an opportunity to make a guest appearance on a new Richmond radio station, WRIR 97.3 FM, a low-power FM station located off West Broad Street, close to downtown. On December 28, 2004, from 12:30 p.m. to 1:00 p.m., WRIR hosted a "Brown Bag Lunch" segment which allows Richmond community non-profit agencies an opportunity to share information important to our residents. Although VOPA is not a non-profit agency, the station and host felt that the services that VOPA provides was important to share with listeners.

My host for the day was Cathy Brown, Outreach Manager for the United Way of Greater Richmond and Petersburg. During the live show, we discussed the groups that VOPA serves, each of our federal programs, goals and focus areas for this year, and special projects that VOPA has been and is currently involved in. We also discussed common misconceptions about what VOPA actually does. Cathy was a great host for me as I had not done radio before. She also invited me to come back again to talk more about VOPA.

Many thanks to WRIR and Cathy Brown for putting people with disabilities on their agenda. VOPA is currently involved in efforts with local and state Latino leaders to develop an outreach program to meet the needs of our Spanish-speaking community. Opportunities like this one allow VOPA to get the word out about who we are, and bring about a new awareness of just how important it is that we recognize the value and contributions of our citizens with disabilities.



Q: Does the Americans with Disabilities Act (ADA) apply to child care centers?

A: Yes, privately-run child care centers, like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters and banks, must comply with Title III of the ADA. The exception is child care centers that are actually run by religious entities such as churches, mosques or synagogues.

Child care services provided by government agencies, such as Head Start, summer programs and extended school day programs, must comply with Title II of the ADA.



Q: How does a child care center decide if they can handle a child with a disability?

A: Child care centers cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. The center must make an *individualized assessment* about whether it can meet the particular needs of the child without fundamentally altering its program.

Q: Does a child care center have to take children whose presence is dangerous to others?

A: Children who pose a direct threat — a substantial risk of serious harm to the health

ADA QUESTIONS AND ANSWERS

and safety of others — do not have to be admitted into a program. However, the determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an *individualized assessment* that considers the particular activity and the actual abilities and disabilities of the individual.

Q: Can a child care center charge parents for special services provided to a child with a disability, provided that the charges are reasonable?

A: It depends. If the service is required by the ADA, the center cannot impose a surcharge for it. It is only if it goes beyond what is required by law that

it can charge for those services. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel, and the center does not normally have such personnel on staff, the center would not be required to provide the medical services under the ADA. On the other hand, if a center is asked to do simple procedures that are required by the ADA — such as finger-prick blood glucose tests for children with diabetes — it cannot charge the parents extra for those services.

Q: Must the child care center admit children with mental retardation and include them in all center activities?

A: Centers cannot generally exclude a child just because he or

she has mental retardation. The center must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable under the ADA.

Q: Does a child care center's building, playground, and parking lot have to be accessible to people with disabilities?

A: The child care center has an ongoing obligation to remove barriers for people with disabilities. Existing privately-run centers must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians, or prospective customers with disabilities) if removing the barriers is *readily achievable*, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense.

Centers run by government agencies must ensure that their program



are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

ASSISTIVE TECHNOLOGY

What It Is and How to Get It

This is an introduction to Assistive Technology (AT)—the first of a series of articles on assistive technology devices and assistive technology services. Subsequent articles will address the Assistive Technology Loan Fund Authority (ATLFA), and acquisition of AT from a number of funding sources, including Medicaid, Medicare, Individuals with Disabilities Education Improvement Act (IDEIA), and vocational rehabilitation agencies, such as the Department of Rehabilitative Services and the Department for the Blind and Vision Impaired.

What is the first thing that you think of when someone says “assistive technology” or AT? Many people will immediately think of computers, others think of wheelchairs or remote controls. Each of these is assistive technology, but the term embraces a much wider array of items and includes the services needed to make those items useful.

What is Assistive Technology?

Assistive Technology can be either a device or a service that helps persons with disabilities to live more independently.

What is an Assistive Technology Device?

It is any item, whether bought at a store or custom-made, that can improve or maintain the every day activities of persons with disabilities.

What is an Assistive Technology Service?

It is any service that helps persons with disabilities select the right device to use. Examples can include the modification and adaptation of the device, as well as train-

ing yourself and your family members on the use of the device.

What are some every day activities that Assistive Technology can help persons with disabilities do on their own?

- Open a kitchen drawer
- Cook a meal
- Talk on the telephone
- Read the newspaper

How do I decide which Assistive Technology is right for me?

- Figure out your individual needs.
- Decide if there is a device that will help you meet these needs independently or whether you will need someone to help you use the device.
- Decide where you will use the device—at home, at work, or at school.
- Decide how you will pay for the device.

How can I pay for Assistive Technology?

Your insurance company may pay for the Assistive Technology, Medicaid, the Department of Rehabilitative Services, the Assistive Technology Loan Fund Authority, and certain charities may help you pay for the device and/or service.

How can I find out more about Assistive Technology?

You can call VOPA at our toll-free number (800) 552-3962. This fact sheet and other VOPA publications can be found on our web site, www.vopa.state.va.us. To request hard copies of VOPA publications, call (800) 552-3962, or send an e-mail to general.vopa@vopa.virginia.gov. Publications can be provided in

alternate format, upon request.



PAIMI Advisory Council Members learn about Assistive Technology from VOPA staff, Julie Kegley, Esq. and Rebecca Currin, Advocate.



Advisory Council members try out different forms of assistive technology.



ANNOUNCING...

Recruitment for the PARTNERS IN POLICYMAKING Class of 2006 is underway! Please pass this notice on to interested individuals!

- + Partners in Policymaking participants are people with developmental disabilities or parents of young children with developmental disabilities.
- + Individuals participating in the program will attend advocacy training, resource development and skill building workshops with training provided by state and national level speakers, presenters and specialists in a variety of fields.
- + Topics covered include the history of the disability movement, self advocacy, independent living, supported employment, inclusive community building, natural supports, legislative advocacy, assistive technology, communication and team building and much more!
- + Program participants will attend and participate in 8 two-day sessions between September and May in Richmond, VA.
- + Application and subsequent selection for the Partners in Policymaking program requires a substantial commitment of time, motivation, and energy. Participants understand that if accepted, the Partners in Policymaking Program requires attendance and participation in ALL eight two-day sessions.
- + Each session begins Friday afternoon and concludes late Saturday afternoon. Participants agree to complete all homework, class assignments and one major project designed to meet competencies.
- + Expenses for training, lodging, meals, and travel are provided through the program.
- + Applicants are required to complete a formal written application and provide three letters of recommendation.
- + Application is open to adult consumers or parents statewide.

Applications and recommendation forms may be downloaded now from the Board's web site at www.vaboard.org. **Completed applications must be received at the Board office no later than Friday, April 29, 2005.** For further information, please contact John Richmond by email: John.Richmond@vbpd.virginia.gov or Teri Barker Morgan at Teri.Barker@vbpd.virginia.gov or call 1-800-846-4464 (voice/TTY).

Fall 2005-Spring 2006 Class Schedule

September 16-17, 2005

October 21-22, 2005

November 11-12, 2005

January 13-14, 2006

February 3-4, 2006

March 3-4, 2006

April 7-8, 2006

May 19-20, 2005 GRADUATION!

1910 Byrd Avenue, Suite 5
Richmond, VA 23230



VOPA

Virginia's Protection and
Advocacy System Serving
Persons with Disabilities

Commonwealth of Virginia
Virginia Office for Protection
and Advocacy
1-800-552-3962

We're on the Web!
www.vopa.state.va.us

Our staff is available to provide presentations and/or training sessions on disability-related rights that are addressed by our current goals and focus areas.

VOPA can also provide an exhibit and/or materials for fairs, conferences, etc.

Please contact us at 1-800-552-3962 or via e-mail at general.vopa@vopa.virginia.gov to request a speaker, exhibit, or materials.

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NEWSLETTER INFORMATION—We are trying to reduce the distribution of hard copies of the newsletter, due to the high cost of production and mailing. We ask that anyone with internet access, please consider opting to view the newsletter on our website at www.vopa.state.va.us. Our newsletter is normally produced on a quarterly basis—spring, summer, fall and winter. Please notify us if you no longer wish to receive the newsletter by U.S. mail, by e-mailing us at general.vopa@vopa.virginia.gov.

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