



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Parents with Disabilities
Resource Guide**

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [4222.2 Re-Allowing Placement](#):

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

PARENTS AND PROSPECTIVE PARENTS WITH DISABILITIES RESOURCE GUIDE

OVERVIEW

CPS aims to give parents and prospective parents (foster and adoptive parents) with disabilities the same respect for their families as other parents. Child safety is the paramount focus of the CPS program; therefore, danger indicators and risk factors must be assessed for all families involved with CPS. All families should be assessed appropriately regarding their ability to parent and receive equal opportunity to preserve and reunify their families. These goals of child safety and family preservation/reunification can be achieved by parents and prospective parents with disabilities, or can be achieved when parental supports, accommodations, and adaptive equipment are provided. Unfortunately, national research (National Council on Disability, 2012) indicates that persons with disabilities who have or want to achieve the milestone of parenthood have a higher chance of seeing their families separated due to misconceptions rather than valid concerns of child abuse/neglect. According to research conducted by the National Council on Disability (2012), nationally removal rates of parents with psychiatric disabilities is 70-80%, and removal rates of parents with intellectual disabilities is 40-80%. In families where the parent has a physical disability, 13% have reported discriminatory treatment in custody cases, while parents who are deaf or blind report extremely high rates of child removal and loss of parental rights. The Texas child welfare system seeks to avoid such discriminatory practices and misconceptions about parenting with a disability.

It is the policy of the State of Texas that no qualified individual with a disability is excluded from participation in, denied the benefit of, or is otherwise subjected to discrimination by any program, service or activity of the State on the basis of disability.

In keeping with this policy, CPS is committed to providing an equal opportunity for all persons, including parents and prospective parents with disabilities, to participate in its services, program and activities.

This resource guide provides guidance, recommendations, and procedures for working with parents and prospective parents with disabilities.

WHO QUALIFIES AS A PARENT OR PROSPECTIVE PARENT WITH A DISABILITY?

Two major laws have been enacted that help protect the rights of parents and prospective (foster/adoptive parents) parents with disabilities.

- Section 504 of the Rehabilitation Act of 1973 (Rehab Act)
- Americans with Disabilities Act (ADA)

Collectively these two laws prohibit public and private entities from discriminating against persons with disabilities, and ensure equal opportunity to participate in and benefit from a wide range of services and programs. These two laws also protect parents and prospective parents with disabilities from unlawful discrimination in the administration of child welfare programs, activities, and services.

The ADA and the Rehab Act require CPS to provide full and equal access to programs, services and activities, including:

- Investigations
- Witness interviews
- Assessments

- Provisions of in-home services
- Removal of children from their homes
- Case planning and service planning
- Visitation
- Alternatives to guardianship
- Guardianship
- Adoption
- Foster care
- Reunification services
- Child welfare hearings
- Custody hearings
- Proceedings to terminate parental rights

WHO QUALIFIES AS DISABLED UNDER THE ADA AND THE REHAB ACT?

Under the ADA and the Rehab Act, disability means:

- a physical or mental impairment that "**substantially limits**" one or more "**major life activities**"; or
- a record of such an impairment; or
- is regarded as having such an impairment.

In order to have a disability under the ADA, an individual must have or be regarded as having a physical or mental impairment. Not everything that restricts the parent's life activities qualifies as an impairment.

A physical impairment is any medical disorder, condition, disfigurement or loss affecting one of the body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine.

A mental impairment is any mental or psychological disorder, such as intellectual disability (formerly termed mental retardation), organic brain syndrome, emotional or mental illness, and specific learning disabilities.

It is not possible to include a list of all the specific conditions that would constitute physical or mental impairments, but some examples may be useful.

Examples of conditions that are impairments: AIDS, and its symptoms; Alcoholism; Asthma; Autism; Blindness or other visual impairments; Cancer; Cerebral palsy; Depression; Diabetes, Epilepsy; Hearing or speech impairments; Heart Disease; Migraine Headaches; Multiple sclerosis; Muscular dystrophy; Orthopedic impairments; Paralysis; complications from Pregnancy; Thyroid gland disorders; Tuberculosis; loss of body parts; Post-traumatic stress disorder; Traumatic brain injury; Obsessive compulsive disorder; Social anxiety disorder; and Schizophrenia.

Certain temporary, non-chronic impairments of short duration with little or no residual effects usually are not disabilities. Likewise, environmental conditions and alternative lifestyles are not protected under these disability laws. A person currently engaging in the illegal use of drugs is not considered an individual with a disability. This refers both to the use of illegal drugs, such as cocaine, as well as the unlawful use of prescription drugs.

Examples of conditions that are NOT impairments: The common cold or the flu, compulsive gambling, a normal pregnancy, old age, lack of education, poor judgment, or bisexuality or homosexuality.

APPROPRIATE WAYS TO SPEAK/WRITE ABOUT PERSONS WITH DISABILITIES: PEOPLE FIRST LANGUAGE

When interacting with persons with disabilities, it is important to address the individual in a respectful manner and use current terminology when speaking about their disability. *People First Language* is a way to emphasize the individual over his or her diagnosis.

Even if an individual refers to his or her disability in a negative or derogatory way, it remains appropriate to use respectful and current terminology when speaking with him or her and about his or her disability. Always use person-first language (i.e. person with a disability, a mother or father with a physical disability).

Tips:

- Emphasize abilities, not limitations. Say, for example, “A man walks with crutches,” not, “He is crippled.”
- Avoid negative words that imply tragedy or evoke pity, such as “afflicted with,” “suffers from,” “victim of,” “prisoner of” and “unfortunate.”
- Tell what a person *has*, not what a person *is*. Instead of “He is learning disabled,” say, “He has a learning disability.”
- Do not refer to a person as “confined to” a wheelchair, or “wheelchair bound.” Wheelchairs are liberating to people with disabilities because wheelchairs provide mobility.
- Do not use the word “special,” such as “special schools” or “special bus.” Too often the word is synonymous with “separate,” implying segregation.
- Avoid euphemisms such as “physically challenged,” “inconvenienced,” “differently abled,” and “handicapable.”
- Never equate the person with the disability. In other words, don’t refer to someone as an epileptic or a quadriplegic. These labels are simply medical diagnoses.

For more information go to Department of Aging and Disability Services. (2013, November). *Person First Respectful Language*. Retrieved from http://www.dads.state.tx.us/news_info/publications/brochures/respectfullanguage.pdf.

REASONABLE ACCOMMODATIONS/MODIFICATIONS TO PROGRAMS, POLICIES, AND SERVICES

OVERVIEW REASONABLE ACCOMMODATIONS AND MODIFICATIONS

There is increasing evidence that persons with disabilities can effectively parent with appropriate services and supports in place. CPS staff is required to provide reasonable accommodations or modifications to parents and potential (foster or adoptive parents) parents with disabilities. Reasonable accommodations and modifications are not one-size-fits all; they are individualized. The individual (parent or prospective parent with a disability) must usually request an accommodation, but it need not be in writing, using a particular form, or employ "magic words." The request can also be made by another person on behalf of the individual. However, if CPS staff knows or should know that the person needs a disability accommodation, or if CPS staff knows that the individual has a disability that may interfere with the ability to request an accommodation, the agency must work to accommodate it. CPS staff should clarify the necessary accommodations from the outset of the individual's involvement with the agency, so that the communication process, case plan, evaluation and reunification efforts are appropriately adapted.

Reports for court should reflect attention to these issues. It is not appropriate or feasible to address disability issues only at the end of the process.

Reasonable accommodations or modifications should be provided unless doing so would fundamentally alter the nature of the service, program, or activity.

Reasonable Accommodations

Defining what is considered reasonable accommodation is an important part of the discussion of what is legally owed to parents and potential parents (foster or adoptive parents) with disabilities during the child welfare process to increase access, and to establish specific practices to uphold the best interests of the child while practicing non-discrimination based on disability.

A reasonable accommodation is a change in any CPS rule, policy, or service that is necessary to avoid discrimination, or necessary for a person with a disability to have the same access to programs and services as someone without a disability.

Reasonable accommodations may include, for example, parental supports, adaptive equipment, and training intended to support the parent or prospective parents with disabilities in their parenting activities.

Other examples of reasonable accommodations can include:

Parental Supports

- Day care services
- Respite care
- Co-parent or mentor
- Family or informal support networks (church, neighbors)
- Long-term family foster care
- Training
- Parent helper/child care assistant
- Aide or personal assistant
- Supported housing
- Accessible transportation
- Concrete calendar with appointments clearly identified
- Pictorial representation or reminders of tasks (step by step)
- Safety/emergency plan
- Service animals
- Money management assistance
- Housekeeping services

Adaptations

- Adaptive equipment (e.g. adaptive cribs and child care equipment, communication devices, specialized computer software, cooking/feeding equipment)
- Adaptation to physical environment (e.g. ramps, lower counters, level handled door knobs, and minor home modifications)

Reasonable Modifications

Title II of the Americans with Disabilities Act requires that give people with disabilities an equal opportunity to benefit from all of the state and local government programs, services and activities. CPS staff must provide modifications to services as appropriate.

DFPS evaluation and treatment service providers are required by contract to fully comply with the Americans with Disabilities Act and the Rehabilitation Act of 1973. Under these laws, contractors must provide reasonable accommodations to qualified individuals with disabilities, unless doing so would provide undue hardship.

Reasonable modifications can include:

Service Delivery

- Increase frequency of service provision
- Extend length of time of service provision
- Increase repetition of information and training
- Modify counseling or parenting skills training to provide more concrete hands-on instruction in a natural environment
- Provide in-home parent modeling
- Link parent with a co-parent or mentor
- Tailor parenting education to the needs of the parent
- Provide more extensive and thorough follow-up services
- Provide services at an individual's home or alternative accessible site
- Give frequent reminders for appointments/services
- Provide accessible transportation
- Refer and assist the parent in accessing community services and supports
- Refer a parent with a mental health or intellectual impairment to an ad litem

Communication

- Provide all information in large print, audiotape, Braille, or digital format
- Offer note-taking or transcriptions of meetings and court activities
- Assist in reading materials
- Provide interpreters
- Provide assistive listening devices
- Provide open and closed captioning

Adapted from Lightfoot, LaLiberte, & Hill (2007)

EFFECTIVE COMMUNICATION

People who have vision, hearing, or speech disabilities (“communication disabilities”) use different ways to communicate. CPS staff must provide appropriate auxiliary aids and services to ensure that individuals with speech, hearing and vision disabilities understand what is said or written and can communicate effectively. This is a different accommodation beyond providing reasonable accommodation.

The best way to ensure effective communication is through consultation with the individual to determine which communication method works best for them and use that method. CPS staff is required to give primary consideration to the auxiliary aid or service requested by the individual with disabilities.

The type of auxiliary aid or service necessary to ensure effective communication depends on:

- the method of communication used by the individual;
- the nature, length, and difficulty of the communication taking place; and
- the complexity of what is being communicated.

Auxiliary aids and services must be provided in accessible formats, in a timely manner, and in a way that protects the privacy and independence of the individual with a disability. A public entity cannot impose a surcharge on an individual with a disability to cover the costs of the auxiliary aid or service provided.

Depending on the circumstances, examples of common auxiliary aids and services include:

- qualified sign language interpreters in person or through video remote interpreting (VRI) services
- note takers or exchange of written notes
- real-time computer-aided transcription services

- written materials
- telephone handset amplifiers
- assistive listening devices and systems
- telephones compatible with hearing aids
- closed caption decoders
- open and closed captioning, including real-time captioning
- voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones or equally effective telecommunications devices
- videotext displays
- qualified readers
- taped texts
- audio recordings
- Brailled materials and displays
- screen reader software
- magnification software
- optical readers
- secondary auditory programs (SAP)
- large print materials
- accessible electronic and information technology

Public entities cannot require an individual with a disability to bring someone to interpret for him or her. They also cannot rely on an adult or child accompanying an individual to interpret or facilitate communication except:

- In an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
- When the individual with a disability specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and relying on that adult is appropriate under the circumstances.

DFPS pays for translators and sign language interpreters for caseworkers to use as needed.

ACCESSIBLE MATERIAL

People who have visual, cognitive, hearing or motor impairments can have a difficult time accessing print and other documents. Any document made available to the general public, according to the law, must be also made in an accessible format upon request.

This may mean copies must be provided in a format such as Braille, electronic, large print, audio, easy to read, or a reader can be requested. Be sure to ask the individual if they require any accessible print material and which type they prefer.

INDIVIDUALIZED ASSESSMENT

It's CPS' obligation to ensure individualized assessments apply at the outset and throughout any involvement that an individual with a disability has with CPS. CPS staff must evaluate each case individually.

"An individualized assessment is a fact-specific inquiry that evaluates the strengths, needs, and capabilities of a particular person with disabilities based on objective evidence, personal circumstances, demonstrated competencies, and other factors that are divorced from generalizations and stereotypes

regarding people with disabilities" (U.S. Department of Health and Human Services & U.S. Department of Justice, 2015).

For example, during an emergency investigation about removing a child from the home, the assessment must be based on facts and objective evidence, not on a perspective that a particular disability automatically makes the parent or prospective parent incapable of safely and adequately caring for a child.

CPS staff is also required to provide reasonable modifications and appropriate auxiliary aids and services during assessments. For example, CPS may be required to provide a qualified sign language interpreter to accommodate an individual with a hearing impairment during an evaluation, to ensure an accurate assessment.

BEST PRACTICE FOR WORKING WITH PARENTS AND PROSPECTIVE PARENTS WITH DISABILITIES

TIPS FOR WORKING WITH PARENTS WITH MENTAL HEALTH CONDITIONS

- Afford the same respect to people with mental illness as you would to anyone else.
- Take a strength-based perspective.
- Watch for signs of abuse or neglect, just as you do with other parents.
- Be flexible, but expect adults to take responsibility for their actions.
- Do not try to rescue or cure the person with mental illness; instead, make referrals to mental health organizations and agencies.
- Communicate with your supervisor frequently.
- Honor confidentiality.
- Don't take things personally. Don't get frustrated. Be patient.
- Take some extra time to learn about the person's illness by reading or talking with professionals.

TIPS FOR WORKING WITH PARENTS WITH SENSORY DISABILITIES (HEARING & VISION)

Hearing

- Sign language is not another form of English; it is an official language with its own grammar, contexts and rules.
- There are several different sign languages, and they are not interchangeable (so ask which one the individual prefers).
- The average individual with deafness acquired early in life reads at about a fourth-grade level.
- Be aware that for many deaf individuals, a "nod" does not mean agreement but is instead more of acknowledgement of the conversation.
- Lip reading, while helpful without sound clues, is only 30%-50% effective, and sometimes less.
- Long conversations with persons who lip-read can be very fatiguing to the person who has the impairment.
- Not all persons who are deaf use sign language.
- Not all persons who are deaf write and read.
- Not all persons who are deaf speak.
- Not all persons who are deaf lip-read.
- Find out how the person best communicates.

- If the person uses an interpreter, address the person, not the interpreter.
- If the person reads lips, speak in a normal, not exaggerated way. Short, simple sentences are best.
- If the person lip-reads, avoid blocking their view of your face. Make sure the lighting is good.
- Gain their attention before starting a conversation.
- If there is some doubt in your mind whether they understood you correctly, rephrase your statement and ask them if you have been understood.
- Be aware of situations where a person may be waiting for a service (transportation, a table, the start of an activity) where the common way to communicate is an announcement or the calling of the person's name. Make sure you communicate in writing when someone cannot hear you or develop an agreed-upon alternative way of notifying them such as email or texts.
- Do not become impatient or exasperated with the person if it takes longer to communicate.
- Showing impatience to someone who is deaf or hearing impaired may cause the less assertive to back off from telling you of their needs.
- When someone asks, "What did you say?" the answers, "Never mind," "Nothing," or "It's not important," are very common replies. These are insulting and demeaning, because they communicate that the person is not worth repeating yourself for.
- Make sure there are no physical barriers between you and the person while in conversation.
- If the person is using hearing aids, avoid conversations in large, open and noisy surroundings.
- Persons who may deal very well one-on-one in communication may have a hard time with two or more speakers, especially if there are many interruptions and interjections.

Vision

- While many persons who are blind can use braille, the majority of persons who are blind do not.
- As a caseworker it is important to introduce yourself and anyone who may be accompanying you. Identify who you are and what your job or role is. Give the person verbal information that is visually obvious to those who can see. For example, you will want to read them any paperwork you hand them to review or sign.
- Be descriptive when giving directions. Saying, "Over there," has little meaning to someone who cannot see you point. "Four doors after turning right from the elevator," would be much more helpful.
- Lead someone who is blind only after they have accepted your offer to do so. Allow them to hold your arm rather than you holding them. It is important to let them control their own movements.
- Describe things from their perspective, not yours. Some persons who are blind use a "clock" reference for things directly in front of them such as a meal. For example, something could be positioned at three o'clock (to their right) or six o'clock (directly in front and close). Before using this strategy, ask the person if this is useful to them.
- Tell them when you have brought new items into their environment, describing what they are and, most importantly, where you have put them.
- Do not move items (furniture, personal items) after the person has learned their position. This can be frustrating and, in some cases, dangerous for the person.
- Do not use references that are visually oriented like, "Over there near the green plant."
- Do not interact directly with a service dog.
- Do not touch or move their white cane.

TIPS FOR WORKING WITH PARENTS WITH SPEECH IMPAIRMENTS

- If you do not understand what the person is saying, bring it to their attention immediately and ask them how the two of you may better communicate.
- If it is a stressful situation, try to stay calm. If you are in a public area with many distractions, consider moving to a quiet or private location.
- Consider writing as an alternative means of communication.
- If no solution to the communication problem can be worked out with you and the person, consider asking if there is someone who could translate or interpret what they are saying.
- Do not pretend to understand them when you really do not.
- Do not become impatient or exasperated with the communication.
- Do not finish people's sentences for them.

TIPS FOR WORKING WITH PARENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

- Evaluate actual functioning of the parent in relationship to the child rather than use a categorical diagnosis of "intellectual disability" or "developmental disability."
- Adequate observation of the parent with the child is needed when using psychological tests or measures to infer parenting capability.
- Do not use any cognitive dependent measures that would preclude success.
- Observation of parent and infant or child should be in the natural setting (a combination of home and community is optimal).
- Observation should occur over a period of time, e.g. a minimum of 6 to 8 weekly two-hour visits.
- One should observe all aspects of basic care as well as play.
- Appropriate conditions for evaluation need to be used. Inappropriate conditions for evaluation include: Observation only in office setting, too many people present, someone present who alters the situation, such as a foster parent or someone with hostile relationship.
- These same conditions should be considered for visitations. Adequate and appropriate visitation needs to be established so that a parent/child relationship can be developed or sustained.
- Make referrals to agencies and organizations that service persons with intellectual and developmental disabilities.

TIPS FOR WORKING WITH PARENTS WITH OTHER DISABILITIES

We have only covered a few major categories of parents with disabilities. There are many more parents not mentioned above who have temporary or long-term medical conditions or disabilities that may affect their interaction with you. These conditions may affect communication, mobility, energy-level or availability. There are also many parents who have multiple disabilities – that is, a parent could be deaf and blind, or have an intellectual disability and also use a wheelchair.

Keep in mind:

- When talking with a person with a disability, speak directly to that person rather than to the companion or sign language interpreter.
- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
- When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.

- If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- The wheelchair is part of the personal body space of the person who uses it, so do not lean or hang on it.
- Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.
- When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
- To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read your lips. Not all people who are deaf can read lips. For those who lip read, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes and food away from your mouth when speaking.
- Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about that?" that seems to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.
- Ensure physical access to buildings and offices.

STATE AND LOCAL SUPPORT AND TREATMENT RESOURCES FOR PARENTS WITH DISABILITIES

Texas Health and Human Services Commission, <https://hhs.texas.gov/>

Texas Workforce Commission, <http://www.twc.state.tx.us/>

Texas Department of State Health Services, <http://dshs.texas.gov/>

Social Security, <http://www.ssa.gov>

Medicaid, <http://www.Medicaid.gov>

Medicare, <http://www.Medicare.gov>

SNAP, <https://www.yourtexasbenefits.com/Learn/Home>

Texas Department of Housing and Community Affairs, <http://www.tdhca.state.tx.us/>

Local Intellectual and Developmental Disability Authority (LIDDAs),
<http://www.dads.state.tx.us/contact/search.cfm>

Local Mental Health Authority, <http://dshs.texas.gov/mhservices-search/>

Area Agency on Aging (local contacts), <http://www.dads.state.tx.us/contact/aaa.cfm>

Accessible Public Transportation, <http://www.txdot.gov/inside-txdot/division/public-transportation/find-ride.html>

Texas Specialized Telecommunications Assistance Program,
<http://legacy.hhsc.state.tx.us/dhhs/stap.shtml>

Texas Council for Developmental Disabilities, <http://www.tcdd.texas.gov>

Disability Rights Texas, <http://www.drtx.org>

Centers for Independent Living (Local Offices), http://www.txsilc.org/page_CILs.html

National Alliance for the Mentally Ill (NAMI), <http://namitexas.org/>
ARC of Texas, <https://www.thearcoftexas.org/>
Easter Seals (Local Chapters), <http://www.easterseals.com/connect-locally/>
AIDD Texas Chapter, <http://www.aaidtx.org/>
ADA Hotline, <https://www.ada.gov/infoline.htm>
Southwest ADA Center, <http://www.southwestada.org/>
American Council for the Blind (Texas Chapter), <http://acbtexas.org/>
National Federation of the Blind (Texas Chapter), <http://www.nfbtx.org/>
ARCH National Respite Network and Resource Center, <https://archrespite.org/index.php>
Autism Society of America (Local Chapters), <http://www.autism-society.org/>
The Center for Rights of Parents with Disabilities, <http://www.disabledparentrights.org/>
Through the Looking Glass, <http://lookingglass.org>
National Association of the Deaf, <http://www.nad.org>
Children of Deaf Adults, Inc., <http://www.coda-international.org>
Invisible Disabilities Association, <http://invisibledisabilities.org>
Texas Technology Access Program, <http://tatp.edb.utexas.edu/>
SAFE Place- Disability Services, <http://www.safeaustin.org>