Dear Emergency Managers of North Carolina:

It is said that “disasters start and end at the local level.” As county emergency managers, you know firsthand just how true that can be. Which is why at the state level, we want to do our part in helping you provide the needed services to all of our residents when disaster strikes.

To undertake this difficult task, we draw not just from our own experiences here in North Carolina, but from those experiences of other states and localities who have dealt with similar challenges during emergency situations.

During a disaster, it has been observed that certain at-risk individuals, specifically those with access and functional needs, have required additional considerations before, during, and after an incident. Care for these individuals is vital towards inclusive planning for the whole community; and inclusion of people with disabilities has been mandated in federal, state, territorial, tribal, and local emergency plans by the Americans with Disabilities Act.

In our commitment to serve North Carolina people with access and functional needs, we will:

- Increase statewide participation in planning for emergency preparedness by engaging people with access and functional needs, first responders, community and faith-based organizations, self-advocates and families.
- Leverage resources to maximize emergency preparedness for people with access and functional needs.
- Improve personal preparedness through outreach, education and public awareness.

With the help and hard work of North Carolina Emergency Management, we are pleased to provide you with the Access and Functional Needs Toolkit for Emergency Managers. Working together, we will continue to ensure that all North Carolina residents and visitors have access to the resources needed to remain safe during emergencies and fully recover from disasters.

Thank you for keeping North Carolina safe.

Director Mike Sprayberry
This toolkit is a project of North Carolina Emergency Management Human Services Branch. For questions or comments, contact Human Services staff through the NCEM Operations Center, available 24/7 at 919-733-3300.

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A special thank you is extended to the joint effort by NEMA and IAEM who developed the Disability, Access and Functional Needs Emergency Planning Guidance where many of this toolkit’s checklist items were drawn from.

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This toolkit is meant to serve as a guide for North Carolina emergency managers to help ensure appropriate steps are taken to accommodate people with access and functional needs through all stages of emergency management.

Access and Functional Needs Populations

Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, safety, support, and health care. Individuals in need of additional response assistance may include those who have disabilities, who live in the community or long term care facilities, who are elderly, who are children, who are from diverse cultures, who have limited English proficiency or are non-English speaking, or who are transportation disadvantaged.
C-MIST: A function based framework for emergency planning

Ultimately, individuals with access and functional needs must be addressed in all local emergency and disaster plans. The C-MIST strategy (Communication; Maintaining Health; Independence; Services, Support, and Self-Determination; and Transportation) is the most effective method to ensure needed services are provided to the entire population.

The C-MIST approach to emergency planning is based on a “Functional Needs Framework.” It identifies people’s actual needs during an emergency rather than labeling them as “special needs.” It is also more inclusive as it identifies people with temporary needs or those who do not identify themselves as having a disability.

Communication
This category includes people who have limited or no ability to speak, see, hear or understand.

During an emergency – people with communication needs may not be able to hear announcements, see signs, understand messages or verbalize their concerns.

Maintaining Health
This category includes people who require assistance in managing activities of daily living such as eating, dressing, grooming, transferring and going to the toilet.

During an emergency – this includes managing chronic, terminal, or contagious health conditions. Early identification of these needs and intervention can avoid deterioration of health.
“It’s not the diagnosis but the needs that should be addressed”
— June Isaacson Kailes, Disability Policy Consultant

Independence
This category includes people who are able to function independently if they have their assistive devices and/or equipment.

During an emergency – people may need mobility aids, communication aids, medical equipment, and service animals. Those at risk whose needs are recognized and restored early are able to maintain their independence and manage in mass shelters.

Services, Support and Self-Determination
People with support needs may include those who have psychiatric conditions (such as dementia, Alzheimer’s, or severe mental illness), addiction problems, brain injury, or become anxious due to transfer trauma.

During an emergency – some people with mental illness may be able to function well while others may need additional assistance.

Transportation
Emergency response requires mobility and this category includes people who are unable to drive because of disability, age, injury, poverty, addiction, legal restriction or have no access to a vehicle.

During an evacuation – wheelchair accessible transportation will be necessary. Pre-planning evacuation needs helps prevent chaos during an emergency and many people can function independently once evacuated to safety.
Legal Requirements

Before Hurricane Sandy, a man with a mobility challenge called 311 to get evacuation assistance. He said that he began calling 12:30 p.m., but could not get through until 4:00 p.m. The operator informed him that he would “have to wait.” Nobody ever came to assist him. That evening, floodwater began to fill his first-floor apartment, and he was scared that he was going to drown. With the water so high that his head was almost to the ceiling, he began banging on the ceiling, hoping that the neighbors would hear him.

— Testimony from Brooklyn Center for Individuals with Disabilities v. New York City

Compliance with the Americans with Disabilities Act applies to emergency managers for notification, communication, preparation, evacuation, transportation, sheltering, temporary housing, medical care, recovery, decontamination processes, and points of distribution (POD) areas. The Civil Rights Act requires equal access to places of public accommodations, and prohibits discrimination by government agencies that receive federal funds. If an agency is found in violation, it may lose its federal funding.

In 2013, a disability rights advocacy group won a federal lawsuit against the City of New York for its failure to address the needs of people with disabilities with its emergency management services. This involved all stages of emergency planning and implementation including: accessible forms of communication, preparation, evacuation, transportation, and sheltering. The court determined the city discriminated against people with disabilities via “benign neglect.” The court made two rulings pertinent to future cases:

1. Local governments may be sued for federal rights violations traceable to their official policies or customs.

2. Ad hoc (makeshift) accommodations are both legally inadequate and practically unrealistic. Separate “special needs” shelters are illegal.
Americans with Disabilities Act (ADA) Overview

AMERICANS WITH DISABILITIES ACT OF 1990

Of the five titles, three are relevant to emergency managers (Titles II, III, and IV):

Title I: Employment Prohibits employment discrimination on the basis of disability

Title II: Public Services
Public agencies cannot deny services or program participation.

Title III: Public Accommodations
Places of public accommodation must remove architectural barriers.

Title IV: Telecommunications
Requires telecom relay services and closed captioning

Title V: Miscellaneous
Prohibits intimidation and retaliation, and rejects state and local immunity

Title II: Public Services – program access
Title II of the ADA prohibits discrimination and exclusion from participating in government services, programs, and activities on the basis of any disability.

What does this mean for emergency managers?
State and local emergency managers must make their announcements, planning, and emergency services accessible to individuals with disabilities.

Examples:
• A plan to provide transportation services to the public is not accessible if it does not account for the needs of people with disabilities.
• A shelter system should provide for wheelchair access at shelters throughout its jurisdiction so that individuals who use wheelchairs can enter shelters at locations comparable in convenience to those available to people without disabilities.
Title III: Public Accommodation – architectural barrier removal
Title III of the ADA prohibits discrimination by places of public accommodation on the basis of a disability, and requires them to be designed, constructed, and altered in compliance with standards.
The Department of Justice’s order of priorities for barrier removal are
1. enabling facility entrance
2. access to services
3. access to restrooms, and
4. removal of remaining barriers.
What does this mean for emergency managers?
You must make sure all places of public accommodation are accessible and enforce compliance when violations are reported or discovered.
Examples:
• If a privately-owned building was newly constructed, the building would be required to contain areas of rescue assistance.
• Deactivating accessible automatic doors because of inclement weather would not be permitted.

Title IV: Telecommunications – services for hearing and speech impaired individuals
Title IV of the ADA requires telecommunication relay services be made available to enable people with hearing or speech disabilities to use the nation’s telecommunication system, and must be available 24/7. It also requires captioning for any televised public service announcement, and that websites are accessible.
What does this mean for emergency managers?
Local governments’ public announcements must be accessible to people with disabilities by broadcasting the information in multiple formats.
Examples:
• Use of printed information alone to alert residents of evacuation plans is not “equally effective” for individuals with vision impairments who cannot read written material.
• Government websites must utilize the “alt attribute” so that screen readers can effectively describe images to people with vision impairments. This attribute conveys to the user the same information as the image, but in an alternative form.
Access and Functional Needs Etiquette

Disability etiquette hint:
When in doubt, call a person with a disability by his/her name.

When interacting with people with access and functional needs, it is important to extend them the same courtesies and respect that are shown to others. There are some rules of etiquette that will help both you and the person with the disability feel more comfortable. The following are some general recommendations as well as some disability-specific tips to improve communication and interaction skills.

• Relax. Be yourself. Don’t be embarrassed if you happen to use accepted, common expressions such as “See you later” or “Got to be running along” that seem to relate to the person’s disability.

• Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted BEFORE you help. Listen to any instructions the person may want to give.
• Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.
• When talking with someone who has a disability, speak directly to that person rather than through a companion who may be present.
• It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

‘People First’ Language
Recognize that people with disabilities are ordinary people with common goals for a home, a job and a family. ‘People first’ language is used to speak appropriately and respectfully about an individual with a disability. ‘People first’ language emphasizes the person first, not the disability.

For example:
• a person who is deaf – not deaf, dumb, or mute
• a person with a disability – not disabled, handicapped, or special needs
• a person with a mental or behavioral disability – not insane, crazy, or psycho
• a person with an intellectual, cognitive, or developmental disability – not retarded, slow, afflicted, or special
• a person with cerebral palsy – not afflicted by CP, or CP victim
• a person without a disability – not normal person, or healthy person

When referencing groups of people with disabilities do not use vulnerable populations, special needs, whole community, or high-risk populations.
What is an assistance animal?

It is an animal that is not specifically trained, but may perform tasks or provide emotional support for the benefit of a person with a disability. An assistance animal is not a pet, but it can be a cat, dog, bird, monkey, or other type of animal.

What can I ask the animal’s handler?

If a person’s disability is not obvious, you may ask the handler of a service animal two questions:
1. **Is this a service animal required because of a disability?**
2. **What has it been trained to do?**

If a person’s disability is not obvious, you may ask the handler of an assistance animal for documentation that states the person has a disability, and that the animal provides support for that disability.
Companion animals

All other animals are companion animals, and the PETS Act requires local emergency plans to include a plan for evacuating them. It does not require the county to provide direct services, but it may opt to. The county can develop a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with the local Society for the Protection of Cruelty to Animals (SPCA) to satisfy its planning requirement.

The North Carolina Department of Agriculture and Consumer Services (DACS) manages and coordinates animal protection activities during emergencies and disasters.

Companion animals are not allowed to stay with the shelter’s general population of people but should be in a co-located shelter.
Personal Preparedness

At North Carolina Emergency Management, we believe personal preparedness is the most effective measure in preventing tragedy during a disaster. We encourage emergency managers to consistently advocate for personal preparedness for all populations anytime they are engaging the public, and to engage the public as frequently as possible.

Material for educating the community on personal preparedness can be drawn from FEMA's guidance, which is based on four categories:

- **Be Informed**: Know local/community risks and community systems and plans, participate in preparedness training, and practice response skills by participating in drills.
- **Make a Plan**: Develop a household emergency plan and discuss it with household members.
- **Build a Kit**: Set aside and maintain supplies one may need in disasters.
- **Get Involved**: Find local opportunities to volunteer for community safety and disaster response and be a part of the community planning process.

Functional Checklists

The following is a compilation of checklists based on the C-MIST functional needs framework for emergency planning. The checklists help to ensure emergency managers are taking into account access and functional needs of the entire population throughout each phase of emergency management.

Please note that the Access and Functional Needs Position does not need to be a full-time employee, or even a single, designated person. The role can be satisfied by a volunteer, a team or group, a committee, or an outside organization. However the emergency management organization chooses to structure it, the position must have the appropriate authority to ensure access and functional needs integration in each phase of emergency management.
Designate an individual to serve as AFN Liaison who will coordinate AFN activities within your county.

Train for 3-deep back-up of this position.

Identify responsibilities for the AFN Liaison position:

- Verifies integration of AFN individuals in all phases of EM.

- Coordinates with Joint Information Centers (JICs) so information is accessible.

- Implements message review process for inclusion and accessibility for people with AFN.

- Stays current on new information, training, and practices concerning integrating AFN into EM.

- Collaborates with departments and agencies to integrate AFN content throughout the planning process and in each phase of emergency management.

- Participates in teams which affect planning, sheltering, communications, transportation, evacuation, and recovery.

- Includes AFN focus areas in Situational Reports (SITREPs) to keep all participants abreast of AFN issues.

Qualifications include understanding and knowledge of: legal compliance issues, diverse functional needs populations, and support service systems.
Involve qualified people from the disability community to participate in the planning process.

- Examples of qualified people include representatives from disability support agencies and organizations, individuals, families, friends, and advocates of people with disabilities and access and functional needs.

Identify major functional needs groups in the region.

- Census data, American Community Survey data, local universities, CDC Social Vulnerability Index Map.

Identify and reach out to all agencies and caregivers that serve individuals with AFN.

- Hold workshops, develop list of strengths and weaknesses, community surveys, develop resource list of agencies and contacts.

Conduct a needs assessment within the community of the AFN population composition and their required services.

- Potential sources: other departments, agencies, public outreach, existing data, geographic information systems.

Ensure planned equipment and assistive technology have the approval of people with AFN.

Identify ways to communicate with disability groups in your community during the different phases of a disaster.

- Consider individuals who are deaf, use social media, phone calls, pictures, email, and seek feedback from AFN community.
for inclusion of people with access and functional needs

- Work with the planning team to identify and provide assistance to the different community groups.
  - Examples: NOAA Weather Radios with attachments for individuals with hearing/sight difficulties, recruit and accommodate individuals with AFN on Community Emergency Response Teams (CERT).

- Develop a strategy and a budget for the use of fee-based services to accommodate the needs of all planning team members.
  - Examples: Interpreting services, CART services, materials with braille, large print, audio, providing accessible transportation.

- Recruit AFN individuals for Community Emergency Response Teams (CERT).

- Plan which AFN items need to be stockpiled and which need “just-in-time” delivery.
  - Examples: oxygen tanks, medications, CPAP machines, consumable medical supplies, etc.
Brunswick County recently conducted an evacuation and decontamination exercise specifically designed around decontaminating individuals who are deaf, blind, deaf-blind, and those who rely on service animals. The exercise included training on decontaminating the service animals themselves, as well as the individuals’ assistive equipment.

- Develop exercise plans to include elements of access and functional needs in all exercises.
  - Including: seminars, table tops, functional, drills, full scale, etc.
- Utilize individuals with AFN in all levels of training and exercise.
  - Recruit people with actual access and functional needs and refrain from using actors in their place.
- Ensure training programs provide accommodations for people with AFN.
  - Accommodations could include: ASL interpreters, captioners, print material in alternate formats and languages, and transportation; also consider accessibility of exercise logistics.
Ensure training programs include information about providing equal access to people with AFN.

- People who need equal access information: caregivers, personal assistants, nurse aids, volunteers, etc.

Conduct training and exercises on use of assets, such as: durable medical equipment, consumable medical supplies, etc.

- Include information obtained from the After Action Report (AAR) for future training and exercises.

Train all drivers on how to use accessibility features of vehicles, and how to secure passengers in wheelchairs to the vehicle.

- Examples: wheelchair anchoring, securing durable medical equipment, safely traveling with service animals, etc.

Integrate all transportation providers into tabletop exercises.

- Including: paratransit, transit, schools, and other transportation agencies.

Include transportation providers as well as passengers with AFN into full-scale evacuation exercises.

- Consider the needs of people with AFN while performing full-scale evacuation exercises.
Communications Checklist

- Develop a plan to use multiple systems to reach those with sensory/communication needs.
  - Use captioning and pictures, interpretation, texting, accessible websites, TTY, email, fliers with large print and braille.

- Verify and repeat warning messages.
  - Announce it, caption it, picture it, describe it, e-mail it, relay it, text it, post it, interpret it, repeat it.

- Screen messages to ensure simplicity for people with intellectual disabilities.
  - Utilize Microsoft Word tool to determine reading grade level of material (see link at end); and utilize picture-based messages where possible to aid communication for people with cognitive or developmental disabilities.

- Ensure those within AFN community are involved in pre-planning methods of information delivery.
  - Work with families, caregivers, and personal support networks; and develop a list of AFN community partners.

- Ensure social media sites are simple and videos contain captioning.
  - Include audio description for people who are blind or visually impaired—anything spoken should be captioned, and anything captioned should have verbal narration.

- Instruct public information officers on specialized public messaging methods.
  - Research current notification systems for alternate communication methods.

- Develop a plan to ensure public information is given in multiple ways.
  - Consideration is given to those who are deaf, blind, or non-English speaking.
for inclusion of people with access and functional needs

- Develop pre-scripted email messages and group texts for those known in community with communication/sensory needs.
  - Utilize AFN community to write and test these messages.

- Ensure all public meetings have an accommodation notice that assistive services are provided at each meeting.
  - Consider including: Please contact ____ at ____ by ____ to request a reasonable accommodation for the meeting.

- Establish mass evacuation notification procedures for AFN populations.
  - Include considerations for earlier evacuation of people with AFN.

- Ensure all communications are Section 508 compliant (compliant with the Rehabilitation Act).
  - For more information, see www.section508.gov/section-508-standards-guide

- Regularly test public warnings, alerts, notifications, and websites for accessibility.
  - Utilize planned exercises when setting schedule; note that sirens and other audible alerts do not reach the deaf or hard of hearing community.

- Meet regularly with broadcasters to ensure announcements are accessible.
  - Ensure interpreters are in screen shot, on-screen captions are in place, ensure scroll and crawl messages do not interfere with captioning, etc.
Transportation and Evacuation Checklist

- Analyze evacuation scenarios considering access and functional needs.
  - Consider working with families, caregivers, and support groups; remember some people with AFN will need help just to leave their home.

- Ensure people with AFN are incorporated into the transportation and evacuation planning process.
  - Any contracts with transportation companies should include wording that the company will comply with all federal, state, and county laws.

- Conduct outreach programs to teach people with AFN about personal evacuation planning.
  - Combine with personal preparedness messages.

- Inventory disability transportation resources.
  - Examples: paratransit, motor coaches, ambulances, etc.

- Map community locations with concentrations of people with AFN.
  - Consider using the CDC Social Vulnerability Index Map [http://svi.cdc.gov/map.aspx](http://svi.cdc.gov/map.aspx)

- Maintain current contact information for agencies serving people with AFN.
  - Identify strategies to address client confidentiality.
Include procedures for activating AFN transportation providers.

- Who activates and how does alert and notification take place?

Define clear responsibilities for all stakeholders for the transportation and evacuation of people with AFN.

- Examples: fire services, mass/regional transit, health and human services, PIOs, public works, social services, air quality, water resources, and faith-based.

Ensure specific AFN plans for transportation and evacuation of various facilities.

- Examples: schools, medical facilities, jails, senior living centers, etc.

Ensure transportation and evacuation plans account for service animals, mobility devices, and durable medical equipment.

- Evacuation plans should include pets as well.

Provide accessible information at transportation staging areas and Traffic Control Points (TCPs).

- Utilize whiteboards and other communication devices.

Include people with AFN when exercising evacuation procedures.

- Consider including residents of group homes, adult residential care homes, domiciliary care homes, paratransit, school transit, taxi, ride-sharing services, shuttle and private buses.
California deploys local Functional Assessment Service Teams (FAST) to shelters to assess people with AFN and determine what accommodations are needed so they can remain at the shelter. This can include durable medical equipment (DME), consumable medical supplies (CMS), or personal assistance services (PAS).

- Shelter people with AFN in general population shelters, with or without the support of a caregiver or personal assistant.
  - Remember - separate “special needs” shelters are illegal.

- Develop pre-event shelter survey procedures using the ADA Checklist for emergency shelters.
  - Utilize the survey at [www.ada.gov/shleterck.htm](http://www.ada.gov/shleterck.htm)

- Survey all potential shelter facilities to ensure ADA accessibility.
  - Examples: parking, walkways, ramps, paths of travel, doors and hardware, signage, restrooms, kitchens, showers, seating, water fountains, play structures, etc.

- Identify corrective actions for ADA accessibility gaps.
  - Consider both short and long term remedies.

- Develop a facility database which includes clear categories for degree of accessibility.
  - Examples: Readily Accessible, Minor Repairs Needed, Under Renovation, Renovation Scheduled, etc.
for inclusion of people with access and functional needs

- Develop a list of needs required for each facility to be fully accessible.
  - Examples: generators, refrigerators for medications, portable showers, restrooms, tents, power assessments, etc.; note that Mass Care Trailers have durable medical equipment and consumable medical supplies

- Identify an appropriate number of alternate shelters that are accessible until standard shelters have had all barriers removed.

- Shelter manager conducts just-in-time site walk through to ensure accessibility prior to opening facility.
  - Utilize ADA shelter checklist to ensure compliance—www.ada.gov/shelterck.htm

- Ensure all aspects of a shelter are accessible.
  - Examples: entryways, aisle widths, restrooms, signs, electricity, cots and sleeping areas, communication equipment, low stimulation areas, etc.

- Ensure line management is accessible to people with AFN.
  - Consider support bars, standing aids, portable chairs, or using a ticketing system so people with AFN can find a comfortable place to wait.

- Develop procedures for referring people with acute medical needs in general population shelters to medical shelters or alternative facilities, and include transportation.
  - Alternative facilities: hospitals or nursing homes with MOUs; ensure transportation to them is accessible; consider developing a protocol that would allow medication to be prescribed by a physician at a shelter.
Ensure mass feeding provides for people with dietary needs, allergies, or medical diagnosis.

- Check with shelter providers on plans to acquire/contract for special foods.

Plan for requesting personal care assistance for a dependent person when needed.

- Consider developing a protocol for obtaining personal assistance services which might include developing an MOU with a local PSA provider; similar to FEMA’s contract with ResCare (see ResCare link at end).

Plan for allowing people with daily medical needs access to food and beverages as needed, i.e. diabetics and those on dialysis.

- Ensure 24-hour canteen location is accessible within the shelter; minimum canteen requirements are fresh fruit, crackers, juice, and water.

Plan for service animals’ relief location.

- Also plan for decontamination of service animals and assistive equipment.

Plan for assessing emergency shelters for accessibility issues several times a day.

- Including physical, programmatic, etc.; and document as appropriate.
Use multiple communication methods inside the shelter and repeat frequently.

- Examples: announce, post, caption, picture, email, text, interpret, etc.

Maintain tools for multiple means of communication for people with AFN.

- Examples: TTY, ASL and foreign language interpreters, braille, large print, pictures, MOUs for interpreters, whiteboards, NCEM Show Me booklet, etc.

Develop plans to ensure continued delivery of life-sustaining services for sheltering in place—especially with regard to Restricted Points of Entry or Access Control Points.

- Examples: coordinate with law enforcement, home health services, home delivered meals and medical supplies, service animal supplies, etc.
SECTION 12

Recovery Checklist

- Identify a process for integrating people with AFN into the short and long-term recovery planning process.
  - Include representatives on long-term recovery groups.

- Coordinate with stakeholders on the delivery of recovery services.
  - Access community partners and advocacy groups for representation.

- Collaborate case management with community partners.
  - Independent living, developmental disability, aging, family and faith-based, culture specific, etc.

- Identify ways to repair or replace durable medical equipment and housing resources for activities of daily living.
  - Items such as: wheelchairs, walkers, canes, ramps, grab bars, bathroom fixtures, assistive technologies, etc.

- Utilize FEMA’s Individual Assistance grants for federally declared disasters for accessibility needs.
  - Funds can be used for items such as wheelchairs, scooters, battery chargers, hearing aids, computers, ramps, widening doorways, etc.

- Ensure Disaster Recovery Centers (DRCs) are accessible.
  - Recovery Centers are also referred to as Individual Assistance Service Centers (IASC) or Multi-Agency Resource Centers (MARC)

- Ensure people with AFN have access to all services and programs offered at DRCs.
  - Ensure availability of alternative communication tools, as well as a barrier free environment.
Establish alternate communication plans for notifying evacuees with AFN of reentry.

- Examples: large print, braille, electronic, audio, sign language, alternative languages, etc.

Ensure recovery materials and forms are provided in alternate formats.

- Examples: large print, braille, electronic, audio, sign language, alternative languages, etc.

Broadcast recovery information using multiple communication methods.

- Examples: radio, TV, internet, fact sheets, posters, social media, etc.

Prioritize essential services restoration for people with AFN.

- Examples: electricity, gas, debris removal, water, mass transit, health services, etc.

Identify accessible temporary and permanent housing resources, including service organizations to help rebuild accessibility structures.


Provide additional time and search assistance for people with AFN in emergency shelters to locate accessible temporary housing.
Plan for transportation assistance for people with AFN when returning home.

- Utilize paratransit, public transportation, and companies that accept Medicaid vouchers for non-emergency medical transportation.

Establish alternate communication plans for notifying evacuees with AFN of reentry.

- Examples: large print, braille, electronic, audio, sign language, alternative languages, etc.

Ensure all repairs and rebuilding of government facilities comply with accessibility requirements of the ADA.

Integrate access and functional needs findings into AARs for EOC, field staff, and transportation providers.

- Utilize findings to improve emergency operations.
for inclusion of people with access and functional needs

- Ensure all contracts include language that the contractor will comply with all applicable federal, state, and county laws, including the ADA, for all services.

- Ensure contracts and agreements are in place for durable medical goods and personal assistance services for shelters, feeding, showers, portable bathrooms, etc.
  - See sample MOUs in links.

- Ensure contracts provide equal access to programs and services for everyone, including people with AFN.

- Consider having people with AFN review agreements, contracts and MOUs to ensure services are accessible.

- Establish written agreements with local and out of state interpreter referral agencies for in-person and video remote interpreting.

- Establish written agreements with transportation agencies within jurisdiction and neighboring jurisdictions.

- Establish contingency contracts for ASL and other language interpreters.

- Establish contingency contracts with private sector transportation companies.

- Evaluate and update all agreements, contracts, and MOUs annually.
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<td>LTCF</td>
<td>Long Term Care Facilities</td>
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<td>PAS</td>
<td>Personal Assistance Services</td>
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<td>PKEMRA</td>
<td>Post-Katrina Emergency Management Reform Act</td>
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<tr>
<td>RA</td>
<td>Rehabilitation Act</td>
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<td>TAL</td>
<td>Transportation Assistance Level</td>
</tr>
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<td>TDD</td>
<td>Telecommunications Device for the Deaf</td>
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<tr>
<td>TTY</td>
<td>Teletypewriter</td>
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<tr>
<td>VRI</td>
<td>Videophone Remote Interpreting</td>
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Ready NC
readync.org

FEMA Disaster Assistance: www.disasterassistance.gov
Phone number: 1-800-621-FEMA (3362)

AFN Toolkit for State and Local Governments from the Department of Justice
ADA Best Practices Toolkit for State and Local Governments’ Emergency Management
www.ada.gov/pcatoolkit/chap7emergencymgmt.htm

AFN Toolkit checklist for emergency management from the Department of Justice
ADA Toolkit Checklist for State and Local Governments
www.ada.gov/pcatoolkit/chap7emergencymgmtadd1.htm

Summary of rules for emergency shelter access from the Department of Justice
ADA Emergency Shelter Access for State and Local Governments
www.ada.gov/pcatoolkit/chap7shelterprog.htm

Specific guidance on how to ensure emergency shelters are accessible from the Department of Justice
ADA Emergency Shelter Checklist for State and Local Governments
www.ada.gov/shleterck.htm

NC Independent Living Centers
www.ncsilc.org/centers

NC Council on Developmental Disabilities
www.nccdd.org

NC Regional Centers for the Deaf and Hard of Hearing

NC Division of the Services for the Blind District Offices
www.ncdhhs.gov/divisions/dsb/district-offices
Area Agencies on Aging
www.ncdhhs.gov/assistance/adult-services/area-agencies-on-aging

NC Housing Finance Agency – Home Repair
www.nchfa.com/current-homeowners/repairing-your-home

North Carolina Assistive Technology Program (NCATP)
www.ncatp.org

FEMA’s Family Personal Preparedness Form

Memorandum of Understanding for Temporary Shelters Sample
www.dhs.wisconsin.gov/forms/F0/f01330a.docx

Memorandum of Understanding for Transportation Services Sample
preparednessforall.files.wordpress.com/2013/05/public-transit-sample-1.pdf

ResCare is FEMA’s provider of Home Health and Personal Care to Disaster Survivors

Find the Reading Level of a Word Document
www.labnol.org/tech/find-reading-level-with-word/18332

Disability, Access and Functional Needs Emergency Planning Guidance by NEMA and IAEM