July 26, 2010, marks an important anniversary in the fight for civil rights for people with disabilities, the 20 year anniversary of the passage of the Americans with Disabilities Act (ADA).

The Americans with Disabilities Act extends anti-discrimination protections that had been in place for federal programs since the 1970’s into all aspects of community life: private employment, public businesses and services, transportation, and state and local services. In signing the ADA into law, President H.W. Bush observed, “This Act is powerful in its simplicity. It will ensure that people with disabilities are given the basic guarantees for which they have worked so long and so hard. Independence, freedom of choice, control of their own lives, the opportunity to blend fully and equally into the rich mosaic of the American mainstream.”

By the time the ADA was enacted, Topeka Independent Living Resource Center had been in business for almost ten years. The agency was started by a group of people...
who wanted to create a place where people with disabilities could go to meet, share experiences, and create community connections. Once the agency became a federally recognized Center for Independent Living, its grassroots, consumer-driven approach to providing advocacy and services re-defined the agency’s mission and activities to reflect a commitment to building an integrated, accessible society for all people with disabilities.

2010 marks a very important milestone in the struggle for equality and justice for people with disabilities, especially in Topeka where the work of Topeka Independent Living Resource Center can be seen in the availability of accessible public transportation in evenings and weekends; curb cuts and sidewalks throughout the City; playground equipment, pools and recreational facilities usable by all people; and in the daily lives of our friends, family members and neighbors with all types of disabilities.

We invite our friends and supporters to join us in celebrating these important anniversaries at events on July 29, 2010. We will host an Open House at the agency, 501 SW Jackson, Topeka, from 12:30 – 3:30 p.m. The Open House will feature history and information about TILRC and the ADA. There will be a reception at the Grand Ball Room of the Ramada Inn, 420 SE 6th St., Topeka, from 4:30 – 6:30 p.m. Light snacks will be available at the reception. Please contact Jeannine Eklund, 233-4572 to RSVP to the events.
How Health Reform Helps the People of Kansas

Cracks Down on Insurance Company Abuses

• Insurers will no longer be able to deny you coverage because of a pre-existing condition or drop your coverage when you get sick.
• Insurers will no longer be able to charge higher premiums based on your gender or health status.
• Kansans have been paying more for coverage and getting less. Insurers finally will be required to spend more of our premium dollars on actual medical care and quality measures.

Ends Runaway Premiums for the Middle Class

• Uninsured Kansans will be able to gain coverage through a competitive marketplace called an “exchange.” By forcing insurance companies to compete, exchanges will drive down costs, guarantee choice, and put consumers in control.
• People with moderate incomes (for example, a family of four making up to $88,000) will get help paying their premiums.

Provides Financial Security and Stability

• All of Kansas’s 416,000 seniors and people with disabilities on Medicare will no longer have to pay for preventive services, and many will have more help paying for prescriptions.
• Health reform will set limits on how much families will have to spend on health care out of their own pockets (on copayments, deductibles, etc.).
• Insurers will no longer be able to put yearly or lifetime limits on how much they will pay for your care if you get sick.
• Health reform will reduce the federal deficit by $138 billion in the next 10 years and will save $1.2 trillion more in the following two decades.

Expands Coverage, Saves Lives

• Young adults can stay on their parents’ health plans up to the age of 26.
• Health reform will save lives. Without reform, an estimated 2,000 Kansans would have died prematurely due to a lack of health coverage over the next decade.
• 236,000 uninsured Kansans will gain insurance coverage by 2019.

From FamiliesUSA State Health Beat, May 2010

http://www.familiesusa.org/assets/docs/health-reform-helps-states/kansas.doc
The 2010 Session of the Kansas Legislature was a long and contentious one. The funding for programs that provide people with disabilities and seniors with the help they need in their homes and communities remained in flux until the final days of the session. Finally, at the end of one of the longest wrap-up sessions in Kansas history a coalition of Democrats and moderate Republicans were able to pass a budget for FY 2011 that maintains or slightly increases funding for most of those programs.

The budget restored the 10 percent reduction in the reimbursement rate to Medicaid providers that Governor Parkinson had instituted in November 2009. That will provide some relief to Centers for Independent Living (CIL), Community Mental Health Centers, doctors and other health care providers.

Sheli Sweeney with the Association of Community Mental Health Centers of Kansas, Inc. said that, “People should see services move a little faster” as a result. Mental Health advocates were relieved that there were no additional cuts in state aid to community mental health centers which had already sustained cuts of over $20 million over the past three years. Advocates were also able to prevent mental health drugs from being added to the drug formulary, which would have restricted access to atypical antipsychotics and other newer medications that don’t have a generic equivalent.

Another victory for mental health advocates was the passage of a resolution to put a constitutional amendment on the ballot in November to eliminate discriminatory language from the state constitution to that restricts the voting rights of Kansans with psychological disabilities. Sweeny says, “This is an opportunity to educate Kansans on mental illness and civil rights.”

The MediKan Program, which provides a small monthly benefit for people waiting to be approved for federal disability eligibility didn’t sustain any additional cuts. The program’s budget had already been reduced $3 million, a 45% budget cut.

The Home and Community Based Services (HCBS) Waiver Programs for People with Developmental Disabilities (DD) and Physical Disabilities (PD) received some additional funding. The $10.9 million for the DD Waiver will allow people in crisis on the waiting list to be served, but won’t be enough to keep the waiting list from growing. The $11.9 million for the PD Waiver should be enough money to allow one new person to receive services for every two that leave the program. Unfortunately, this won’t end the limitation on access to assistive services, which helps pay for durable medical equipment and other assistive devices, or restore dental care.

The Frail Elderly (FE) Waiver received enough funding to stave off a waiting list, but not enough to restore service cuts, like sleep
cycle support and companion services. Money was included to continue funding for Senior Care Act Programs and the Meals On Wheels budget actually got an increase instead of being eliminated entirely as was originally proposed.

One other piece of legislation that will have a positive impact for Kansans with disabilities is HB 2669. This bill creates the Kansas employment initiative act and the Kansas employment first oversight commission, which encourages employment of persons with disabilities in the state. The bill also updates the Kansas Act Against Discrimination (KAAD) to include the protections for workers with disabilities in the Americans with Disabilities Amendments Act (ADAA) of 2008.

Uncertainty remains as to whether we will actually get all the money the Legislature included in the Medicaid budget. That is because a six month extension of the enhanced federal funding for Medicaid, known as FMAP, is tied up in a Jobs Stimulus bill that is currently held up in Congress. Some experts expect the legislation to eventually pass with the enhanced FMAP included. Until then Kansas Medicaid funding remains uncertain. If Congress does not approve the funding it will blow a hole in the budget of over $130 million.

Another concern is the fact that SRS is still over budget for 2010 HCBS programs. If this trend continues the 2010 budget could “suck up most of the increase for 2011,” according to TILRC Executive Director Mike Oxford. Oxford is also concerned that actual state revenue continues to be below what has been estimated. Cuts through the allotment process, where the governor decides where to make cuts, loom as a possibility later in 2011 if the actual revenue doesn’t catch up with estimated levels.

Advocates will need to remain vigilant and further advocacy will likely be necessary to preserve the budget passed by the 2010 Legislature.
Community Choice Act
ending the institutional bias

The Cost and Benefits of the Community Choice Act (CCA) for Middle Class Taxpayers

April 2010

Even with the recent passage of the Patient Protection and Affordable Care Act (H.R. 3590), federal law still requires that states provide nursing facility care in their Medicaid programs without a similar requirement for home and community-based services. The Community Choice Act (CCA) levels the playing field and gives Americans a real choice in long term care by reforming Title XIX of the Social Security Act (Medicaid) and ending the institutional bias.

The Community Choice Act allows individuals eligible for services in a Nursing Facility, Intermediate Care Facility for the Mentally Retarded (ICF-MR), or Institutions for Mental Disease (IMD) the opportunity to choose instead a new alternative, "Community-based Attendant Services and Supports." Services can be provided at home, in school, at work and in the community. Assistance is available for a broad range for needs, such as bathing, dressing, meal preparation, money management and certain health related tasks.

In addition, by providing an enhanced match and grants for the transition to "Real Choice" when the benefit becomes permanent, the Community Choice Act offers states financial assistance to reform their long term service and support system to provide services in the most integrated setting.

CCA is unique because it...

- Includes provisions for hands-on assistance, supervision and cueing, as well as help to learn, maintain and enhance skills to accomplish such activities.
- Provides services and supports based on functional need, rather than diagnosis or age.
- Emphasizes consumer control and allows for an "individual's representative" such as a friend, family member, guardian, or advocate to assist with managing services.
- Covers transition costs from institutions to home settings, such as rent and utility deposits, bedding, basic kitchen supplies and other necessities required for the transition.

**Methodology for Determining Cost**

The following methodology was used to determine the average annual cost of CCA for the middle class taxpayer. The total amount of federal income tax paid by middle income people (before credits) was divided by the total number of tax returns for each Adjusted Gross Income (AGI) grouping. This provides the average amount of taxes per individual in each AGI grouping. This average amount of taxes per individual was divided by the federal budget for 2007 (outlays) to arrive at a percentage of individual income tax per federal budget expenses. The "middle class" population is defined as those between $25K-$100K AGI. The average middle class tax as a percentage of the federal budget was multiplied by the estimated total cost of CCA. On average, a middle class taxpayer would only pay an additional $2.29-$6.07 in taxes annually for CCA, depending on CCA cost. If the cost was adjusted for inflation for 2010, the middle class taxpayer would pay an average of $2.40-$6.35 annually.

**$6.07**

Average annual cost to the middle class taxpayer for the highest cost scenario for CCA.

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1. The methodology for determining cost of CCA was analyzed in distinct reviews by Cornell University, School of Industrial and Labor Relations Employment and Disability Institute, as well as The Spencer Institute Burton Blatt Institute.
2. According to the U.S. Census Bureau (USCB) Statistical Abstract of the United States (Fall 2009) for tax year 2007. All figures are for 2007 unless otherwise specified.
3. The U.S. Census Bureau does not have a formal definition for "middle class," only median income. The median income for 2007 was $52,163. While there are varying definitions of middle class, the most commonly accepted range is identified by the Drum Major Institute for Public Policy as those earning $25,000-$100,000 annually.
Community Choice Act
ending the institutional bias

Willingness to Pay for CCA
In April 2010, a Harris Interactive® poll analyzed the voting public’s willingness to support and pay for legislation that gives people real choices in long term care. The survey was conducted after the Patient Protection and Affordable Care Act (H.R. 3590) was signed into law and the results indicate that even in the wake of health care reform, Americans still believe there needs to be more done on long term care.

89% of Americans polled said they would be willing to pay about $6 annually for legislation that increased options for community-based long term care.

The Harris poll found that 89% of taxpayers are willing to pay for legislation that provides alternatives to institutional placements for long term care. Only 6% of respondents indicated their personal preference to receive LTC in a facility, but even in that group, 89% are still willing to pay for legislation that gives people real choice. Thus the survey determined that the setting that an individual would choose to personally receive long term care services does not correlate to their willingness to pay for CCA.

The surveyed population was consistent with national research on profiles and attitudes regarding long term care services:
- 16% of those surveyed currently receive or assist someone with LTC.
- 65% of those surveyed who assist with family and/or friends’ long term care do so at home.
- 59% of those surveyed would prefer to be at home to receive LTC, while only 4% prefer to be in a facility. The remaining 35% have not yet thought about their LTC needs. In reviewing the data by age of respondents, it is clear that as people get older they have a stronger preference to remain in the community, while those few who prefer to go to a facility remains consistently flat across age groups.

Who supports CCA?
As people get older and planning for long term care becomes a reality, they are more likely to support CCA. In fact, 94% of retired Americans support legislation that provides more options for community-based LTC.

These findings corroborate research by AARP which found that 89% of Americans age 50 and over prefer to remain in their homes as long as they can (AARP Public Policy Institute, 2009).

The new Harris survey was intentionally structured to gauge support for the legislation before it inquired about cost. 66% of respondents said they support CCA without knowing the cost and when people were informed of the low cost of CCA, the number of people willing to pay for it skyrocketed to 89%. Notably, only 8% of all respondents stated that they would not support this legislation.

There were no regional disparities in support for CCA or willingness to pay for CCA, demonstrating that there is consistent, broad-based support for CCA across the country.

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Men and women, employed people and unemployed people, singles and married couples – everyone agrees that the low cost of CCA is worth the money to provide real alternatives to institutional LTC. Willingness to pay for CCA remained significantly high and consistently level when compared based on gender (men 88%, women 91%); marital status (married: 88%; single: 87%; widowed/divorced: 95%); education (HS or less: 90%; some college: 90%; college/grad school: 89%); income (<$35k: 91%); $35k-$50k: 88%; $50k-$75k: 92%; $75k+: 89%); household size (1: 89%; 2: 90%; 3-4: 89%; 5+: 88%); age/number of children (<6yr: 92%; 6-12yr: 88%; 13-17yr: 91%; no children: 89%); and employment status (full-time: 87%; part-time: 91%; unemployed: 91%; student: 88%, retired: 94%).

Harris Interactive is one of the world’s leading custom market research firms. Known widely for the Harris Poll® and for pioneering innovative research methodologies, Harris offers expertise in a wide range of industries serving clients in over 214 countries. Figures for age, gender, race/ethnicity, education, region and household income were weighted where necessary for accurate representation within U.S. Census population proportions.

Produced by ADAPT and the Coalition for Community Integration
Olmstead, Helen. L. and the ongoing struggle for freedom for people with disabilities in Kansas

Ballooning waiting lists and service cuts on the Medicaid Home and Community Based Services (HCBS) Waiver Programs are making it increasingly difficult for Kansas seniors and people with disabilities to get the help they need in their own homes and communities. As a result many are being forced into institutions to access the long-term services and supports they need to survive.

The Supreme Court’s 1999 Olmstead decision, said that people with disabilities have a right to get the help they need in their own homes, but states have done a less than exemplary job of following the guidance of the Court. What did Olmstead really say and how can it help stop the needless institutionalization of Kansans with disabilities and get the state of Kansas to provide HCBS for them instead?

TILRC Executive Director Mike Oxford explains, “The Olmstead Decision is a U.S. Supreme Court decision named after Tommy Olmstead who was the Georgia State Medicaid Director at the time.” He was the subject of the complaint against the state by people who were residents in state institutions who had been determined to be eligible for HCBS, but had been on waiting lists for years trying to get those services. “They were waiting solely because the state only budgeted a small amount of money for the HCBS programs. So, since the institutions, because of the way Medicaid law is structured, were entitled to funding the state of Georgia was choosing to fund people in institutions and to not provide funding for these same people in their own homes and communities and that’s what the lawsuit was about.”

Oxford relates that, “The basis of the suit was an interpretation of the Americans with Disabilities Act (ADA) of 1990.” Language in the ADA says that a “public entity,” like a state or local government, “has to provide services, goods and benefits in the most integrated setting appropriate to the needs of the individual.” The argument in the case was that the state of Georgia, a public entity was providing a service, long-term care services, which should be provided in the most integrated setting. “So … being in an institution compared to your own home or community … it stands to reason that doesn’t appear to be the most integrated setting … so, away they went with the lawsuit!”

The Olmstead case was actually based on “another lawsuit that was really the pioneering work done by a good friend of mine, Steve Gold, a public interest attorney from Philadelphia and a good friend to the grassroots disability rights movement,” Oxford recalled, “Actually, for years there were several of us, including Steve, who talked about this interpretation of the ADA.”

“A lot of people … thought that we were wrong,” Oxford remembered, “But, being the kind of guy he [Steve Gold] is, who is really willing to push stuff, he decided to give it a whirl, so he sued a publicly run nursing home in Philadelphia.”
“And that was the first case … called the Helen L. case. Steve sued to help a couple of women representing people in public nursing homes. It was the same situation. They were in the nursing home, using Medicaid dollars, costing a lot more than the HCBS programs that they wanted to get onto and were eligible for, but the state didn’t want to let them move out because of funding.” The state of Pennsylvania appealed, but Steve Gold eventually won the case.

“Although it’s not as well known as Olmstead, Steve Gold’s case pioneered the whole interpretation of the ADA as it applied to institutions and pioneered the legal work behind Olmstead.” Oxford says, “He should probably get a lot more credit than he does.”

So why do states keep putting so much money into institutions, like nursing facilities, when people want to stay in their own homes and HCBS costs less?

Oxford explains, “Part of it is the structure of the Medicaid law. The federal Medicaid statute, Title XIX of the Social Security Act, sets out that nursing facilities are a required service.” These required services are called an “entitlement.”

Every state uses Medicaid to provide long-term services and supports because it is a good deal. On average, the federal government matches every 40 cents a state spends with another 60 cents, so for every dollar a state spends, 60 cents of it comes from the federal government. “That is why every state picks Medicaid to provide low-income health care and long-term services” according to Oxford.

Also, there are other Medicaid services a state can provide, called State Plan services. These are optional, but once a state picks one of those services, within that state, it becomes mandatory and acts like an entitlement.

One of the optional services that every state picks is called ICFMR or Intermediate Care Facility for Mental Retardation (Parsons State Hospital is an example of an ICFMR in Kansas). Once they pick it, ICFMR services become mandatory. So, now you have two institutional services, nursing facilities and ICFMR, that the state has to provide.

The HCBS Waiver Programs are optional services. “So basically, states provide home and community benefits through a legal structure that, unlike ICFMR or nursing facilities, allows them to limit it – according to their budget – according to how many people they want to serve”, says Oxford, “and that’s what creates the problem. On the one hand you have the mandatory institutional programs and on the other hand you have the optional HCBS programs and by the time they’re spending all the money on the mandatory one they feel like they have to control their budget over here on the home and community side and it really is upside down.”

So, how does that effect the state’s obligation to provide long-term services and supports in the most integrated setting as Olmstead requires? According to Oxford, “It really doesn’t! That’s why Tommy Olmstead lost the case. That’s why Steve Gold won his case.”

“People who are in institutions really do have a right to get out with appropriate home and
community based services, period! The issue is that a lot of people waiting for services aren’t in institutions. The law really only covers people who are in institutions or are at ‘eminent risk’ – who are really in danger of going in.”

But the fact is that most people on waiting lists aren’t at eminent risk because, as Oxford explains, “People don’t really want to go in. People and their families will do anything to avoid that, so it creates a tough advocacy situation. You don’t want to have to go in to get out! That makes no sense!”

As the waiting lists for HCBS Programs continues to grow we know that people are being forced into institutions. Oxford says, “Their rights are being violated and they could file complaints or they could sue the state and it seems like the state has a high level of exposure for everyone who has had to enter an institution. The problem is now that we have Money Follows The Person* by the time you get a compliant or a lawsuit going the state’s going to let them come back out.”

“It’s very disruptive and there’s not a lot to do on the legal end. The pressure needs to come politically. Because that’s literally what is going on is that people are losing their contacts in the home and community, they’re losing their housing, families are being torn apart just to go in 60 or 90 days and then they can move back out (using the *Money Follows The Person Program).”

“What’s happening is they are missing a lot of things that would make their lives better. Families are struggling and made to suffer unnecessarily because of the situation and that’s where the real damage is being done. Families are going to extraordinary lengths while people are waiting and are losing income and family resources to try to scrape together the services and supports that people need. Likewise, people’s lives are being limited, they’re not going out, they’re not participating in the community, and they’re not as healthy as they could be.”

The Olmstead decision does allow for waiting lists. The Supreme Court “understood there are budgetary limitations, there are programmatic limitations.” Oxford says, “You can’t just snap your fingers and cover everybody with what they need instantaneously. So, you can have a waiting list, but it has to move at a ‘reasonable’ pace.”

“Now in Kansas there are people who have been waiting years. Physical disability – the waiting list is up to over a year now and on the DD (developmental disabilities) waiver there are
people who have waited well over five years. Is that a reasonable pace? Probably not! So, the state is getting in danger of not making enough effort to really address this issue of reasonable pace and making people wait too long,” says Oxford.

“If the list doesn’t move at a reasonable pace then there could be a complaint because that could be a violation of peoples’ civil rights and that could be a danger here in Kansas,” but Oxford emphasizes, “Someone would have to bring the complaint or the case and so far no one has.”

“[The U.S. Department of] Justice wants the names of actual people. You can’t just say that the list is too long or too slow. There has to be actual people identified.”

“One of the things that happens is you file a complaint on behalf of Jane and Tom and Dick and Harry and Sue, then the state gets that list and they go, OK, fine, and they give Jane and Tom and Dick and Harry and Sue services and the complaint goes away and they just serve the people who have fought that hard!”

“That’s one of the things that can happen, so people have to decide if they want to go to those kinds of extraordinary lengths.”

“Here at TILRC we have tried all sorts of things to get the word out, but we haven’t had anyone come forward who has said they want to file a complaint or lawsuit. Of course, the wait hasn’t been that bad until fairly recently, so if this goes on for much longer we may see more people actually filing complaints.”

Ultimately, change must happen at the political level. Oxford stresses, “People need to be in touch with their elected officials, mainly at the state level, but also at the federal level. Not enough people have really gotten a hold of their senator, their representative and explained what their personal situation was and complained about the problem in the political arena.” He adds that, “They have heard from the professional advocates, like TILRC, and other grass-roots groups, like Kansas ADAPT, but actual people who are being affected need to do that and, to be quite honest, not enough have.”

Oxford encourages people who want assistance to contact TILRC. “People can certainly contact me or one of the advocates,” says Oxford, “If they do want help with information, with explanations of what their rights are, with filing a complaint or contacting a politician we are happy to help. Just let us know and we will be glad to help how ever we can.”

You can contact TILRC by calling 785.233.4572 or if you live outside the Topeka area you can call our toll-free number, 1-800-443-2207. If you live in the southern part of Kansas, contact TILRC South in Wichita at 316-262-2122 or toll-free at 1-866-410-4800. The TILRC website also has a wealth of information on you rights as a person with a disability and how to be a better self advocate. Our web address is www.tilrc.org.

*Money Follows The Person is a program that allows individuals who are qualified for the HCBS Waiver Programs the option to move back out into the community if they have been in an institution for a period of at least 90 days.
Accessible Fishing Opportunities in Topeka for Anglers Who Don’t Drive

Spring is in the air and that means local anglers are ready to get out and drown a few worms again. Topeka has several accessible fishing locations for the angler with disabilities. Because this article is targeted to anglers who don’t drive, it only includes the few that are accessible from a bus route or the LIFT service.

MacLennan Park Trails & Ponds at Cedar Crest

There are two accessible fishing ponds next to each other near the intersection of S.W. Fairlawn Road and Brentwood Road. Accessible parking is available in the lot to the west on S.W. 6th Avenue. The LIFT service can drop you off at this parking lot and the closest fixed route bus (#5 West 6th or #7 Hunt-oon) will drop you off on 6th Avenue at the parking lot or 6th and Fairlawn. There is a long sidewalk from the parking lot to the lake, but if you can walk there is parking on Fairlawn just across the street for the ponds.

Since both docks are completely exposed to the sun the best time to fish here is early Spring or Fall or early mornings or evenings. There are no restroom facilities nearby. The ponds are regularly stocked with fish by the Kansas Department of Wildlife and Parks.

Topeka City Parks

There are several city parks that have fishing opportunities for people with disabilities. All these ponds are also regularly stocked with fish by the Kansas Department of Wildlife and Parks.

Clarion Woods Park is located at S.W. 37th Street and S.W. Fairlawn Road. The #14S West 29th Special bus can drop you about a block away from the park at S.W. Chelsea Drive. Follow the gravel trail, which has quite a cross-slope from the parking lot to the pond with an accessible fishing dock. NOTE: As of this writing the trail has been completely washed out by recent Spring rains and is completely impassible to wheelchair users!
Freedom Valley Pond is located at SE 14th and SE Locust. The closest bus route (#2 Highland Park) is about seven blocks away on S.E. 6th Avenue. The accessible parking is at the top of the hill overlooking the pond. You must travel down a long steep sidewalk to get to the pond. Sorry, no restrooms here either. Once you get to the pond there is a nice accessible fishing dock, a picnic table and ample shade.

The pond in Central Park at 1534 SW Clay is easily accessed from the parking lot at the Central Park Community Center. The nearest fixed route bus (#6 West 17th or #9 West 29th) runs on S.W. 17th Street, about a block south of the pond. There is an accessible fishing dock, but not much shade, so the best time to fish there is in the morning to avoid exposure to the heat or too much sun. Accessible restrooms are available inside the Community Center when their hours of operation, which are Monday-Thursday, 9am-8pm, Friday, 9-11am; 2:30-6pm and Saturday and Sunday 12-4pm.

Westlake in Gage Park is probably the most accessible and nicest fishing location in the city. Westlake has an accessible fishing dock, pond-side bench and picnic table. Benches are located around the pond and there is a semi-accessible picnic shelter. There isn’t an accessible restroom at Westlake, but there is one nearby next to the Westlake Shelter at the intersection of Blaisdell and Westlake. To get to Westlake enter the park from S.W. 6th Avenue at S.W. Zoo Parkway. You then turn left on S.W. Blaisdell Drive and then left again on S.W. Westlake Court. The closest fixed route bus (#5 West 6th
Lake Shawnee

There are three accessible fishing docks on the west side of Lake Shawnee near S.E. 41st Street and S.E. West Edge Road. The fixed route bus service doesn’t run anywhere close to this location, but if you give a West Edge Road address to the Lift dispatcher they can drop you near the fishing docks. Accessible parking is available near the fishing docks and two of them have accessible port-a-potties nearby.

There are picnic tables nearby, including an accessible table near the southern dock. The lake is regularly stocked with fish, except for trout which is stocked twice a year. There is another accessible fishing dock on the east side of the lake near the campground, but the bus and LIFT do not go there.

The nearby county fishing lakes and state lakes all have accessible fishing facilities, but were not covered in this article because the fixed route buses and the LIFT won’t take you there.
Do you have something to sell or would you like to submit a letter or an editorial?

Do you have some disability-related items or equipment you don’t need anymore, but is still in good condition? We can advertise it for you in We The People. Just call, write or e-mail Kevin with a description and a person to contact. There is no charge for people with disabilities.

Placing a letter or an editorial in We The People is a good way to express your feelings and ideas on issues to people in the community especially in the Topeka and Shawnee County area.

Kevin Siek
785-233-4572
ksiek@tilrc.org
Topeka Independent Living Resource Center, Inc.
501 SW Jackson St., Suite 100
Topeka, KS 66603-3300

Are you interested in reading about specific issues, but it hasn’t been in the newsletter? If so, please contact Kevin Siek at the above contact information.

Classifieds

We can advertise disability-related items and durable medical equipment you have for sale here.
Address Service Requested.

Let us know about any changes. Just check the appropriate box and mail the form back to us at: Topeka Independent Living c/o Kevin Siek 501 SW Jackson St. Topeka, KS 66603

Do you need We the People in another format?
☐ Large Print
☐ Audio Cassette

☐ Change of Address
☐ I read We the People on TILRC’s web site, so save a tree and take me off the list.
☐ I am not currently receiving We the People. Please sign me up.
☐ I don’t use TILRC services but would like to subscribe for $10 a year.
☐ I would like to make a donation.

Name ________________________________
Address ______________________________
City__________ State_____ Zip_________
Phone______________________________

Visit TILRC’s website at www.tilrc.org