

## NATIONAL COUNCIL ON INDEPENDENT LIVING (NCIL)

---

### INDEPENDENT LIVING SERVICES OFFERED BY CENTERS FOR INDEPENDENT LIVING (CILS) FOR VETERANS

Centers for Independent Living (CILs) are consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies designed and operated within a local community by individuals with disabilities and provides an array of independent living services. CILs serve all people with disabilities regardless of age, income or race. They focus on consumer control, the four core services (listed below), civil rights, equality, and inclusion.

It is not a CIL's intent to offer these services in lieu of benefits that a veteran can receive from the Veteran's Administration (VA), state veteran services, programs offered by their respective unit and those offered by agencies affiliated with federal or state VA programs.

#### LISTED BELOW ARE THE CORE INDEPENDENT LIVING SERVICES OFFERED BY CILS:

- **Information and Referral** – Available to anyone interested in securing disability related information or in accessing an appropriate resource referral. General information available through the Center represents local, regional, statewide and national resources.
- **Advocacy** – Individual and Systems: Provided on an individual, community and systems level. Consumers can request training/assistance in advocating for specific needs or services.
- **Peer Counseling** – Cross Disability; Group and Individual: Peer services are provided by persons with disabilities who are willing to share their unique insight, knowledge and skill with others.
- **Independent Living Skills Training** – Designed to assist in developing or enhancing personal daily living skills to attain or maintain the desired level of independent functioning. These may include:
  - Budget/Financial Management
  - Basic Anger Management
  - Social Skills
  - Self-Advocacy
  - Other Skills Training – as identified by Consumer or referral source
  - Job Search & Interviewing Skills
  - Obtaining & Maintaining Employment
  - Benefits Management – VA/Social Security Payments, Etc.
  - Community Resources – Accessing & Utilizing
  - Housing
    - Home Safety/Emergency Situations
    - Housekeeping
    - Nutrition/Menu Planning
  - Health Care Issues
  - Personal Growth/Social Skills/Leisure Time Use

This training is individualized and often disability specific based on the needs of the consumer. Services are provided in the least restrictive community setting as determined by the consumer.

The independent living movement is based on equality and choice. A CILs mission is carried out in a wide variety of ways, according to the priorities and needs of local communities.

CILs are uniquely qualified in assisting people transitioning from rehabilitation hospitals or similar facilities, such as nursing homes, acquire home and community based services.

- **Planning the Move/Relocation** – A CIL can provide a self assessment guide and referrals to community based services such as personal assistance services in planning the transition. The CIL can assist with the assessment. Check with your local CIL for program options.
- **Ramp Program/Assistive Technology (AT)** – A CIL may be able to direct you to options for having a ramp built for your residence or acquiring AT devices to enhance independent living. Some CILs have their own ramp programs.
- **Home Assessment Program** – An independent living specialist can provide assistance with determining how to design/remodel a home to make it accessible. A CIL may be able to provide referrals for funding.

### **HOW ARE REFERRALS MADE TO A CIL?**

Referrals can be made by walking into a CIL for services or phone calls made by the veteran as a self-referral, family, or made by any organization with the appropriate releases.

Consumers may receive services from a CIL as long as they are actively working to achieve their goals.

### **CIL STAFFING**

The Independent Living Movement creates a new social paradigm for people with disabilities, emphasizing consumer control. Consumer control means involving the individual in choosing and planning their services and making decisions about their future. The board of directors must be comprised of at least 51% people with disabilities, and a majority of staff must also be people with disabilities.

CILs will have professional staff, many of whom have bachelors degrees and higher. Professional staff, consumers/volunteers, or a paid CIL Peer Mentor provide peer counseling services to consumers. Some CILs have veterans on staff. CILs have peer mentor training programs and are supervised by CIL management staff. Check with your local CIL for services and staff availability.

### **HOW ARE CILS FUNDED?**

CILs may receive federal funding specifically to provide core independent living services as defined in the Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part C, Section 721-727; 29 U.S.C. 796f-796f-6. The independent living program and its funding are administered through the US Department of Education – Office of Special Education and Rehabilitative Services (OSERS).

Some CILs receive funding from their state to provide independent living services and can receive additional funding through grants and foundation funding – generally for a time limited, specific project. CILs also develop fee for service contracts for IL services when such funding is available. Some CILs have contracts with regional offices of the Veterans Administration to provide specified services.

There are currently 355 federally funded CILs across the country.

### **LOCATING A CENTER FOR INDEPENDENT LIVING**

Go to – [www.ilru.org](http://www.ilru.org)

Scroll down the left side of the web site and click on **ILRU Directory of CILS/SILCS**

Select the state or US Territory to find a CIL

For more information contact the National Council on Independent Living (NCIL), 1710 Rhode Island NW 5<sup>th</sup> Floor, Washington, DC 20036. 202-207-0334, [www.ncil.org](http://www.ncil.org).

## HOW CILS CAN EFFECTIVELY ASSIST VETERANS

### INTRODUCTION

With the large number of veterans with disabilities returning from Iraq and Afghanistan, as well as many older veterans who served in prior conflicts, CILs should have in-depth knowledge and skill in linking individuals to Department of Veterans Affairs (VA) services. The VA provides a wide range of information and assistance services. CIL staff should be prepared to collaborate with these efforts to provide additional assistance, when needed. Whether by establishing strong referral protocols with local or state veterans agencies or by serving veterans directly, CIL staff should be knowledgeable to assist veterans who seek information, assistance, or referrals. This issue brief includes an overview of veterans, the services and benefits offered by the VA, examples of productive collaboration between veterans agencies and CILs, and resources for CILs.

CIL staff should take a proactive approach to providing services to veterans, survivors, and family members in their service areas.

### BUILD RELATIONSHIPS WITH LOCAL VETERANS OFFICES

It is essential that the CILs build relationships with local representatives of the federal VA and state departments of veterans affairs, as well as local county veterans services offices. In addition to these government representatives, many nonprofit veterans' organizations have nationwide networks of veterans' service officers. All of these officials are providing assistance similar to the CILs and can find mutual benefit in coordination. At the same time, CIL staff should make an effort to educate veterans staff about the services available through the CIL, so that they can make appropriate referrals. CILs states that have developed these relationships report that the partnership is beneficial and that they have referred individuals in both directions. Once a relationship is developed, it may be helpful to invite veterans representatives to present jointly to public audiences.

### ENSURE CIL STAFF ARE KNOWLEDGEABLE ABOUT BENEFITS AVAILABLE TO VETERANS

CIL staff should be knowledgeable about the services and benefits available to veterans and families, both from the federal government as well as services available in the CIL service area. This knowledge will be important to identify people who are potentially eligible for VA services and benefits. CILs should consider inviting veterans staff to provide training to CIL staff. In addition to general information about VA services and benefits, staff should be trained on specific application forms and knowledgeable about specific places where veterans can be referred.

### SPECIFICALLY IDENTIFY VETERANS GROUPS AS PART OF YOUR OUTREACH EFFORTS

Veterans may receive information through different channels than the general public (e.g. advocacy organization newsletters, Veterans of Foreign Wars events, websites) and it may be beneficial to specifically target veterans in your outreach efforts.

---

## VETERANS INFORMATION

### TODAY'S VETERANS

A veteran is defined as a "person who served in the active military, naval, or air service, and who is discharged or released therefrom under conditions other than dishonorable."<sup>1</sup> Active military service could have been with any of the following groups: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Environmental Science Services Administration Commissioned Corps, or National Oceanic and Atmospheric Administration Commissioned Corps. (Persons with dishonorable discharges are generally ineligible for benefits.)

1 38 CFR § 3.1(d)

**From the Veterans Administration Website – VA Benefits & Health Care Utilization**

Updated 10/27/08

Number of Veterans Receiving VA Disability Compensation (as of 9/30/08):	2.95M
Number of Veterans Rated 100% Disabled (as of 9/30/08):	261,897
Number of Veterans Receiving VA Pension (as of 9/30/08):	317,643
Number of Spouses Receiving DIC (as of 9/30/08):	333,196
Number of Total Enrollees in VA Health Care System (FY '07):	7.8M <sup>1</sup>
Number of Total Unique Patients Treated (FY '07):	5.5M <sup>1</sup>
Number of Veterans Compensated for PTSD (as of 9/30/08):	342,624
Number of Veterans in Receipt of IU Benefits (as of 9/30/08):	248,072
Number of VA Education Beneficiaries (FY '08):	523,258
Number of Life Insurance Policies Supervised & Administered by VA (as of 9/30/08):	7.2M
Face Amount of Insurance Policies Supervised & Administered by VA (as of 9/30/08):	1.3T
Number of VA Voc Rehab (Chapter 31) Trainees (FY '08):	55,059
Number of Active VA Home Loan Participants (as of 9/30/08):	2.1M
Number of Health Care Professionals Rotating Through VA (FY '07):	101,404
Number of OEF/OIF Amputees (as of 10/1/08):	842 <sup>2</sup>

Source: DVA Information Technology Center; Health Services Training Report; VBA Education Service; VBA Office of Performance Analysis & Integrity; <sup>1</sup>VHA (10A5); <sup>2</sup>DOD

**Veterans Demographics**

Projected U.S. Veterans Populations:	23,442,000	{Female 1,802,000 8%}
Projected Number of Living WW II Veterans (as of 9/30/08):		2,583,000
Number of WW II Veterans Pass Away Per Day:		900
Percentage of Veteran Population 65 or Older:		39.4%
Veteran Population by Race:	White 79.7%	Black 11.1%
	Asian/Pacific Islander 1.4%	Hispanic 5.7%
	American Indian/Alaska Native 0.8%	Other 1.3%

**About VA**

Number of VA Employees:	278,566
Number of VA Medical Centers:	153
Number of VA Community-Based Outpatient Clinics:	745
Number of VA Vet Centers:	225
Number of VBA Regional Offices:	57
Number of VA National Cemeteries:	125

<b>FY07 Appropriations (enacted)<sup>1</sup></b>	<b>VA: \$82.0B<sup>4</sup></b>	<b>VHA: \$35.8B<sup>2</sup></b>	<b>VBA-GOE: \$1.30B<sup>3</sup></b>	<b>NCA: \$161M</b>
<b>FY08 Appropriations (enacted)<sup>1</sup></b>	<b>VA: \$90.5B<sup>5</sup></b>	<b>VHA: \$39.1B<sup>2</sup></b>	<b>VBA-GOE: \$1.43B<sup>3</sup></b>	<b>NCA: \$195M</b>
<b>FY09 Appropriations (enacted)<sup>1</sup></b>	<b>VA: \$96.9B</b>	<b>VHA: \$43.0B<sup>2</sup></b>	<b>VBA-GOE: \$1.47B<sup>3</sup></b>	<b>NCA: \$230M</b>

Produced by the National Center for Veterans Analysis and Statistics (008A3)

Source: Veteran Populations as of 09/30/08; VA Employ Pay Status Count 09/30/08; Veterans Affairs Site Tracking (VAST) 06/30/08; NCA as of 09/30/08; Office of Budget; Health Services Training Report FY07; <sup>1</sup>Includes MCCF; <sup>2</sup>Medical Care w/MCCF; <sup>3</sup>Discretionary Spending Only; <sup>4</sup>Includes \$1.8B in funding for public law 110-28, emergency supplemental, <sup>5</sup>Includes \$3.7B in emergency funding

When including veterans, family members, and survivors of veterans, about a quarter of the nation’s populations – 63 million people – are potentially eligible for benefits and services from the VA. Younger veterans who have returned recently from the Middle East may have acquired brain injuries or other disabilities. Third, family members and survivors may seek information from CILs, and may be unaware of their eligibility for benefits.<sup>2</sup>

Returning soldiers may face a variety of challenges as they “reintegrate” into civilian life, which can be complicated if the veteran has acquired a physical, psychiatric, or cognitive disability. CILs should be cognizant of the prevalence of post-traumatic stress disorder (PTSD) and traumatic brain injury among veterans. PTSD manifests itself in individuals after a stressful or traumatic event and one third of veterans report symptoms of PTSD. The psychological symptoms vary and may include nightmares, flashbacks, emotional detachment or numbing of feelings, insomnia, avoidance of reminders and extreme distress when exposed to the reminders (“triggers”), loss of appetite, irritability, hyper-vigilance, memory loss, excessive startle response, and anxiety. Persons with PTSD may exhibit a co-morbid psychiatric disorder, such as clinical depression, bipolar disorder, general anxiety disorder, and a variety of addictions.<sup>3</sup>

Traumatic brain injury is also very prevalent and has been called “the signature injury of Operation Iraqi Freedom.” The high use of improvised explosive devices combined with improved battlefield medical care have decreased combat deaths, but resulted in larger numbers of wounded. An additional complication is that traumatic brain injuries may manifest themselves immediately or an individual may experience limitations long after he or she has completed military service.

**DEPARTMENT OF VETERANS AFFAIRS BENEFITS**

The Department of Veterans Affairs provides both health care benefits and financial support to eligible veterans. The VA is composed of three key administrations, the Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery Administration. More detail on the first who is included below.

**VETERANS HEALTH ADMINISTRATION**

The Veterans Health Administration (VHA) is the largest integrated health network in the United States and provides an array of services for enrolled veterans. Services include acute care services, such as hospital care and outpatient physician appointments, and institutional care, ranging from domiciliary care to nursing care (see Exhibit 1). Unlike Medicare and Medicaid and private health insurers, which pay for care, the VA is a provider of care.

**Exhibit 1: VHA Services**

<b>Services Provided by the VHA</b>
▪ Hospital services, outpatient medical, dental care, pharmacy, and prosthetic services
▪ Domiciliary, nursing home and community-based services
▪ Sexual trauma counseling
▪ Specialized health care for women veterans
▪ Health and rehabilitation programs for homeless veterans
▪ Readjustment counseling
▪ Alcohol and drug dependency treatment
▪ Medical evaluation for disorders associated with military service in the Gulf War or exposure to Agent Orange, radiation, and other environmental hazards

2 Note that part-time soldiers, who have served as part of the National Guard or Reserves, may not qualify for benefits from the VA on an ongoing basis.

3 VA’s National Center for Post-Traumatic Stress Disorder, [http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_lay\\_assess.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_lay_assess.html).

The VA provides nursing home and community based long-term care services to eligible veterans. Nursing home care is provided in one of three settings: VA-operated nursing homes, non-VA (private) nursing homes under contract, and state-run veterans nursing homes. Non-VA (private) nursing homes and state-run veterans nursing homes receive a portion of the daily costs of care from the VA. In 2006, the VA spent \$3.2 billion on nursing home care, of which 74 percent was for VA-operated nursing homes, 12 percent was for community nursing homes under contract, and 14 percent was for state veterans nursing homes. Nursing home care represents about 9 percent of the VA's total expenditures, but a large majority of long term care expenditures. In 2006, of VA's long-term care expenditures, nursing home care accounted for 81 percent, other institutional care represented 12 percent and non-institutional care accounted for 7 percent of spending.<sup>4</sup>

The nursing home care provided by the VA is for a subset of veterans. Veterans eligible for nursing home care have a 70 percent or greater disability rating because of a condition related to their service. Some veterans with a 60 percent or greater disability rating who are classified as unemployable or permanently and totally disabled may also receive nursing home care from the VA. However, the majority of veterans who need nursing home care are served in other settings, which are not paid by VA. Many veterans are likely to need long-term care as they age, even if they did not have a service-related disability. Like non-veterans, these veterans finance their care through Medicaid, Medicare, private long term care insurance, and by the individuals themselves.

VHA also provides an array of long-term care services in community-based settings, including the following:

- Home-Based Primary Care
- Adult Day Health Care (ADHC)
- Community Residential Care
- Home Hospice Care
- Telehealth
- Geriatric Evaluation and Management (GEM)
- Contract Home Health Care
- Homemaker and Home Health Aide (H/HHA)
- Respite Care
- Domiciliary Care
- Geriatric Research Education and Clinical Centers (GRECC)

The Department of Veterans Affairs has received accolades in recent years for the use of technology and electronic medical records in its medical system. In 1999, the VA linked its hospitals, clinics, nursing homes and rehabilitation centers for a universal medical records network. The use of this paperless system has allowed the VA health system to reduce medical errors and provide high quality care.

In addition, the VHA has been a research leader in responding to combat-related issues. Specifically, VHA has a state of the art research program for improving the functionality of prosthetic limbs, a program to research post-traumatic stress disorder and other mental health challenges, and blindness rehabilitation services.

## **VETERANS BENEFITS ADMINISTRATION**

The Veterans Benefits Administration (VBA) is in charge of veteran registration and benefits eligibility and administers a number of non-medical benefits to veterans with service-connected disabilities. VBA provides pensions, disability compensation, and other financial benefits to eligible veterans (see Exhibit 2). Over half of VA's budget is provided as cash benefits to veterans and their families. Certain benefits are only provided to veterans with wartime service.

<sup>4</sup> Department of Veterans Affairs, Fiscal Year 2008 Budget Estimate, available at: <http://www.va.gov/budget/summary/VolumelMedicalPrograms.pdf>

## Exhibit 2: VBA Benefits

<b>Services Provided by the VHA</b>
▪ Disability compensation
▪ Specially adapted homes and grants for home modifications
▪ Vehicle assistance
▪ Home loan assistance
▪ Education benefits and employment support
▪ VA group life insurance
▪ Spousal/dependent benefits
▪ Other benefits (burial, special groups)

For more information on the services and benefits available from the VHA and VBA see ***Federal Benefits for Veterans and Dependents*** published by the VA each year, available on the VA website at <http://www1.va.gov/opa/vadocs/fedben.pdf>.

### **ACCESSING BENEFITS**

In addition to national staff, VA has regional offices, state and county Veterans Affairs offices, and local “vet centers” to assist veterans in accessing benefits. These offices assist individuals in applying for benefits and also may provide services, such as counseling sessions related to stress disorders and bereavement counseling. Vet center locations are available on the VA website (see Resources section). Individuals enroll with the VA upon discharge from active military service and are assigned a priority group based on the level of their disability and service. The VA uses eight priority groups to balance demand for VA health care enrollment with resources (see **Appendix A**). Persons in priority group 1 have the highest level of service-connected disability and are entitled to the maximum benefits. Monetary benefits are available both to persons who have been disabled by active service and to veterans who qualify on a need-basis, because of low-income.

To apply, veterans complete the VA Form 10-10EZ, Application for Health Benefits, available at <http://www.va.gov/1010ez.htm> or at any VA facility or benefits office. Once enrolled, veterans can receive health care at VA health care facilities anywhere in the country.

### **RESOURCES**

Below are resources that may be useful for CILs as they assist veterans and build relationships with veterans groups in their states.

- **Department of Veterans Affairs website**  
<http://www.va.gov>

The Department of Veterans Affairs website includes information on veterans benefits and services. The site includes information on VA facilities, including health care facilities and Veterans Benefits Administration offices. Information is included for each of the 50 states, the District of Columbia, Guam, Puerto Rico, and the Philippines.

The site includes a brief history of the VA at [http://www.va.gov/facmgt/historic/Brief\\_VA\\_History.asp](http://www.va.gov/facmgt/historic/Brief_VA_History.asp)

A state-by-state listing of medical centers, clinics and vet centers is available at [http://www1.va.gov/directory/guide/allstate\\_fish.asp?](http://www1.va.gov/directory/guide/allstate_fish.asp?)

- **Summary of VA Activity by State**

<http://www.va.gov>

On the left side of the page scroll down to Public Affairs; in the secondary menu select Fact Sheets then go the Miscellaneous. From these choose State by State Summary. Under that section is a state by state summary of VA programs.

- **VA's National Center for PTSD's PTSD Information Center**

<http://www.ncptsd.va.gov/ncmain/information/>

- **National Association of State Directors of Veterans Affairs website** <http://www.nasdva.com>

This website provides links to each state's Department of Veterans Affairs website (from the homepage, click on "State VA Departments.")

- **U.S. Veterans Resource**

<http://www.vetsresource.com/>

The U.S. Veterans Resource website provides many links of interest to veterans, including government links, legal services, veterans' assistance, and advocacy organizations for veterans.

- **Blinded Veterans Association**

<http://www.bva.org/>

The Blinded Veterans Association promotes the welfare of blinded veterans. The website includes information on BVA services, including peer-to-peer counseling for blinded veterans.

- **Paralyzed Veterans of America**

<http://www.pva.org/>

Paralyzed Veterans of America (PVA) is an advocacy organization that supports veterans and all people with spinal cord injury or dysfunction. The website includes information about services for paralyzed veterans, downloadable publications and other resources.

- **NINDS Traumatic Brain Injury Information Page**

<http://www.ninds.nih.gov/disorders/tbi/tbi.htm>

The National Institute of Neurological Disorders and Stroke (NINDS), of the National Institutes of Health, provides an information page on traumatic brain injury, which contains information on the condition as well as consumer resources.

- **National Resource Directory**

<http://www.nationalresourcedirectory.org>

An online partnership of "shared care" providing information on, and access to, services and resources for wounded, ill and injured service members and veterans, their families and families of the fallen, and those who support them from recovery and rehabilitation to community reintegration.

It is maintained by the Departments of Defense, Labor and Veterans Affairs. The information in the Directory is from federal, state and local governmental agencies; veteran service and benefit organizations; non-profit community-based and faith-based organizations; academic institutions, professional associations and philanthropic organizations.

## APPENDIX A: VA PRIORITY GROUPS

During VA enrollment, each veteran is assigned to a priority group. VA uses priority groups to balance demand for VA health care enrollment with resources. The table describes the priority groups.

Priority Group	Description
Group 1	Veterans with service-connected disabilities rated 50 percent or more and/or veterans determined by VA to be unemployable due to service-connected conditions.
Group 2	Veterans with service-connected disabilities rated 30 or 40 percent.
Group 3	Veterans with service-connected disabilities rated 10 and 20 percent, veterans who are former Prisoners of War (POW) or were awarded a Purple Heart medal, veterans awarded special eligibility for disabilities incurred in treatment or participation in a VA Vocational Rehabilitation program, and veterans whose discharge was for a disability incurred or aggravated in the line of duty.
Group 4	Veterans receiving aid and attendance or housebound benefits and/or veterans determined by VA to be catastrophically disabled. Some veterans in this group may be responsible for co-pays.
Group 5	Veterans receiving VA pension benefits or eligible for Medicaid programs, and non service-connected veterans and non-compensable, zero percent service-connected veterans whose gross annual household income and net worth are below the established VA means test threshold.
Group 6	Veterans of the Mexican border period or World War I; veterans seeking care solely for certain conditions associated with exposure to radiation or exposure to herbicides while serving in Vietnam; for any illness associated with combat service in a war after the Gulf War or during a period of hostility after Nov. 11, 1998; for any illness associated with participation in tests conducted by the Department of Defense (DOD) as part of Project 112/Project SHAD; and veterans with zero percent service-connected disabilities who are receiving disability compensation benefits.
Group 7	Non service-connected veterans and non-compensable, zero percent service-connected veterans with gross annual household income above VA's national means test threshold and below VA's geographic means test threshold, or with gross annual household income below both the VA national threshold and the VA geographically based threshold, but whose income plus net worth exceeds VA's ceiling (currently \$80,000) who agree to pay co-pays.
Group 8	All other non service-connected veterans and zero percent, non-compensable service-connected veterans who agree to pay co-pays. (Note: Effective Jan. 17, 2003, VA no longer enrolls new veterans in priority group 8).

## NATIONAL COUNCIL ON INDEPENDENT LIVING (NCIL)

---

### WHAT IS A CENTER FOR INDEPENDENT LIVING (CIL)? CIL FACT SHEET

A "Center for Independent Living" must demonstrate the following:

- Consumer-Control
- Community Based
- Cross Disability
- Nonresidential private nonprofit agency that is designed and operated within the local community by individuals with disabilities and provides an array of independent living services.
- At a CIL, the board of directors must be comprised of at least 51% people with disabilities, and a majority of the staff must also be people with disabilities.
- A CIL must provide four (4) core services:
  - Advocacy: Individual and Systems
  - Independent Living Skills Training
  - Information and Referral
  - Peer Counseling

#### **In Addition:**

- A CIL must maintain its requirements to be a CIL so it can receive funds and must submit an annual compliance report. There are annual on-site monitoring visits and every three years there is an extensive on-site compliance review.
- Each CIL is required to have an annual audit conducted by an independent auditor in accordance with generally accepted auditing standards and Government Auditing Standards.

#### **What is Independent Living Philosophy?**

- Consumer control of the center regarding decision making, service delivery, management, establishment of policy and direction of the center;
- Self-help and self-advocacy;
- Development of peer relationships and peer role models; and
- Equal access of individuals with disabilities to society and to all services, programs, activities, resources, and facilities, whether public or private regardless of funding source.

Please contact a CIL in your area for more information on services available.

12/22/2008