

# TIPS

## for First Responders



General Tips



Mobility Impairments



Cognitive Disabilities



Mental Illness



Autism



Deaf or Hard of Hearing



Blindness or Visual Impairments



Service Animals



Seniors



Seizures



Chemical Sensivities

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## REDDy DIRECTORY

TEXAS A&M UNIVERSITY

- The Mobile TIPS for First Responders was developed by Project REDD at the Center on Disability and Development at Texas A&M University.
  - Developers and contributors to the Mobile TIPS for First Responders were Laura M. Stough, Ph.D., Jaiganesh Lakshmisundaram, Elizabeth McAdams Ducey, Amy N. Sharp, Ph.D. (at The University of Texas at Austin), Briana Santiago, Donghyun Kang, Kayla S. Sweet, Ph.D., and Tanya Baker at Texas A&M University. We thank members of the Region VI Disability Integration Group for their suggestions on test versions of the Mobile TIPS.
  - The Mobile TIPS are adapted from Dr. Tony Cahill's 5th Edition of the TIPS for First Responders, developed at the Center for Development and Disability at the University of New Mexico and from the TIPS for First Responders and Texas Resources for Services and Supports, developed at the Texas Center on Disability Studies at the University of Texas at Austin. We gratefully acknowledge the work of these colleagues on the print versions of the TIPS.
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## REDDy DIRECTORY

RESOURCES FOR DISASTERS AND DISABILITY

REsources for Disasters and Disability Directory for Individuals with Disabilities and their Families Experiencing the Effects of Hurricane Harvey, a dynamic online disaster resource directory that addresses the resource and support needs of individuals with disabilities affected by Hurricane Harvey. The REDDy Directory assists long-term recovery committees, case managers, disability-related organizations, disaster-related organizations, and individuals with disabilities in locating resources and services provided to Hurricane Harvey survivors.

The REDDy Directory is a joint project of The Center on Disability and Development at Texas A&M University and The Texas Center for Disability Studies at The University of Texas at Austin. The REDDy Directory is a project jointly funded by the Association of University Centers on Disability and the Administration on Intellectual and Developmental Disabilities.

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For information about the **Mobile TIPS**, **Project REDD**, the **REDDy Directory** or general information about disaster and individuals with disabilities, please contact:

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[lstough@tamu.edu](mailto:lstough@tamu.edu)

979.845.8257

<http://redd.tamu.edu>

<http://cdd.tamu.edu>

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# General Tips

***Always ask the person how you can best assist!***

## **Ask for/Look for:**

- An identification bracelet with special health information.
- Emergency contact information to reach the person's family.
- Essential equipment and supplies (for example, wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Mobility aids (for example, wheelchair, cane, walker or an assistance or service animal).
- Special health instructions (for example: allergies).
- Special communication information (for example, is the person using sign language?).
- Signs of stress and/or confusion (for example, the person might say they are stressed, look confused, withdraw, or start rubbing their hands together).
- Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).
- Try to include the person in conversations with other people; don't talk about a person in front of that person.
- If the person does not use words to speak, look for gestures or other behaviors that communicate what the person is wanting to express.
- Don't assume that people do not understand just because they don't use words to communicate.
- Usually, pregnancy is not an emergency. In fact, if the pregnant woman is otherwise healthy, it's likely that she can be included in any plans for evacuation or sheltering for the general population.

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# People with Mobility Impairments

- Always ask the person how you can help before beginning any assistance. Even though it may be important to evacuate quickly, respect their independence to the extent possible. Don't make assumptions about the person's abilities.
- Ask if they have limitations or problems that may affect their safety.
- Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance. Ask!
- Here are some other questions you may find helpful:
  - "Are you able to stand or walk without the help of a mobility device like a cane, walker or a wheelchair?"
  - "You might have to [stand] [walk] for quite awhile on your own. Will this be ok? Please be sure and tell someone if you think you need assistance."
  - "Do you have full use of your arms?"
- When carrying the person, avoid putting pressure on his or her arms, legs or chest. This may result in spasms, pain, and may even interfere with their ability to breathe.
- Avoid the "fireman's carry." Use the one or two person carry techniques.

## Crutches, Canes or Other Mobility Devices

- A person using a mobility device may be able to negotiate stairs independently. One hand is used to grasp the handrail while the other hand is used for the crutch or cane. Do not interfere with the person's movement unless asked to do so, or the nature of the emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you'll need to do and why.
- Ask if you can help by offering to carry the extra crutch.
- If the stairs are crowded, act as a buffer and run interference for the person.

## Evacuating Wheelchair Users

- If the conversation will take more than a few minutes, sit or kneel to speak to the person at eye level.
- Wheelchair users are trained in special techniques to transfer from one chair to another. Depending on their upper body strength, they may be able to do much of the work themselves.
- Ask before you assume you need to help, or what that help should be.

## Carrying Techniques for Non-Motorized Wheelchairs

- The in-chair carry is the most desirable technique to use, if possible.
- **One-person assist**
  - Grasp the pushing grips, if available.
  - Stand one step above and behind the wheelchair.
  - Tilt the wheelchair backward until a balance (fulcrum) is achieved.
  - Keep your center of gravity low.
  - Descend frontward.
  - Let the back wheels gradually lower to the next step.
- **Two-person assist**
  - Position the second rescuer:
  - Stand one, two, or three steps down (depending on the height of the other rescuer).
  - Grasp the frame of the wheelchair.
  - Push into the wheelchair.
  - Descend the stairs backwards.

## Motorized Wheelchairs

- Motorized wheelchairs may weigh over 100 pounds unoccupied and may be longer than manual wheelchairs. Lifting a motorized wheelchair and user up or down stairs requires two to four people.
- People in motorized wheelchairs probably know their equipment much better than you do! Before lifting, ask about heavy chair parts that can be temporarily detached, how you should position yourselves, where you should grab hold, and what, if any, angle to tip the chair backward.
- Turn the wheelchair's power off before lifting it.
- Most people who use motorized wheelchairs have limited arm and hand motion. Ask if they have any special requirements for being transported down the stairs.

## Contacts for Services and Support:

### **ILRU (Independent Living Research Utilization) at TIRR Memorial Hermann**

713.520.0232

[www.ilru.org](http://www.ilru.org)

[www.disability911.com](http://www.disability911.com)

### **United Spinal Association & United Spinal Association of Houston**

718.803.3782

[www.unitedspinal.org](http://www.unitedspinal.org)

Houston: 713.364.4724

[www.unitedspinalhouston.org](http://www.unitedspinalhouston.org)

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# People with Cognitive Disabilities

- **Say:**
  - My name is.... I'm here to help you, not hurt you.
  - I am a ... (name your job).
  - I am here because ... (explain the situation).
  - I look different than my picture on my badge because ... (for example, if you are wearing protective equipment).
- **Show:**
  - Your picture identification badge (as you say the above).
  - That you are calm and competent.
- **Give:**
  - Extra time for the person to process what you are saying and to respond.
  - Respect for the dignity of the person as an equal and as an adult (for example, speak directly to the person).
  - An arm to the person to hold as they walk. If needed, offer your elbow for balance.
  - If possible, quiet time to rest (as possible, to lower stress and fatigue).
- **Use:**
  - Short sentences.
  - Simple, concrete words.
  - Accurate, honest information.
  - Pictures and objects to illustrate your words. Point to your ID picture as you say who you are, point to any protective equipment as you speak about it.
- **Predict:**
  - What will happen (simply and concretely).
  - When events will happen (tie to common events in addition to numbers and time, for example, "By lunch time..." "By the time the sun goes down...").
  - How long this will last – when things will return to normal (if you know).
  - When the person can contact or rejoin loved ones (for example: calls to family, re-uniting pets).
- **Ask for/Look for:**
  - An identification bracelet with special health information.
  - Essential equipment and supplies (for example: wheelchair, walker, oxygen, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
  - Medication.
  - Mobility aids (for example, assistance or service animal).
  - Special health instructions (for example: allergies).
  - Special communication information (for example, is the person using sign language)?
  - Contact information.
  - Signs of stress and/or confusion (for example: the person might say he or she is stressed, look confused, withdraw or start rubbing their hands together).
  - Conditions that people might misinterpret (for example, someone might mistake Cerebral Palsy for drunkenness).
- **Repeat:**
  - Reassurances (for example, "You may feel afraid. That's ok. We're safe now.>").
  - Encouragement (for example, "Thanks for moving fast. You are doing great. Other people can look at you and know what to do").
  - Frequent updates on what's happening and what will happen next. Refer to what you predicted will happen, for example: "Just like I said before, we're getting into my car now. We'll go to... now."
- **Reduce:**
  - Distractions. (For example, lower volume of radio, use flashing lights on vehicle only when necessary).
- **Explain:**
  - Any written material (including signs) in everyday language.
  - Public address system announcements in simple language.
- **Share:**
  - The information you've learned about the person with other workers who'll be assisting the person.

## Contacts for Services and Support:

### Texas Health and Human Services

1.512.438.3011

<https://hhs.texas.gov>

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### Disability Rights Texas

800.252.9108

866.362.2851 (Videophone)

<http://www.disabilityrightstx.org>

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### The Arc of Texas

512.454.6694

1.800.252.9729

[www.thearcoftexas.org](http://www.thearcoftexas.org)

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# People with Mental Illness

- You may not be able to tell if a person is mentally ill until you have begun the evacuation procedure.
- If a person begins to exhibit unusual behavior, ask if they have any mental health issues of which you need to be aware. However, be aware that they may or may not tell you. If you suspect someone has a mental health issue, use the following tips to help you through the situation.
- In an emergency, the person may become confused. Speak slowly and in a normal, calm speaking tone.
- If the person becomes agitated, help them find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.
- If they are confused, don't give multiple commands – ask or state one thing at a time.
- Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.
- If the person is delusional, don't argue with them or try to “talk them out of it”. Just let them know you are there to help them.
- Ask if there is any medication they should take with them.
- Try to avoid interrupting a person who might be disoriented or rambling – just let them know that you have to move quickly.
- Don't talk down to them, yell or shout.
- Have a forward leaning body position – this shows interest and concern.

## Contacts for Services and Support:

### **Mental Health America of Texas**

512.454.3706

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

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### **National Association for the Mentally Ill**

NAMI Texas: 512-693-2000

[www.namitexas.org](http://www.namitexas.org)

NAMI's National Information Helpline:

800-950-NAMI (6264)

[www.nami.org](http://www.nami.org)

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### **Substance Abuse and Mental Health Services Administration**

1.800.308.3515

<http://www.samhsa.gov/dtac/>

[DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)

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# People with Autism

## Communication

- Speak calmly - use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read.
- Allow extra time for the person to respond.
- The person may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
- Avoid using phrases that have more than one meaning such as “spread eagle” “knock it off” or “cut it out”.
- Visually check to see if there is a wrist or arm tattoo or bracelet that identifies the person as having an autism spectrum disorder.
- Some people with autism don't show indications of pain - check for injuries.

## Social

- Approach the person in a calm manner. Try not to appear threatening.
- The person may not understand typical social rules, they may be dressed oddly, invade your space, prefer to be farther away from you than typical, or not make eye contact. It's best not to try and point out or change these behaviors unless it's absolutely necessary.
- The person may also look at you at an odd angle, laugh or giggle inappropriately, or not seem to take the situation seriously. Do not interpret these behaviors as deceit or disrespect.
- Because of the lack of social understanding, persons with autism spectrum disorders may display behaviors that are misinterpreted as evidence of drug abuse or psychosis, defiance or belligerence. Don't assume!

## Sensory and Behavior

- If possible, turn off sirens, lights, and remove canine partners. Attempt to find a quiet location for the person, especially if you need to talk with them.
- Avoid touching the person, and if necessary, gesture or slowly guide the person.
- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, try to avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.
- Make sure that the person is away from potential hazards or dangers (busy streets, etc.) since they may not have a fear of danger.
- Be alert to the possibility of outbursts, impulsive, or unexplained behavior. If the person is not harming themselves or others, wait until these behaviors subside.

## Contacts for Services and Support:

### **Autism Society of Texas**

512-479-4199

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

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### **Texas Health and Human Services**

1.512.438.3011

<https://hhs.texas.gov>

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### **Disability Rights Texas**

800.252.9108

866.362.2851 (Videophone)

<http://www.disabilityrightstx.org>

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# People who are Deaf or Hard of Hearing

- There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.
- Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
- If possible, flick the lights when entering an area or room to get their attention.
- Establish eye contact with the individual, not with the interpreter, if one is present.
- Use facial expressions and hand gestures as visual cues.
- Check to see if you have been understood and repeat if necessary.
- Offer pencil and paper. Write slowly and let the individual read as you write.
- Written communication may be especially important if you are unable to understand the person's speech.
- Do not allow others to interrupt you while conveying the emergency information.
- Be patient – the person may have difficulty understanding the urgency of your message.
- Provide the person with a flashlight to signal their location in the event they are separated from the rescue team. A flashlight can facilitate lip-reading or signing in the dark.
- While written communication should work for many people, others may not understand English well enough to understand written instructions. Keep instructions simple, in the present tense and use basic vocabulary.

## Contacts for Services and Support:

### **Dallas Hearing Foundation**

972.424.7711

<http://dallashearingfoundation.org>

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### **Texas School for the Deaf**

512.462.5353 (V/TTY)

<http://www.tsd.state.tx.us>

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### **Texas Health and Human Services**

1.800.628.5115

<https://hhs.texas.gov/services/disability/deaf-hard-hearing>

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# People with Blindness or Visual Impairments

- There is a difference between visual impairment and blindness. Some people who are “legally blind” have some sight, while others are totally blind.
- Announce your presence, speak out, and then enter the area.
- Speak naturally and directly to the individual.
- Do not shout.
- Don’t be afraid to use words like “see,” “look,” or “blind.”
- State the nature of the emergency and offer them your arm. As you walk, advise them of any obstacles.
- Offer assistance but let the person explain what help is needed.
- Do not grab or attempt to guide them without first asking them.
- Let the person grasp your arm or shoulder lightly for guidance.
- They may choose to walk slightly behind you to gauge your body’s reactions to obstacles.
- Be sure to mention stairs, doorways, narrow passages, ramps, etc.
- When guiding someone to a seat, place the person’s hand on the back of the chair.
- If leading several individuals with visual impairments, ask them to guide the person behind them.
- Remember that you’ll need to communicate any written information orally.
- When you have reached safety, orient the person to the location and ask if any further assistance is needed.
- If the person has a service animal, don’t pet it unless the person says it is ok to do so. Service animals must be evacuated with the person.  
*Refer to the tip sheet on People with Service Animals..*

## Contacts for Services and Support:

**National Federation of the Blind of Texas**  
281.968.7733  
<http://www.nfbtx.org>

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**Texas Health and Human Services:  
Blind and Visually Impaired**  
877.438.5658  
<https://hhs.texas.gov/services/disability/blind-visually-impaired>

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**Texas School for the Blind  
& Visually Impaired**  
800.872.5273  
<http://www.tsbvi.edu>

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# People with Service Animals

***Always ask the person how you can best assist them.***

- Remember – a service animal is not a pet.
- Do not touch or give the animal food or treats without the permission of the owner.
- When a dog is wearing its harness, it is on duty. In the event you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- Plan to evacuate the animal with the owner. Do not separate them!
- Service animals are not registered and there is no proof that the animal is a service animal. If the person tells you it is a service animal, treat it as such. However, if the animal is out of control or presents a threat to the individual or others, remove it from the site.
- A person is not required to give you proof of a disability that requires a service animal. You should accept the claim and treat the animal as a service animal. If you have doubts, wait until you arrive at your destination and address the issue with the supervisor in charge.
- The animal need not be specially trained as a service animal. People with psychiatric and emotional disabilities may have a companion animal. These are just as important to them as a service animal is to a person with a physical disability – please be understanding and treat the animal as a service animal.
- A service animal must be in a harness or on a leash, but need not be muzzled.

## Contacts for Services and Support:

**Aggie Guide Dogs and Service Dogs**

<http://ags.tamu.edu>

[AggieGuideandServiceDogs@gmail.com](mailto:AggieGuideandServiceDogs@gmail.com)

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# Seniors

***Always ask the person how you can best assist them.***

- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.
- Older people may fear being removed from their homes – be sympathetic and understanding and explain that this relocation is temporary.
- Before moving an elderly person, assess their ability to see and hear; adapt rescue techniques for sensory impairments.
- Persons with a hearing loss may appear disoriented and confused when all that is really “wrong” is that they can’t hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn’t, can you get a new battery to make it work?

*See the tip sheet for People Who Are Deaf Or Hard Of Hearing for more information.*

- If the person has a vision loss, identify yourself and explain why you are there. Let the person hold your arm and then guide them to safety. See the tip sheet on People Who Are Blind or Visually Impaired for more information.
- If possible, gather all medications before evacuating. Ask the person what medications they are taking and where their medications are stored. Most people keep all their medications in one location in their homes.
- If the person has dementia, turn off emergency lights and sirens if possible. Identify yourself and explain why you are there. Speak slowly, using short words in a calm voice. Ask “yes” or “no” questions: repeat them if necessary. Maintain eye contact.

## Contacts for Services and Support:

**Texas Health and Human Services: Aging**  
1.855.937.2372

<https://hhs.texas.gov/services/aging>

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**Area Agencies on Aging**

1.800.252.9240

<https://www.dads.state.tx.us/contact/aaa.cfm>

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# People with Seizures

- Some types of seizures have warning symptoms while others do not. Warning symptoms may include visual or auditory hallucinations, or the person may notice a burning smell. If the person senses an oncoming seizure have the person lay down, preferably on their left side. Provide help if asked.
- In the event of a seizure, attempt to turn the individual on his/her side; preferably the left side, to allow saliva or other substances to drain from the mouth and keep the airway open.
- Stay calm. Talk to the person softly. Rub the person's arm or back gently.
- DO NOT try to force the mouth open with any hard implement or fingers. A person cannot swallow their tongue. Efforts to hold the tongue down can cause injury to the teeth or jaw.
- Move nearby objects away from the person that could lead to injury if the person hits the object, or see if the person can be moved if they are near hard objects too heavy to move.
- You may place a pillow, towel, coat or other soft object underneath the person's head to protect it.
- When jerking from the seizure is over, loosen clothing around the neck and remove glasses if the person wears them.
- If possible, time the duration of the seizure. After the seizure is over, give this information to the individual.
- If the seizure lasts more than 5 minutes or the person does not resume consciousness, call 911.
- If breathing stops, call 911 and start CPR. Please note that you must be certified to perform CPR.

## Contacts for Services and Support:

**Epilepsy Foundation Texas**

885.548.9716

<http://www.eftx.org>

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# People with Multiple Chemical Sensitivities

- Reassure the person that you understand he or she is chemically sensitive and will work with him or her in providing care. Be sure to ask what the person is sensitive to, including his or her history of reactions to various drugs you may have to administer.
- Flag the person's chart or other written information that he or she is chemically sensitive.
- Whenever possible, take the person's own medical supplies and equipment with them, including oxygen mask and tubing, medications, food and water; bedding, clothing, and soap - he or she may be sensitive to these items if issued at a shelter or hospital.
- If you do administer drugs:
  - Administer low doses with caution.
  - Use IV fluid bottled in glass without dextrose if possible - many people react to corn-based dextrose.
  - Capsules are generally better than tablets - they have fewer binders, fillers and dyes.
  - If administering anesthesia, use short-acting regional rather than general anesthesia whenever possible and try to avoid the use of halogenated gas anesthetics.
- Consult with the person's environmental physician if possible.
- If the person is taken to an emergency shelter or a hospital, help protect him or her from air pollution. Some suggestions:
  - Avoid placing the person in rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet, or other recent remodeling.
  - Place a sign on the door stating that the person inside has chemical sensitivities.
  - Assign caregivers who are not wearing perfume or fabric softener on clothes and who are not smokers.
  - Allow the person to wear a mask or respirator, use an air filter, or open a window as needed.
  - Keep the door to the person's room closed, if possible.
  - Reduce time the person spends in other parts of the hospital, if possible, by performing as many procedures and evaluations as possible in his or her room.

## Contacts for Services and Support:

**Department of State Health Services**  
888.963.7111 or 800.735.2989 (TTD)  
<http://www.dshs.state.tx.us>

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# Texas Disability Resources

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# Advocacy and Support Groups

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## 2-1-1 The Texas Information and Referral Network

Contact for around-the-clock statewide information on locating state and local health and human services. Information can be searched for finding medical care, food, housing, child care, crisis counseling, and other needs.

**2-1-1 or 877.541.7905**  
**<http://www.211texas.org>**

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## Autism Society of Texas

The Autism Society of Texas changes lives by connecting families and individuals to community resources and support throughout Texas. Offerings include support meetings; on-line networking opportunities; Sensory Friendly films; and fun family activities.

**512.4794199**  
**<http://www.texasautismsociety.org/>**

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## Center on Disability and Development: Project REDD

Information on research, evaluation, and training on the effects of disaster on individuals with disabilities. Distributes copies of the "Texas Resource Guide for Individuals with Disabilities and Their Families Affected by Disasters," the "Disaster Acronym Guide," and the REDDy Directory.

**979.845.4612**  
**<http://redd.tamu.edu>**  
**<http://disabilitytips.tamu.edu>**  
**<http://disabilityresources.tamu.edu>**

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## Disability Rights Texas

Advocates for the legal rights of Texans with disabilities—both adults and children. Provides case management for some cases.

**800.252.9108**  
**<http://www.disabilityrightstx.org>**

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## Epilepsy Foundation Texas

The Epilepsy Foundation Texas' goals include ensuring access to specialized medical care for those most in need, providing experiences to enrich the lives of individuals and families living with epilepsy, and delivering easy access to reliable information, resources and support services. Locations in Amarillo, Dallas/Ft. Worth, Houston, & Lubbock.

**888.548.9716**  
**<http://www.eftx.org>**

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## ILRU (Independent Living Research Utilization) at TIRR Memorial Hermann

Provides research, education, and consultation in the areas of independent living, home and community-based services, and the Americans with Disabilities Act. Provide assistance in and information on disaster preparedness for people with disabilities.

**713.520.0232 (V/TTY)**  
**<http://www.ilru.org>**  
**<http://www.ilru.orgwww.ilru.org/projects/disability>**

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## 911Texas Center for Disability Studies

Assists people with disabilities in navigating the support systems in Texas.

**512.232.0740**  
**<http://tcds.edb.utexas.edu>**

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## Texas Parent to Parent

Information and resources, a one-on-one match with a trained Parent Volunteer, and guidance about disability related topics and having a child with chronic illness and/or other special health care needs.

**866.896.6001**  
**<http://www.txp2p.org>**

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## Texas School for the Deaf and Educational Resource Center on Deafness

Texas School for the Deaf is established as a state agency to provide a continuum of direct educational services to students, ages 0-22 who are deaf or hard of hearing and who may have multiple disabilities. TSD serves as a statewide educational resource center on deafness, providing a variety of educational services to families, students, programs and professionals working with persons who are deaf or hard of hearing.

**Texas School for the Deaf:**  
**512.462.5353 (V/TTY)**  
**ERCOD: 512.462.5329;**  
**512.982.1646 (Videophone)**  
**<http://www.tsd.state.tx.us>**

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## United Spinal Association & United Spinal Association of Houston

Provides support for individuals with spinal cord injuries and disorders (SCI/D), including multiple sclerosis, spina bifida, ALS and post-polio. United Spinal Association of Houston Chapter. United Spinal Association of Houston serves the community through comprehensive education and resource delivery, compassionate community outreach, purposeful community re-integration, and dedicated people-centered advocacy.

**718.803.3782**  
**<http://www.unitedspinal.org>**  
**Houston: 713.364.4724**  
**<http://www.unitedspinalhouston.org>**

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# Health, DME, and Medical Services

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## Dallas Hearing Foundation

Provide medical and surgical treatment, hearing technology, speech and hearing rehabilitation, and educational support for those who have a financial need.

**972.424.7711**

**<http://dallashearingfoundation.org>**

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## National Association for the Mentally Ill

Local support systems for people with mental illness.

**NAMI Texas: 512-693-2000**

**<http://www.namitexas.org>**

**NAMI's National Information Helpline:**

**800-950-NAMI (6264)**

**<http://www.nami.org>**

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## National Federation of the Blind of Texas

The National Federation of the Blind of Texas provides services to the blind and visually impaired community.

**281.968.7733**

**<http://www.nfbtx.org>**

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## SAMHSA National Helpline

A toll-free referral service for locating drug and alcohol abuse treatment programs and mental health programs operated by SAMHSA's Center for Substance Abuse Treatment. Crisis counseling for individuals who are experiencing emotional distress due to a disaster.

**National Helpline:**

**800.662.4357**

**(English and Español)**

**800.487.4889 (TDD)**

**Disaster Distress Helpline:**

**800.985.5990**

**(English and Español)**

**800.846.8517 (TTY)**

**<http://www.samhsa.gov>**

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# State Agencies

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## Health & Human Services Commission

Contact for Medicaid, Children's Health Insurance Program, food stamps, Temporary Assistance for Needy Families and long-term care.

**512.424.6500**

**<http://www.hhsc.state.tx.us>**

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## Texas Department of State Health Services

Contact for coordinating disaster behavioral health preparedness, response, and recovery efforts for Texas during and after a state or federally declared emergency. Provides guidance, technical assistance, and collaboration with decision makers at all levels of government.

**888.963.7111**

**or 800.735.2989 (TTD)**

**<http://www.dshs.state.tx.us>**

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## Texas Workforce Commission

Texas Workforce Commission is the state agency charged with overseeing and providing workforce development services to employers and job seekers of Texas. Additional programs include: Vocational Rehabilitation, Criss Cole Rehabilitation Center, Independent Living Service for Older Individuals who are blind.

**800.628.5115**

**Criss Cole Rehabilitation Center**

**512.377.0300**

**<http://www.twc.state.tx.us>**

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# Education Services

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## Texas Education Agency Hotline

Contact this number for the parent special education information line.

**800.252.9668**

**<http://tea.texas.gov/Home>**

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# Disability Acronyms

<b>ABA</b>	Applied Behavioral Analysis
<b>ACC</b>	Augmentative, Alternative Communication
<b>ACF</b>	Administration for Children and Families
<b>ACL</b>	Administration for Community Living
<b>ADA</b>	Americans with Disabilities Act
<b>ADD</b>	Administration on Developmental Disabilities
<b>ADD</b>	Attention Deficit Disorder
<b>ADL</b>	Activities of Daily Living
<b>AFN</b>	Access and Functional Needs
<b>APS</b>	Adult Protective Services (Division of DFPS)
<b>ARC</b>	The ARC   For People with Intellectual and Developmental Disabilities
<b>ASD</b>	Autism Spectrum Disorder
<b>ASL</b>	American Sign Language
<b>AT</b>	Assistive Technology
<b>AUCD</b>	Association of University Centers on Disabilities
<b>CAP</b>	Client Assistance Program
<b>CART</b>	Communication Access Real Time Translation
<b>CBA</b>	Community Based Alternatives (Medicaid waiver)
<b>CDD</b>	Center on Disability and Development
<b>CFIDS</b>	Chronic Fatigue and Immune Dysfunction Syndrome
<b>CFS</b>	Chronic Fatigue Syndrome
<b>CHIP</b>	Children's Health Insurance Programs
<b>CIL</b>	Center for Independent Living
<b>CLASS</b>	Community Living Assistance and Support Services
<b>CMHCs</b>	Community Mental Health Centers
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CMS</b>	Consumable Medical Supplies
<b>CP</b>	Cerebral Palsy
<b>CSHCN</b>	Children with Special Health Care Needs
<b>CTS</b>	Captioned Telephone Service
<b>DB-MD</b>	Deaf-Blind Multiple Disabilities
<b>DD</b>	Developmental Disabilities
<b>DFPS</b>	Department of Family and Protective Services
<b>DME</b>	Durable Medical Equipment
<b>DRA</b>	Disability Related Assistance
<b>DRTx</b>	Disability Rights Texas
<b>DSHS</b>	Department of State Health Services
<b>EC</b>	Early Childhood
<b>ECI</b>	Early Childhood Intervention
<b>ECSE</b>	Early Childhood Special Education
<b>ED</b>	Emotional Disturbance
<b>EHS</b>	Early Head Start
<b>EPAP</b>	Emergency Prescription Assistance Program
<b>ESA</b>	Emotional Support Animal
<b>ESC</b>	Education Service Center
<b>FAPE</b>	Free Appropriate Public Education
<b>FC</b>	Facilitated Communication
<b>FCC</b>	Family Centered Care
<b>FERPA</b>	Family Educational Rights and Privacy Act
<b>FM</b>	Fibromyalgia
<b>FNSS</b>	Functional Needs Support Services
<b>HCS</b>	Home and Community-Based Service
<b>HH or HoH</b>	Hard of hearing
<b>HHS</b>	Health and Human Services
<b>HI</b>	Hearing Impaired
<b>HS</b>	Head Start
<b>ICF/ID</b>	Intermediate Care Facilities for individuals with Intellectual Disability
<b>IDD</b>	Intellectual and Developmental Disabilities
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IEP</b>	Individual Education Plan
<b>IHFS</b>	In-Home and Family Support
<b>ILC</b>	Independent Living Center
<b>LD</b>	Learning Disabilities
<b>LEA</b>	Local Education Agency
<b>LMHA</b>	Local Mental Health Authority
<b>LRE</b>	Least Restrictive Environment
<b>MDCP</b>	Medically Dependent Children Program (Medicaid waiver)
<b>MH</b>	Mental Health
<b>MHA</b>	Mental Health Authority
<b>NACDD</b>	National Association of Council on Developmental Disabilities
<b>NAMI</b>	National Alliance on Mental Illness
<b>NCD</b>	National Council on Disability
<b>NCLB</b>	No Child Left Behind Act 2001
<b>NDRN</b>	National Disability Rights Network
<b>NOD</b>	National Organization on Disability
<b>OCD</b>	Obsessive Compulsive Disorder
<b>OCR</b>	Office of Civil Rights
<b>OHI</b>	Other Health Impairment
<b>OSERS</b>	Office of Special Education and Rehabilitative Services
<b>OT</b>	Occupational Therapy
<b>P&amp;As</b>	Protection and Advocacy Agencies
<b>PAS</b>	Personal Assistance Services
<b>PCP</b>	Person-Centered Practices
<b>PDD</b>	Pervasive Developmental Disorder
<b>PDP</b>	Person-Directed Planning
<b>PECS</b>	Picture Exchange Communication
<b>PT</b>	Physical Therapy
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>QIDP</b>	Qualified Intellectual Disability Professional
<b>RA</b>	Rehabilitation Act
<b>REDDy</b>	REsources for Disaster and Disability
<b>SCI</b>	Spinal Cord Injury
<b>SEA</b>	State Education Agency
<b>SHIP</b>	State Health Insurance Program
<b>SILC</b>	State Independent Living Council
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SNF</b>	Skilled Nursing Facility
<b>SSA</b>	Social Security Administration
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TAS</b>	Texas Accessibility Standards
<b>TBI</b>	Traumatic Brain Injury
<b>TCDD</b>	Texas Council for Developmental Disabilities
<b>TCDS</b>	Texas Center on Disability Studies
<b>TDD</b>	Telecommunication Device for Persons with Hearing Loss
<b>TEA</b>	Texas Education Agency
<b>TIC</b>	Trauma Informed Care
<b>TRS</b>	Telecommunication Relay Services
<b>TSBVI</b>	Texas School for the Blind and Visually Impaired
<b>TSD</b>	Texas School for the Deaf
<b>TTY</b>	Teletypewriters for Persons with Hearing Impairments
<b>UCEDD</b>	University Center for Excellence in Developmental Disabilities
<b>VAC</b>	Vocational Adjustment Coordinator
<b>VI</b>	Visually Impaired
<b>VR</b>	Vocational Rehabilitation
<b>VRI</b>	Video Remote Interpreter Services
<b>WIC</b>	Women, Infants, and Children program

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# Emergency Management Acronyms

<b>ARC</b>	American Red Cross
<b>BCFS</b>	Baptist Child and Family Services
<b>CBO</b>	Community-Based Organization
<b>CDC</b>	Centers for Disease Control
<b>CERT</b>	Community Emergency Response Team
<b>COOP</b>	Continuity of Operations
<b>DAC</b>	Disaster Assistance Center
<b>DC</b>	District Coordinator
<b>DDC</b>	Disaster District Chair
<b>DDC</b>	Disaster District Committee
<b>DFO</b>	Disaster Field Office
<b>DHHS</b>	U.S. Department of Health and Human Services
<b>DHS</b>	U.S. Department of Homeland Security
<b>DMAT</b>	Disaster Medical Assistance Team
<b>DMORT</b>	Disaster Mortuary Operational Response Team
<b>DRC</b>	Disaster Recovery Center
<b>D-SNAP</b>	Disaster Supplemental National Assistance Program
<b>EAS</b>	Emergency Alert System
<b>EDEN</b>	Texas Extension Disaster Education Network
<b>EM</b>	Emergency Management
<b>EMC</b>	Emergency Management Coordinator
<b>EMC</b>	Texas Emergency Management Council
<b>EOC</b>	Emergency Operations Center
<b>EOP</b>	Emergency Operations Plan
<b>EPA</b>	U.S. Environmental Protection Agency
<b>ERT</b>	Emergency Response Team
<b>ESF</b>	Emergency Support Function
<b>FAST</b>	Functional Assessment Service Teams
<b>FCO</b>	Federal Coordinating Officer
<b>FEMA</b>	Federal Emergency Management Agency
<b>FHA</b>	Federal Housing Administration
<b>GIS</b>	Geographic Information System
<b>GLO</b>	Texas General Land Office
<b>HA</b>	Housing Assistance
<b>HAN</b>	Health Alert Network
<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>IA</b>	Individual Assistance
<b>IAEM</b>	International Association of Emergency Managers
<b>IAP</b>	Incident Action Plan
<b>ICP</b>	Incident Command Post
<b>ICS</b>	Incident Command System
<b>IHP</b>	Federal Assistance to Individuals and Households Program
<b>IMT</b>	Incident Management Team
<b>JFO</b>	Joint Field Office
<b>JIC</b>	Joint Information Center
<b>LDR</b>	Lutheran Disaster Response
<b>LEPC</b>	Local Emergency Planning Committee
<b>LHA</b>	Local Health Authority
<b>LHD</b>	Local Health Department
<b>LTRC</b>	Long-Term Recovery Committee
<b>MDS</b>	Mennonite Disaster Service
<b>NDRF</b>	National Disaster Recovery Framework
<b>NEMA</b>	National Emergency Management Association
<b>NFIP</b>	National Flood Insurance Program
<b>NGO</b>	Non-Governmental Organization
<b>NIMS</b>	National Incident Management System
<b>NOAA</b>	National Oceanic and Atmospheric Administration
<b>NRF</b>	National Response Framework
<b>NVOAD</b>	National Voluntary Organizations Active in Disaster
<b>OEM</b>	Office of Emergency Management
<b>PCC</b>	Preparedness Coordinating Council
<b>PIO</b>	Public Information Officer
<b>POD</b>	Points of Distribution
<b>RAC</b>	Regional Advisory Council
<b>SAR</b>	Search and Rescue
<b>SBA</b>	Small Business Administration
<b>SCO</b>	State Coordinating Officer
<b>SERC</b>	State Emergency Response Commission
<b>SMT</b>	State Management Team
<b>SNS</b>	Strategic National Stockpile
<b>SOC</b>	State Operations Center
<b>SOG</b>	Standard Operating Guideline(s)
<b>SOP</b>	Standard Operating Procedures
<b>STEAR</b>	State of Texas Emergency Assistance Registry
<b>TBM</b>	Texas Baptist Men
<b>TDEM</b>	Texas Division of Emergency Management
<b>TDI</b>	Texas Department of Insurance
<b>TEWAS</b>	Texas Warning System
<b>THIRA</b>	Threat and Hazard Identification and Risk Assessment
<b>TLETS</b>	Texas Law Enforcement Telecommunications Systems
<b>TRAC</b>	Trauma Regional Advisory Committee
<b>TSA</b>	Trauma Service Area
<b>TSA</b>	Transitional Sheltering Assistance
<b>TSA</b>	The Salvation Army
<b>TWC</b>	Texas Workforce Commission
<b>UCC</b>	United Church of Christ
<b>UMCOR</b>	United Methodist Committee on Relief
<b>USAR</b>	Urban Search and Rescue
<b>VAL</b>	Volunteer Agency Liaison
<b>VOAD</b>	Voluntary Organizations Active in Disaster

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