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 Sensitivities

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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 Casey, Amy N. Sharp, Ph.D., (at the University of Texas at Austin), Brina Santiago, Donghyun Kang, Kayla A. Searf, Ph.D., and Tanya Baker at Texas A&M University. We thank members of the Region VI Disability Integration Group for their suggestions on ten versions of the Mobile TIPS.

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

Dr. Laura M. Stough, Project REDD: Research and Education on Disability and Disaster Center on Disability and Development at Texas A&M University
College Station, TX. 77843
lstough@tamu.edu
979.845.8257
http://redd.tamu.edu
http://cdd.tamu.edu

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 exists to help people who have disabilities find the 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 joint project funded by the American Association of University Centers on Disability and the Administration on Intellectual and Developmental Disabilities.

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Always ask the person how you can best assist!

Ask and 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, crutch, batteries, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
- Medication.
- Mobility aids (for example, wheelchair, cane, walker or assistance or service animal).
- Special health instructions (for example: allergies).
- Special communication information (for example, is the person using sign language?).
- Signs of distress 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.
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. Even if you are sure the person is fine, ask them if they need any help.

"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 grip the handrail while the other hand is used for the crutch or cane. Do not interfere with their 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

"This chair has 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). Do not step in front of the user.

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 removed. Ask about steep ramps you should position yourself, where you should grab hold, and what the person prefers you to do.

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
www.disability911.com

United Spinal Association & United Spinal Association of Houston
718.803.3782
www.unitedspinal.org
www.unitedspinalhouston.org

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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, communication devices [head pointers, alphabet boards, speech synthesizers, etc.]).
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?).
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…”
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

Disability Rights Texas
800.252.9108
1.800.252.9729
https://disabilityrightstx.org

The Arc of Texas
512.434.6994
1.800.252.9729
www.thearcoftexas.org

Texas Health and Human Services
1.512.438.3011
https://hhs.texas.gov

Disability Rights Texas
800.252.9108
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CONTACTS FOR SERVICES AND SUPPORT:
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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

National Association for the Mentally Ill
NAMI Texas: 512-693-2000
www.namitexas.org

NAMI’s National Information Helpline:
800-950-NAMI (6264)
www.nami.org

Substance Abuse and Mental Health Services Administration
1.800.308.3515
http://www.samhsa.gov/dtac/
DTAC@samhsa.hhs.gov

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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 monotonous 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 external disturbances that may be frightening 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, do not change the object or topic, try to avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.

Be alert to the possibility of outbursts, impulsive, or unexplained behaviors. 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

Texas Health and Human Services

1.512.436.3011
https://tmsm.gov

Disability Rights Texas

800.252.9108
866.362.2851 (Videophone)
http://www.drtexas.org/
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 pen 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.

Tips for supporting people who are deaf or hard of hearing:

- Dallas Hearing Foundation
  - 972.424.7711
  - http://dallashearingfoundation.org

- Texas School for the Deaf
  - 512.462.5353 (V/TTY)
  - http://www.tsd.state.tx.us

- Texas Health and Human Services
  - 1.800.628.5115
  - https://hhs.texas.gov/services/disability/deaf-hard-hearing
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

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

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

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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 area.

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
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 the 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://texas.gov/services/aging

Area Agencies on Aging
1.800.252.9240
https://www.dads.state.tx.us/contact/aaa.cfm

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Tips for Assessing an Elderly Person: 
- 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 the 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://texas.gov/services/aging

Area Agencies on Aging
1.800.252.9240
https://www.dads.state.tx.us/contact/aaa.cfm

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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. Attempts to hold the tongue down can cause injury to the teeth or gums.

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
885.546.9716
http://www.eftx.org
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 fluids 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 the person’s speed 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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Directory of Community Resources in Texas

Texas Resource Guide for Individuals with Disabilities and Their Families Affected by Disasters

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Texas Disability Resources RDSby Directory
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

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.
512.479.4199
http://www.texasautismsociety.org

Center on Disability and Development: Project REDD
979.845.4612
http://redd.tamu.edu
http://disabilitytips.tamu.edu
http://disabilityresources.tamu.edu

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

Epilepsy Foundation Texas
The Epilepsy Foundation of Texas focuses on ensuring access to specialized medical care and support services to help people with epilepsy and their families. They offer a variety of support to enrich the lives of individuals and families affected by epilepsy.
512.479.4199
http://www.eftx.org

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. They offer assistance in and information on disaster preparedness for people with disabilities.
713.520.0232 (V/TTY)
http://www.ilru.org
http://www.ilru.org/projects/disability

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 children with deafness who are 2-22 who are deaf or hard of hearing and who may have additional disabilities. The school also provides educational resources on deafness, including consultations to families, students, teachers, and professionals working with persons who are deaf or hard of hearing.
512.462.5353 (V/TTY)
ERCOD: 512.462.5329; 512.982.1646 (Videophone)
http://www.tsd.state.tx.us

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

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 serves the community through comprehensive education initiatives, cutting-edge research funding, disaster relief and 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

Texas School for the Deaf: 512.462.5353
ERCOD: $12.462.5329; 512.982.1646 (Videophone)
http://www.tsd.state.tx.us

Advocacy and Support Groups
1-877-541.7905
http://www.211texas.org
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

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

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

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 Spanish)
Disaster Distress Helpline: 800.985.5990 (English and Spanish)
800.846.8517 (TTY)
http://www.samhsa.gov

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Disability Answered
Emergency Management Answered
Texas Disability Resource
Reddy Directory
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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**Texas Disability Resources Directory**

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  - **Texas Health and Human Services Commission**
  - **Texas Workforce Commission**

**Labor**

- **Texas**
  - **Office of Labor and Workforce Development**

**Law Enforcement**

- **Texas**
  - **Law Enforcement Telecommunications System**

**Military**

- **Texas**
  - **Texas National Guard**
  - **Texas Military Forces**

**Public Safety**

- **Texas**
  - **Law Enforcement**
  - **Fire and Rescue Services**

**Healthcare**

- **Texas**
  - **Department of State Health Services**
  - **Department of Family and Protective Services**

**Other**

- **Texas**
  - **University of North Texas**
  - **Texas A&M University System**

**Contact Information**

- **Texas Disability Resources**
  - **Phone**: 1-888-696-4451
  - **Website**: disabilityresources.texas.gov

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**Tips**

- **Visit Us**
- **Emergency Management**
- **Texas**
- **Volunteer**
- **Directory**