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# WISCONSIN COUNCIL ON PHYSICAL DISABILITIES



## STATE PLAN FOR PEOPLE WITH PHYSICAL DISABILITIES

2019-2021

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*THE COUNCIL ENVISIONS A WORLD WHERE ALL PEOPLE WITH  
PHYSICAL DISABILITIES HAVE ACCESS TO THE SAME OPPORTUNITIES  
AND LIFE CHOICES AS ALL WISCONSIN RESIDENTS.*

## ABOUT THE COUNCIL

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The Wisconsin Council on Physical Disabilities (Council) was created by the Wisconsin State Legislature in 1989 to address the needs of people with physical disabilities. The combined efforts of consumers, advocates, and legislators led to Wisconsin State Statute 46.29, which established the 14 member Council and assigned the Council with the following responsibilities:

- Develop, approve, and continue modification of a state plan for people with physical disabilities.
- Advise and make recommendations to state agencies on funding, programs, policies, and legislation that impact people with physical disabilities.
- Promote public awareness about the abilities of and barriers to people with physical disabilities.
- Encourage the development of programs and policies that prevent physical disabilities.
- Submit recommendations in an annual report to the state legislature on imposed ordinances related to accessible parking and motor vehicle use by people with disabilities (s. 346.50 (3m)).
- Consider all questions and matters concerning people with physical disabilities arising within the Council or brought to the Council for review.
- Form committees for consideration of policies or programs for people with physical disabilities.
- Meet at least four times annually.

The Council members are unpaid volunteers who are appointed by the Governor for staggered three-year terms with one position reserved for the Governor's representative. Members are people with physical disabilities, parents, guardians, or relatives of a person with a physical disability, and service providers. The remainder of the Council is comprised of the following organizational liaisons:

- State superintendent of public instruction
- Secretary of transportation
- Secretary of workforce development
- Director of the office of state employment relations
- Secretary of commerce
- Commissioner of insurance
- President of the University of Wisconsin system
- Executive director of the board on aging and long-term care

The Council envisions a world where all people with physical disabilities have access to the same opportunities and life choices as all Wisconsin residents. To achieve this vision, the Council promotes programs and policies that enable people with physical disabilities to:

- Be included and integrated in their communities
- Make their own life choices
- Enter, re-enter, or remain in the workforce to their maximum capacity
- Participate in improving and evaluating services
- Utilize beneficial assistive technology
- Access transportation and parking
- Access affordable housing that is visitable

The Council has established the following committees to carry out the work of the Council in between its regularly scheduled quarterly meetings: Executive Committee (comprised of Council Officers and Council Committee Chairs); Housing Committee; Transportation Committee; Emergency Preparedness Committee; and the Employment and Health Committee.

The Council is administratively attached to the Department of Health Services.

To learn more about the Council, please visit our website: <https://cpd.wisconsin.gov>.

# WISCONSIN COUNCIL ON PHYSICAL DISABILITIES MEMBERS AND LIAISONS

This is the Council member and liaison membership list as of October 1, 2018. To see the current list of members and liaisons, please visit: <https://cpd.wisconsin.gov/members.htm>.

<b>Council Member Name</b>	<b>Location/County</b>	<b>Council Role</b>
Ben Barrett	Trego, WI/Washburn County	Council Chairperson/Person with a Physical Disability
Roberto Escamilla II	Cudahy, WI/Milwaukee County	Person with a Physical Disability
Jackie Gordon	New Richmond, WI/St. Croix County	Family Member of Person with a Physical Disability
Dr. Noah Hershkowitz	Madison, WI/Dane County	Transportation Committee Co-Chair/Person with a Physical Disability
Ronald Jansen	North Hudson, WI/St. Croix County	Emergency Preparedness Co-Chair /Person with a Physical Disability
John Meissner	Appleton, WI/Outagamie County	Transportation Committee Co-Chair/Person with a Physical Disability
Jason Ostrowski	Brookfield, WI/Waukesha County	Council Vice-Chair/Person with a Physical Disability
Gabriel Schlieve	Eau Claire, WI/Eau Claire County	Person with a Physical Disability
Karen Secor	Montreal, WI/Iron County	Emergency Preparedness Committee Co-Chair/Public Member/Person with a Physical Disability
Charles Vandenplas	Shawano, WI/ Shawano County	Person with a Physical Disability
Nicole Hearda	Two Rivers, WI/Manitowoc County	Family Member of Person with a Physical Disability
<b>VACANT</b>		Public Member
<b>VACANT</b>		Provider Representative
<b>VACANT</b>		Governor Representative
<b>Liaison Member Name</b>	<b>Agency</b>	<b>Council Role</b>
Heather Bruemmer	Wisconsin Board on Aging and Long-Term Care	Liaison Member
Eva Kubinski	Wisconsin Department of Public Instruction	Liaison Member
Taqwanya Smith	Wisconsin Department of Transportation	Liaison Member
Jody Ullman	Office of the Commissioner of Insurance	Liaison Member
Craig Wehner	Division of Vocation Rehabilitation, Wisconsin Department of Workforce Development	Liaison Member
Nicholas Zouski	Wisconsin Department of Natural Resource	Liaison Member

# EXECUTIVE SUMMARY

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The Wisconsin Council on Physical Disabilities (Council) envisions a world where all people with physical disabilities have access to the same life choices and opportunities as all Wisconsin residents. The Council specifically focuses on funding, policies, programs, and legislation that impact people with physical disabilities. Physical disability is defined in Wisconsin State Statute 15.197(4) as:

*“a physical condition including an anatomical loss or musculoskeletal, neurological, respiratory, or cardiovascular impairment, resulting from injury, disease, or congenital disorder, and significantly interfering with or limiting at least one of the following major life activities of a person: self-care, walking, mobility other than walking, breathing, employment, performance of manual tasks unrelated to employment, receptive and expressive language, participating in educational programs, or capacity for independent living.”*

People with disabilities are people first. They are moms, dads, spouses, brothers, sisters, employees, employers, neighbors, and friends. Unfortunately, a person’s disability or diagnosis is often used to describe a person with a disability. Some may also use it to define a person’s value and potential. The real problem is never the person or their disability, but the attitude of others. A change in attitudes leads to a change in actions; attitudes drive actions. It is the Council’s hope that by educating legislators and stakeholders about the issues faced by people with physical disabilities and possible solutions that action will be taken!

The Council’s State Plan focuses on statewide programs, policies, and funding aimed at improving the quality of life for people with physical disabilities and ensuring they have access to the same opportunities as everyone else.

## STATE PLAN PRIORITY AREAS

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The Council has identified five priority areas in its State Plan that are critical to people with physical disabilities:

- Housing
- Transportation
- Long-Term Care
- Employment
- Emergency Preparedness

Specific goals for each priority area are outlined in the State Plan.

# HOUSING

## WHY DOES IT MATTER?

According to the report *Priced Out: The Housing Crisis for People with Disabilities*, in 2016, there was no housing market in the United States where a person with a disability, whose sole source of income was Supplemental Security Income (SSI), could afford a safe, decent rental unit.<sup>1</sup>



Average SSI benefit per month \$763 nationally



Average monthly rent for one-bedroom apartment costs \$869 nationally



This results in many people with disabilities being homeless or in expensive institutions costing \$187-\$2,715 per person per day

## IN WISCONSIN

A person with a disability receives \$817 per month in SSI and would need to spend 79% of their monthly SSI benefit for a one-bedroom apartment. In 2016, there were 4,196 people with physical disabilities served by homeless shelters in Wisconsin. People with physical disabilities were served 21,057 times in a year, for a total of 356,726 days.<sup>2</sup>

**Source:** *Priced Out: The Housing Crisis for People with Disabilities*. 2016.<sup>3</sup>

<sup>1</sup> TAC and the Consortium for Citizens with Disabilities Housing Task Force. *Priced Out: The Housing Crisis for People with Disabilities*. 2016. Available at: <http://www.tacinc.org/media/59493/priced-out-in-2016.pdf>.

<sup>2</sup>Ibid.

<sup>3</sup> TAC and the Consortium for Citizens with Disabilities Housing Task Force. *Priced Out: The Housing Crisis for People with Disabilities, Wisconsin Data*. 2016. Available at: <http://www.tacinc.org/knowledge-resources/priced-out-v2>.

# HOUSING

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## **STATE PLAN GOAL:**

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*To increase awareness of and improve access to affordable, accessible, visitable, and integrated housing for people with physical disabilities.*

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## **STRATEGIES TO ACHIEVE THIS GOAL:**

- Promote visitability standards<sup>4</sup> for new construction of single-family housing.
- Support initiatives and legislation which improve access to affordable and accessible housing for people with physical disabilities.
- Conduct a survey with people who have a physical disability to identify their biggest challenges related to affordable and accessible housing in the community setting of their choice.
- Complete an environmental scan of accessible and affordable housing in Wisconsin, which will include national best practices, to address these housing issues for people with physical disabilities.

## **COUNCIL'S WORK IN THIS AREA:**

The Council has promoted and raised awareness about accessible and visitability housing standards for people with physical disabilities. Accessible and visitability housing standards are important as they allow people with physical disabilities to live in the setting of their choice, independently, and for as long as possible. The Council has worked on state legislation on visitability standards for new construction of single-family homes; however, the bill was not passed by the state legislature.

The Council has also worked with the hotel industry on making hotel rooms accessible for people with all disabilities. In 2016, the Council worked with the Hotel Association to try to advance accessible hotel accommodations.

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<sup>4</sup> The concept of visitability does not offer a completely accessible house, but rather an opportunity for a person with a disability to visit a home without having to be lifted up stairs and the ability to use a first floor bathroom. Visitability standards require: one zero-step entrance (one level access at grade without a step at the threshold); an outward opening entrance door with 32 inch clear passage space and path inside; and a wheelchair accessible bathroom on the ground floor (requires outward opening door with 32 inch clear passage and path inside, and if applicable depending on location of bathroom, the hallway to have 36 inch clear passage). Visitability not only permits a person with a disability to visit their neighbors but also allows people to age comfortably in their homes without the need for extensive renovations if disability should occur as part of the normal aging process.

# TRANSPORTATION

## WHY DOES IT MATTER?

Access to transportation is key to the integration of people with physical disabilities in the community of their choice. Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) has required public transportation to be accessible for over 25 years. However, not all counties in Wisconsin offer public transportation, and if they do, it may not be accessible. The ADA is meant to be a minimum standard for accessibility. Counties should try to go above and beyond these requirements to improve access to public transportation for everyone in the community, including people with disabilities.



Many mainline buses in urban areas are not accessible



Paratransit services are not available everywhere, often requires an appointment, and fares can be higher



Generally in rural areas these services are only available Monday through Friday from 8:00 a.m. to 5:00 p.m. and only for medical appointments



To purchase an accessible vehicle or to modify a vehicle can be cost prohibitive

# TRANSPORTATION

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## **STATE PLAN GOALS:**

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*To promote accessible, safe, and affordable transportation for all people with physical disabilities, wherever they choose to live.*

*To raise awareness about accessible parking requirements and improve enforcement of illegally parked vehicles.*

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## **STRATEGIES TO ACHIEVE THESE GOALS:**

- Support initiatives which increase funding or access to transportation for people with physical disabilities.
- Change administrative rule related to accessible parking signage that would require a “No Parking” sign in access aisles of accessible parking spaces.<sup>5</sup>
- Create a new requirement that the sign designating accessible parking in private non-government parking requires the display of the international symbol of accessibility, as identified in the ADA requirements.
- Raise awareness about difficulties experienced by people with physical disabilities when an accessible parking space is misused or illegal parking is not enforced through the creation of accessible parking educational materials.

## **COUNCIL’S WORK IN THIS AREA:**

The Council has advocated to prioritize funding and to obtain additional funding for local transit operating aids to help preserve accessible public transportation for people with disabilities. Over the past decade, there have been harmful reductions in transit services, as local governments struggle to maintain essential services while dealing with declining resources and increasing fuel costs. The resulting cutbacks have already taken a heavy toll on the ability of people with

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<sup>5</sup> The Americans with Disabilities Act Accessibility Guidelines (ADAAG) established certain requirements that need to be met when parking spaces are designated for accessible parking. Designated spaces are required to meet ADAAG specifications unless the state has more stringent requirements. An alternative form of accessible parking spaces provided in ADAAG is a "Universal" parking space, which includes accessible elements and requirements for parking and passenger loading zone accessibility. These guidelines define the minimum number of accessible spaces, location, size, signage, and height clearance for parking spaces in surface lots and parking structures.

If the parking lot is going to be re-striped, or when surface maintenance is performed, it must meet the accessibility requirements, even if the parking lot had not been required to in the past. There is no grandfathering in the ADA. The requirements specify appropriate signage because in certain areas of the country snow can cover the pavement.

disabilities to work, and be contributing members of the community. It has also made it very difficult for the caregivers they rely on to get to work.

In addition, the Council has advocated maintain and obtain additional funding for paratransit services. Reductions in transit operating aids have also resulted in significant reductions in paratransit services and increases in fees for people with disabilities, especially physical disabilities.

The Council has supported the development of regional transit authorities through increased funding for mobility management. At the state level, transportation can be provided more efficiently by creating a state coordinating committee to reduce barriers to transportation funding. Such a committee needs to include state agencies which provide these services and/or control transportation policies. Regional and local coordination can be promoted through increased funding for mobility management.

The Council has also recommended funding be provided for at least one Parking Enforcement Assistance Council in each municipality statewide. Wisconsin state statutes provide for the creation of Parking Enforcement Assistance Councils; however, no resources have been provided to operate and administer the functions of such councils at either the local or state level.

# LONG-TERM CARE

## WHY DOES IT MATTER?

Caregivers are essential to the health and independence of people with disabilities. Home health or personal care services allow people to lead safe and healthy lives in the community and are cost-effective. Unfortunately, due to low wages and inadequate provider rates, the industry is experiencing record turnover. Providers and consumers statewide are reporting great difficulty in recruiting and retaining quality direct care workers. This results in people going without essential care and compromising their ability to live in the community.



The need for personal care workers will increase by 26.4% by 2022 in Wisconsin



People who rely on direct care workers in Wisconsin were surveyed, and 95% responded that it was very hard or somewhat hard to find workers



1 in 5 caregiving staff positions in Wisconsin are unfilled

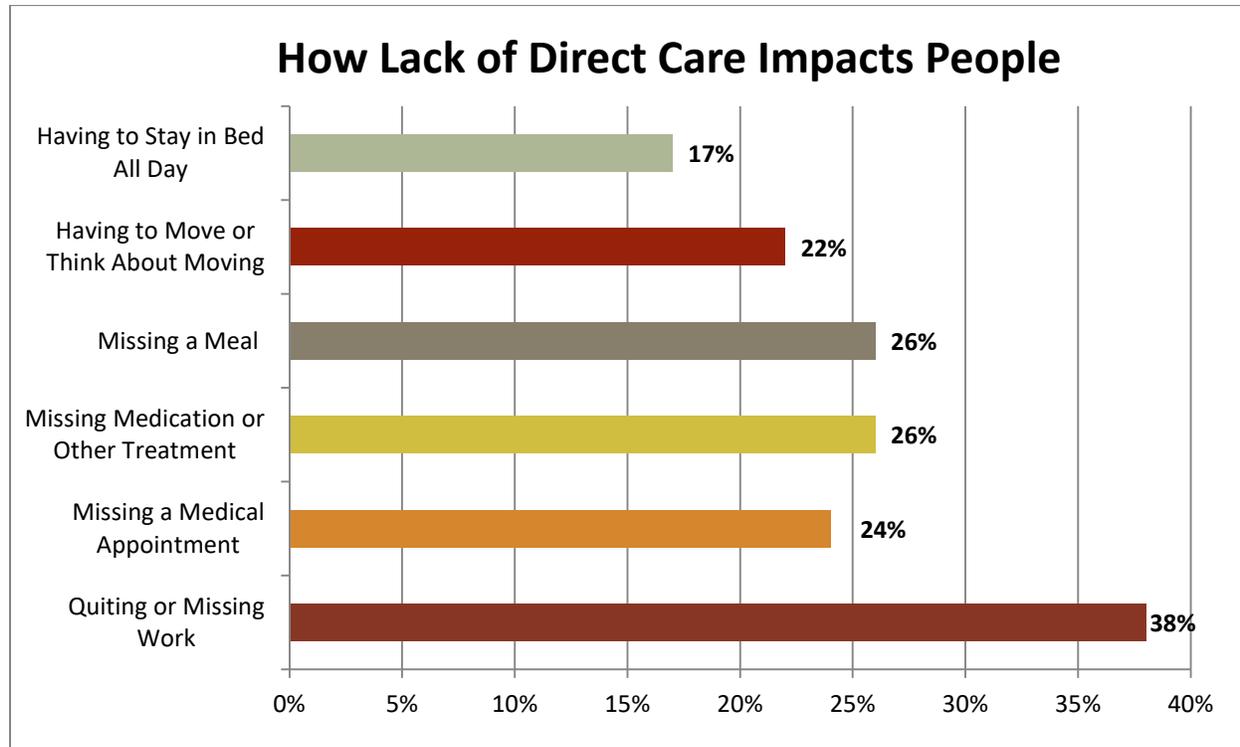


Lack of caregivers will lead to more placements in long-term care facilities

**Sources:** *Wisconsin's Direct Care Workforce Crisis Fact Sheet*. November 2016.<sup>6</sup> and *The Long-Term Care Workforce Crisis: A 2018 Report*.<sup>7</sup>

<sup>6</sup> Survival Coalition of Wisconsin Disability Organizations. *Wisconsin's Direct Care Workforce Crisis Fact Sheet*. November 2016. Available at: <http://www.survivalcoalitionwi.org/wp-content/uploads/2016/11/SurvivalSurveyFactSheet.pdf>.

Survival Coalition conducted a survey of over 500 people who rely on direct care services and their family members about the impact the direct care workforce crisis has on their lives. This survey found 85 percent of people don't have enough workers to work all of their shifts. Survey respondents were asked what impact the lack of direct care worker had on them. Results are displayed in chart below.



Sources: Wisconsin's Direct Care Workforce Crisis Fact Sheet. November 2016.<sup>8</sup>

<sup>7</sup> Wisconsin Health Care Association, Wisconsin Center for Assisted Living, LeadingAge Wisconsin, and Disability Service Provider Network. *The Long-Term Care Workforce Crisis: A 2018 Report*. Available at: <http://files.constantcontact.com/10709df6001/8d407825-0d49-42af-9ae2-5f0aaddfd468.pdf?ver=1524683264000>.

<sup>8</sup> Survival Coalition of Wisconsin Disability Organizations. *Wisconsin's Direct Care Workforce Crisis Fact Sheet*. November 2016. Available at: <http://www.survivalcoalitionwi.org/wp-content/uploads/2016/11/SurvivalSurveyFactSheet.pdf>.

# LONG-TERM CARE

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## **STATE PLAN GOAL:**

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*To promote equal access to affordable and quality home health or personal care services, regardless of setting (work, community, or institution).*

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## **STRATEGIES TO ACHIEVE THIS GOAL:**

- Promote and support initiatives that increase funding to address the direct care worker crisis, including increased wages for workers, increased provider rates, and training programs to recruit people to the caregiving industry.
- Promote an increased capitation rate for non-nursing home care for providers, in order to encourage them to continue to provide people with physical disabilities who have complex health care needs personal care services. This allows individuals to be served in the community and without reliance on costly institutional placements.
- Advocate for an increased Medicaid reimbursement rate for personal care services.
- Promote diversion from institutional placement and provide incentives to IRIS and Family Care providers who offer skilled nursing training to their personal care workers.

## **COUNCIL'S WORK IN THIS AREA:**

The IRIS (Include, Respect, I Self-Direct) Program is designed for adults who have long-term care needs and want to self-direct these supports. IRIS is available to Wisconsin residents who meet financial and functional eligibility requirements and live in a county where managed long-term care and IRIS are available. IRIS provides participants flexibility under the self-direction option to better match resources to meet their individual long-term care needs.

In March of 2017, the IRIS program issued the 40-Hour Health and Safety Assurance Policy. This policy prevented a single personal care home worker (PHW) from providing more than 40 hours per week of paid caregiving to an individual IRIS participant, regardless of the PHW's employer. The goal of this policy is to mitigate safety risks to both the participant and the PHW.

The policy only applied to IRIS participants with personal care needs requiring more than eight hours of personal care services per day and required these individuals to have different PHWs, which could result in breaks in care or continuity of care issues.

The Council and other disability advocates raised concerns about the policy and engaged in discussions with Department of Health Services (DHS) IRIS staff. Consequently, this policy has since been modified. DHS has revised the 40-Hour Health and Safety Assurance Policy related to the number of hours a caregiver may work for a participant in the IRIS program. The intention is still to ensure the health and safety of participants and caregivers, while protecting the integrity of self-direction and the IRIS program. The policy, as revised, does not reduce the hours of care granted to an IRIS participant; however does also allow for special circumstances exemptions.

Additionally, the Council raised concerns about the DHS outsourcing functional screens and determination of personal care hours needed by people with disabilities in order to prevent Medicaid fraud. The Council, and several other disability groups, questioned how much this was costing DHS versus saving in Medicaid fraud. The state cancelled this contract after discussions with disability groups.

# EMPLOYMENT

## WHY DOES IT MATTER?

People with disabilities who work and earn competitive wages are often put at risk for losing Medicaid health care coverage or long-term care services that they need in order to work. Wisconsin's Medicaid Assistance Purchase Plan (MAPP) promotes people with disabilities in becoming an asset in the workforce, and supports independent living, while reducing reliance on public benefits. MAPP can complement and align with other state investments in programs that support increased opportunities for community integrated employment for people with disabilities.



Nationally, 80% of people with disabilities want to work



But only 17.5% actually have jobs

## IN WISCONSIN

In federal fiscal year 2017, the Wisconsin Division of Vocational Rehabilitation served 8,156 people with physical disabilities. Of those individuals served, 1,116 were working an average of 27.9 hours per week and earning \$14.46 per hour.<sup>9</sup>

**Source:** Bureau of Labor Statistics, December 2015. and Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation. FFY 2017.

<sup>9</sup> Wisconsin Department of Workforce Development, Division of Vocational Rehabilitation. *Total Consumers Served by Physical and Non-Physical Disabilities, FFY 2017.*

# EMPLOYMENT

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## **STATE PLAN GOAL:**

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*To educate stakeholders about the need for increased access, resources, and options for competitive integrated employment at a self-sufficient wage for people with physical disabilities.<sup>10</sup>*

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## **STRATEGIES TO ACHIEVE THIS GOAL:**

- Conduct a survey on barriers to employment for people with physical disabilities.
- Advocate for eliminating the marriage penalty for the Medicaid Assistance Purchase Plan (MAPP). Specifically, after the first year of eligibility and cost-sharing, exclude the spouse's income and assets and determine eligibility and cost-sharing based on only the individual participant's income and assets.
- Research and draft a report on status of employment for people with physical disabilities, including best practices for getting people with physical disabilities employed.
- Promote special trusts and savings accounts that enable people with physical disabilities to save money while working for future long-term care needs, without impacting eligibility for current health and long-term care benefits.
- Support initiatives and legislation that increase employment opportunities and resources for people with physical disabilities.

## **COUNCIL'S WORK IN THIS AREA:**

The Council supports integrated employment at competitive wages as a priority goal and presumed outcome for working-age adults with disabilities. The Council believes everyone can work in a community integrated employment setting with the right job match and supports. The Council recognizes one of the most critical of those supports is access to appropriate and affordable healthcare and long-term care benefits. Without these benefits an individual with a disability cannot maintain their health or receive the support they require to get ready for employment, maintain employment, and participate in the community.

MAPP offers people with disabilities who are working, or interested in working, the opportunity to buy health care coverage through the Wisconsin Medicaid Program with or without a required premium payment.

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<sup>10</sup> "Competitive Integrated Employment is defined as work performed on a full-time or part-time basis; compensated not less than the applicable state or local minimum wage law (or customary wage), or if self-employment, yields income comparable to persons without disabilities doing similar tasks; the worker should be eligible for the level of benefits provided to other employees; the work should be at a location typically found in the community; where the employee with a disability interacts with other persons who do not have disabilities and are not in a supervisory role, and; the job presents opportunities for advancement." **Workforce Innovation and Opportunity Act (WIOA) of 2014**

The Council, along with other disability advocates, worked to get this program modified and expanded for over fifteen years. MAPP is vitally important to individuals with physical disabilities who need personal care services, but who would lose these personal care services if they work on a full- or part-time basis because the co-pays for these services may be too expensive. The changes passed remove a major barrier to work for people with disabilities in the state of Wisconsin. The Council extends a thank you to Representative Andre Jacque for his leadership on these changes, to Governor Walker, and all members of the Wisconsin State Legislature who voted for changes to MAPP in the 2017-2019 state budget.

# EMERGENCY PREPAREDNESS TOOLKIT

## *WHY DOES IT MATTER?*

Recent emergencies and natural disasters have drawn attention to people with physical disabilities or mobility impairments being disproportionately harmed or killed due to lack of planning. Many evacuation plans do not consider people with disabilities and their needs. Transportation and emergency shelters are often not accessible. After an emergency or natural disaster there is no access to replacement durable medical equipment and assistive technology in a timely manner, and frequently medical supplies and medications needed are not readily available.



## **STATE PLAN GOAL:**

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*To raise awareness of people with disabilities, partners, and stakeholders about the need to plan for emergencies and natural disasters.*

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## **STRATEGIES TO ACHIEVE THIS GOAL:**

- Develop new and update emergency preparedness toolkit materials, as needed.
- Present information on the emergency preparedness toolkit to targeted stakeholders statewide.
- Work with the Wisconsin Department Health Services (DHS), Office of Preparedness and Emergency Health Care on involving people with physical disabilities in community emergency preparedness drills, making emergency shelters accessible, and other activities as appropriate and related to people with physical disabilities.

## **COUNCIL'S WORK IN THIS AREA:**

After witnessing what happened to people with physical disabilities in the wake of hurricanes Rita and Katrina, the Council knew more work needed to be done to ensure the safety of and to protect the lives of people, especially those with physical disabilities, before and during emergencies and natural disasters.

The Council believes that it is important to involve people with disabilities at all levels of government in preparing for emergencies and natural disasters to ensure their diverse needs are taken into consideration. It is equally important for people to have their own individual emergency preparedness plans for different types of emergencies. People who plan and are able to evacuate voluntarily in advance of emergency situations are more likely to be able to take all needed medications, assistive technology, mobility devices, durable medical equipment, and service animals with them.

As a result of these concerns, the Council, in collaboration with DHS, developed the ***Be Prepared, Have a Plan: Emergency Preparedness Toolkit for People with Disabilities***. This toolkit serves as a resource tool for people with physical and other disabilities to plan and prepare for emergencies and natural disasters. The toolkit includes tips, checklists, family emergency planning form, medical wallet card, visual communications tool, and other resources. To view the toolkit and other materials developed by the Council, visit: <https://cpd.wisconsin.gov/toolkit.htm>.

# THE COUNCIL WELCOMES YOUR INPUT

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In order for the Council to accomplish its goals and achieve its vision, it is necessary to hear from people with physical disabilities and other concerned individuals. The Council values and relies on input from the public on programs and policies for people with physical disabilities. Write, email, or fax your concerns, opinions, or suggestions to the Council. Individuals are also encouraged to attend Council meetings, as all meetings are open to members of the public. Additionally, a portion of every meeting agenda is set aside to receive public comment. Contact the Council for details.

The Council will carefully consider the problems people cite, the laws people feel need to be changed, and suggestions people have to make state programs more effective for people with physical disabilities.

Wisconsin Council on Physical Disabilities  
1 West Wilson St., Suite 551  
PO Box 2659  
Madison, WI 53701-2659

**Phone:** 608-266-9354

**Fax:** 608-267-3203

**Web:** <https://cpd.wisconsin.gov>

**Facebook:** <https://www.facebook.com/Wisconsin-Council-on-Physical-Disabilities-1890634407878497/>