



## The United 874K Coalition

Established in 2001, this coalition seeks to bring together and strengthen the voices of the growing number of Kentuckians (874,000-plus) who are identified as having a disability which interferes with activities of daily living. The United 874K Coalition is comprised of organizations representing individuals with disabilities, their family members, advocates, providers and concerned citizens.

### WHAT DO WE ADVOCATE?

- The United 874K Coalition advocates these *Principles of Self-Determination*:

#### **Supports to Live in the Community:**

- Inclusion – the act of engaging persons with disabilities in daily activities in the community
- Community Accessibility through full Implementation of the Americans with Disabilities Act
- Consumer-Centered and Consumer-Directed Programs, in which the funding follows the person
- Supportive, Affordable, Accessible Housing
- Expanded Personal Care Attendant Program
- Transportation that is Accessible, Affordable, Accountable, Available and Acceptable
- Assuring Smooth Transitions for the Individual through Coordination of Services
- Access to Healthcare, including Medications and Durable Medical Equipment
- Assistive Technology, including Augmentative Communications
- Full Implementation of KY Accessible Information Technology Act

#### **Supports to be Gainfully Employed or Self-Employed:**

- Investment in Medicaid Works Program, including Personal Care Attendants on the Job
- Expansion of Supported Employment and Job Training
- Effective Implementation of the Ticket To Work Program

#### **Education Which is Inclusive and Student-Focused:**

- Teachers Should be Prepared to Teach All Children, Regardless of Abilities
- Early Initiation of Transition Planning to Move the Individual through the School System and from School-Based Services to Community-Based Services
- Students and Teachers have Access to Textbooks and Materials that are in the Most Appropriate Format

**Name of Endorsing Organization:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_