

THE UNIVERSITY OF ALABAMA  
ALABAMA DISABILITIES ADVOCACY PROGRAM  
ADAP  
BOX 870395  
TUSCALOOSA AL 35486-9983

ALABAMA DISABILITIES



ADVOCACY PROGRAM

**Alabama Disabilities Advocacy Program**

Box 870395

Tuscaloosa, AL 35487-0395

(205)348-4928(V)

(205)348-3909 (FAX)

(800)826-1675 (for clients-instate only)

e-mail: [ADAP@adap.ua.edu](mailto:ADAP@adap.ua.edu)

web site: <http://adap.ua.edu>

## What Is ADAP?

The Alabama Disabilities Advocacy Program (ADAP) is part of the nationwide federally mandated protection and advocacy (P&A) system.

Our mission is to provide quality, legally-based advocacy services to Alabamians with disabilities in order to protect, promote and expand their rights.

We seek a society where persons with disabilities are valued, exercise self-determination and have equality of opportunity.

## ADAP attorneys and advocates work on many different disability issues, including:

- Community Integration
- Special Education
- Medicaid Services
- Assistive Technology
- ADA Accessibility
- Voting Rights for Persons with Disabilities
- Return-to-Work and Social Security
- Abuse and neglect of persons with disabilities

## What services does ADAP provide?

### • Information and Referral

ADAP answers all calls for information on disability rights and laws.

### • Investigation

ADAP investigates complaints that persons with disabilities are being abused, neglected, or mistreated.

### • Education and Training

ADAP provides trainings for consumers, families, attorneys, and service providers on disability rights and laws.

### • Case Advocacy Assistance and Legal Representation

ADAP provides case advocacy services for persons with disabilities to secure the rights and services provided them by state and federal law.

Unfortunately, ADAP cannot represent every person who requests individual case advocacy assistance. For more information regarding eligibility for such assistance, please contact our office.

Please add my name to your mailing list.

I need information on disability rights or on a specific problem area.  
(Please specify below.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

Questions \_\_\_\_\_

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