

SEWRPC Planning Report No. 54
A REGIONAL HOUSING PLAN FOR SOUTHEASTERN WISCONSIN: 2035

Chapter IX

ACCESSIBLE HOUSING

Note: Maps are at the end of the Chapter. This version of the chapter reflects comments made by the Planning and Research Committee on February 7, 2012. Major additions to the chapter are underlined.

INTRODUCTION

A need for accessible housing for persons with disabilities was identified as a component of the Region's housing problem, which is defined in Chapter II, *Housing Objectives, Principles, and Standards*. In response to this problem, this chapter describes State and Federal housing laws regarding the provision of accessible housing and construction practices that could increase the number of new accessible housing units. In addition, an estimate has been made of the availability of, and demand for, accessible housing units in the Region. Accessible housing units for persons with disabilities that are not necessarily physical disabilities are also addressed in this chapter. The findings presented in this chapter were used to develop plan recommendations to address the need for accessible housing in the Region.

FEDERAL AND STATE LAWS REQUIRING ACCESSIBLE HOUSING

Several Federal and State laws set forth minimum accessibility design and construction standards that apply to multi-family residential structures, which are intended to decrease barriers to housing opportunities for persons with disabilities. Federal legislation summarized in this report includes the Fair Housing Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and the Architectural Barriers Act. State legislation summarized in this report includes the Wisconsin Open Housing Law and Section 101.132 of the *Wisconsin Statutes*.

Federal Fair Housing Act

The Federal Fair Housing Act, which is described in further detail in Chapter VI, *Housing Discrimination and Fair Housing Practices*, provides protection to protected classes against housing discrimination. Persons with disabilities were added as a protected class through an amendment to the Act in 1988. The Act also sets forth basic accessibility requirements, which apply to all multi-family buildings of four or more units ready for first occupancy after March 13, 1991. In buildings of four or more units with an elevator, all units must be accessible. In buildings without an elevator, all units on the ground floor must be accessible. Entrances and common areas must also be accessible.

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The U.S. Department of Housing and Urban Development (HUD) has developed Fair Housing Accessibility Guidelines¹ and a Fair Housing Act Design Manual,² which provide technical guidance to implement the accessibility requirements of the Fair Housing Act, including:

- Accessible building entrance and entrance route
- Accessible routes to dwelling units
- Accessible common use areas and doors to common use areas
- Doors within individual dwelling units
- Low thresholds at exterior doors
- Bathrooms and reinforced walls for grab bars
- Bathrooms and kitchens that can accommodate wheelchairs
- Accessible light switches, electrical outlets, thermostats, and other environmental controls

The guidelines are intended to avoid design specifications that significantly increase the cost of constructing new multi-family housing, and also provide an allowance for sites where the implementation of the guidelines would not be practical, such as buildings located on steep slopes where provision of an accessible entrance would not be practical. The Fair Housing Act Design Manual sets forth guidelines to comply with requirements of the Act, and also provides recommendations for additional accessibility features that are not required by the Act. The Fair Housing Act Design Manual provides a “safe harbor,” meaning that developers and others who adhere to the Manual will be in compliance with the accessibility requirements of the Fair Housing Act. HUD also recognizes six other safe harbors for compliance with the design and construction requirements of the Fair Housing Act, including:

- HUD’s March 6, 1991 Fair Housing Accessibility Guidelines (the Guidelines) and the June 28, 1994 Supplemental Notice to the Guidelines
- American National Standards Institute (ANSI) A117.1-1986, used in conjunction with the Act, HUD regulations, and the Guidelines
- Council of American Building Officials (CABO)/ANSI A117.1-1992, used in conjunction with the Act, HUD regulations, and the Guidelines
- International Code Council (ICC)/ANSI A117.1-1998, used in conjunction with the Act, HUD regulations, and the Guidelines
- *Code Requirements for Housing Accessibility 2000*, approved and published by the International Code Council, October 2000
- International Building Code 2000 (IBC), as amended by the IBC 2001 Supplement to the International Codes.

Several other Federal laws require certain multi-family buildings or portions of buildings, such as rental offices, to be accessible to persons with disabilities, and are described in the following sections.

Rehabilitation Act

Section 504 of the Rehabilitation Act, originally passed in 1973 and subsequently amended, is intended to eliminate discrimination against persons with disabilities employed by Federal agencies, in programs or activities that receive Federal funding, or under any program or activity conducted by a Federal agency. Each Federal agency has its own set of Section 504 regulations that apply to its own programs and to entities that receive funding from the agency. Section 504 regulations define persons with disabilities as any person who has a physical or mental disability that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include walking, talking, hearing,

¹ *The Guidelines are codified in 24 CFR Chapter 1, Subchapter A, Appendix II.*

² *U.S. Department of Housing and Development, Fair Housing Act Design Manual, August 1996, revised April 1998.*

seeing, breathing, learning, performing manual tasks, and caring for oneself. The Section 504 regulations adopted by HUD affect the provision of housing for persons with disabilities, and apply to any recipient of HUD funds, which includes:

- Any State or local government
- Any instrumentality of a State or local government
- Any public or private agency, institution, organization, or other entity
- Any person to which Federal financial assistance is extended for any program or activity directly or through another recipient, with the exception of the ultimate beneficiary of the assistance. An entity or person receiving housing assistance payments from a recipient on behalf of eligible households under a housing assistance payment or voucher program is not considered a recipient.

Recipients of HUD funds must comply with several Section 504 requirements related to housing, including but not limited to:

- Operate existing housing programs in a manner that does not discriminate on the basis of disability, and take steps, as needed, to ensure that existing housing programs are readily accessible to and usable by persons with disabilities. Recipients must develop and implement a transition plan to assure compliance.
- Pay for a reasonable accommodation needed by the individual unless providing that accommodation would be an undue financial and administrative burden or a fundamental alteration of the program.
- Ensure that all new construction of housing facilities is readily accessible to and usable by persons with disabilities, and meets the requirements of applicable accessibility standards.
- Ensure that substantial alterations meet the requirements for new construction. Ensure that all other alterations, to the maximum extent feasible, meet the requirements of applicable accessibility standards.
- Conduct any required needs assessments to determine the extent to which the housing needs of persons with disabilities are being met by the recipient's program and in the community (applies to public housing agencies).
- Distribute accessible dwelling units throughout projects and sites and make such units available in the same ranges of sizes and amenities to provide housing choices for persons with disabilities that are the same as those provided to others.
- Adopt suitable means to ensure persons with disabilities are made aware of the availability of accessible units and to maximize use of accessible units by individuals needing the features of the units.
- Conduct any required self-evaluations of programs, services, and activities to determine if they are programmatically and physically accessible to persons with disabilities, and involve persons with disabilities in these evaluations.
- Maintain records and reports of efforts to meet the requirements of Section 504, and keep these records on file so they are available if a complaint is filed, or if HUD conducts a compliance review.

HUD regulates compliance with Section 504 through compliance reviews of the recipient's programs, services, and activities and through investigation of complaints filed by persons with disabilities who allege discriminatory behavior by a recipient in violation of Section 504.

Accessibility standards are set forth in Title 24, Volume 1, Part 8, Subpart C of the Federal Code of Regulations (24 CFR Part 8). Subpart C specifies the number of housing units that must meet accessibility requirements in new construction multi-family housing projects as follows:

- A minimum of 5 percent of the total dwelling units or at least one unit, whichever is greater, must be made accessible to persons with mobility impairments. An additional 2 percent, or not less than one unit, must be accessible for persons with hearing or vision impairments.
- HUD may require a greater percentage or number of accessible units upon the request of a funding recipient or a State or local government agency based upon the demonstration of need. Need may be

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demonstrated through Census data or other data that may be available through documents such as a current housing assistance plan or comprehensive homeless assistance plan.

Subpart C also specifies the circumstances under which the alterations of existing housing facilities must meet accessibility requirements as follows:

- If the existing housing has 15 or more units and undergoes substantial alterations, which consist of alterations that amount to 75 percent or more of the replacement cost of the housing, accessibility requirements apply to the alterations.
- Other alterations to dwelling units in multi-family housing projects should be made to be readily accessible and usable to persons with disabilities to the maximum extent feasible. An entire dwelling unit should be made accessible if enough alterations to single elements or areas of a dwelling unit occur to be considered an alteration of the entire dwelling unit. Alterations to dwelling units are not required to be accessible once 5 percent of the units in a building are entirely accessible to persons with disabilities. Alterations to common areas should also be made accessible to the maximum extent feasible. A recipient is not required to make a dwelling unit, element of a dwelling unit, or common area accessible if it would impose undue financial or administrative burdens on a multi-family housing project.
- As with new multi-family housing, HUD may require a greater percentage or number of accessible units upon the request of a funding recipient or State or local government based upon demonstrated need.

In addition, accessibility standards for housing activities undertaken by funding recipients, including public housing authorities, are specified in Subpart C. Standards are specified for the distribution of accessible dwelling units, occupancy of accessible dwelling units, homeownership programs, rental rehabilitation programs, and historic properties. Subpart C specifies that all design, construction, and alteration of buildings must be in conformance with the Uniform Federal Accessibility Standards (UFAS). UFAS attempts to minimize the differences between standards used by the four Federal agencies that administer regulations to implement Section 504 of the Rehabilitation Act. The UFAS also complies as much as possible with the ANSI standards, which provide the technical basis for the first accessibility standards adopted by the Federal government. The current ANSI standards are based on research funded by HUD and are typically those used by the private sector. UFAS minimum standards address accessibility needs within individual dwelling units, common areas of buildings, exterior features of buildings, and building site features such as parking areas. These standards apply in addition to the design and construction standard provisions established by the Fair Housing Act. UFAS standards can be viewed on the SEWRPC housing webpage at www.sewrpc.org/SEWRPC/Housing.htm under the Accessible Housing section.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) was enacted in 1990 and prohibits, under certain circumstances, discrimination based on disability. Disability is defined by the ADA as "a physical or mental impairment that substantially limits a major life activity." The determination of whether any particular condition is considered a disability is made on a case by case basis. The ADA extends the requirements of Section 504 of the Rehabilitation Act related to employment to the private sector, and seeks to eliminate barriers to persons with disabilities in private buildings that are open to the public and to transportation and communication services.

Title II of the Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in services, programs, and activities made available by State and local governments. The Act applies to all State and local governments with the intent of extending the prohibition of discrimination in Federally-assisted programs by Section 504 of the Rehabilitation Act to all activities of State and local governments, including those that do not receive Federal financial assistance. The United States Access Board, which is a Federal agency that provides technical assistance regarding accessible design, has developed ADA Accessibility Guidelines (ADAAG) that applies to facilities covered by the ADA. The U.S. Department of Justice is the Federal agency responsible for enforcing ADA accessibility standards, which are based on the ADAAG. The ADAAG can be viewed on the SEWRPC housing webpage under the Accessible Housing section.

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Architectural Barriers Act

The Architectural Barriers Act (ABA) was enacted in 1968 and requires buildings and facilities that are constructed, leased, or financed by the Federal government to be accessible to persons with mobility impairments. The ABA was one of the first efforts to improve access to the built environment for persons with mobility impairments. Several Federal agencies ensure compliance with ABA accessibility standards. HUD is responsible for ensuring compliance with standards related to the design, construction, and alteration of residential structures that are subject to the ABA. The UFAS are used as the ABA accessibility standards.

Wisconsin Open Housing Law

Wisconsin Open Housing Law, which is described in further detail in Chapter VI, *Housing Discrimination and Fair Housing Practices*, provides additional protection for persons with disabilities against discriminatory housing acts. Discriminatory acts under State housing laws specifically related to providing accessible housing units include not allowing a person with a disability to make reasonable modifications to a unit and failing to build accessible multi-family housing, which must meet the standards set forth in Section 101.132 of the *Wisconsin Statutes*. Section 101.132 requires that certain multi-family housing include design features to accommodate persons with disabilities and defines accessible as “able to be approached, entered, and used by persons with disabilities.” The required design features include:

- At least one accessible entrance for each building, which is on an accessible route
- Public and common use areas are accessible to persons with disabilities
- Interior and exterior doors and interior passages are sufficiently wide to allow passage by those persons with disabilities that use wheelchairs
- Light switches, electrical outlets, circuit controls, thermostats, and other environmental controls are located in accessible locations
- Reinforcements are installed in bathroom walls to allow later installation of grab bars around the toilet, tub, shower stall, and shower seat, when such facilities are provided
- Kitchens and bathrooms allow an individual in a wheelchair to maneuver about the space
- On request of the renter and at no cost to the renter, single lever controls are on all doors and plumbing fixtures.

These requirements apply to housing consisting of three or more units based on the following:

- All units in buildings with one or more elevators in multi-family housing that was first ready for occupancy on or after October 1, 1993; or multi-family housing where more than 50 percent of the interior square footage is remodeled, regardless of when the housing was first occupied
- All grade level units in buildings with no elevators in multi-family housing that was first ready for occupancy on or after October 1, 1993; or in multi-family housing where more than 50 percent of the interior square footage is remodeled, regardless of when the housing was first occupied
- If 25 to 50 percent of the interior square footage is remodeled, units or areas included in the remodeling must be made accessible
- If less than 25 percent of the interior square footage is to be remodeled, the remodeling is not subject to the accessibility standards unless it involves work on the doors, entrances, exits, or toilet rooms; which must be made accessible as a result of the work.

The term remodel is defined by the Statute as “substantially improve, alter, extend, or otherwise change the structure of a building or change the location of exits, but does not include maintenance, redecoration, reroofing, or alteration of mechanical or electrical systems.” Covered multi-family housing, including remodeled multi-family housing, must comply with the applicable ANSI guidelines, or other guidelines that provide an equivalent or greater level of accessibility, to be considered accessible. The Wisconsin Department of Safety and Professional Services is responsible for ensuring compliance with the Statute.

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CONSTRUCTION PRACTICES THAT PROMOTE ACCESSIBLE HOUSING

In addition to Federal and State laws that require certain types of housing units to be accessible to persons with disabilities, mainly new or substantially remodeled multi-family housing, there are construction concepts that can be applied to all housing types, including single-family housing. Although not required under State or Federal law, the design concepts of universal design and visitability are gaining increased awareness by the general public and the housing industry.

Universal Design

Universal design (UD) can be defined as the design of products, buildings, and environments to be usable by people of all ages and physical capabilities without the need for adaptation or specialized design. UD can make it possible for all people to have access to and fully enjoy their homes, neighborhoods, workplaces, and other community facilities. The intent of UD when applied to housing is to provide housing that is usable to all people, at little or no extra cost. By designing housing that is accessible to everyone, there will be an increase in the availability of affordable housing for everyone, regardless of age or ability.

As described in Chapter VII, *Demographic and Economic Characteristics*, the number and percentage of persons aged 65 and older is expected to increase significantly in the next 20 to 30 years, due to the aging of the “baby boom” generation and increasing life expectancies. Because the incidence of disability increases as people age, the aging of the population may require additional accessible housing units to meet the current and future housing needs of persons with disabilities. The use of universal design features in all new housing would help to meet this need. The National Association of Home Builders (NAHB) recommends that homes contain the following features to allow elderly residents to remain in their homes longer (aging in place):

- A master bedroom and bath on the first floor
- A low- or no-threshold entrance to the home with an overhang
- Lever-style door handles
- No change in levels on the main floor
- Bright lighting in all areas, especially places like stairways
- A low-maintenance exterior
- Non-slip flooring at the main entryway
- An open floor plan, especially in the kitchen/dining areas
- Handrails at all steps.

Electrical outlets two to three feet above the floor also improve livability for persons with mobility disabilities.

The Center for Universal Design at North Carolina State University’s College of Design has compiled a document entitled *Universal Design in Housing* (revised in January 2006) that lists both structural and non-structural universal design features that can be applied to housing. Table IX-1 sets forth a list UD housing feature options identified in the study. The study notes that not all of the features listed would be expected to be included in any one given home and that a component to successful universal design is maintaining market appeal. Basic UD features consist of:

- Installing standard electrical receptacles higher than usual above the floor so they are in easy reach of everyone
- Selecting wider doors
- Providing level (zero-step) entrances
- Installing handles for doors and drawers that require no gripping or twisting to operate, such as lever handles
- Storage spaces within reach of people of all heights.

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Table IX-1

EXAMPLES OF UNIVERSAL DESIGN FEATURES IN HOUSING

Entrance Characteristics

- Stepless Entrances
 - It is best to make all home entrances stepless
 - More than one stepless entrance is preferred
 - At least one stepless entrance is essential; if only one, not through a garage or from a patio or raised deck
- Site Design Methods for Integrated Stepless Entrances
 - Driveway and garage elevated to floor level so vehicles do the climbing
 - Earth berm and bridge with sloping walk
 - Site grading and earth work (with foundation waterproofing) and sloping walks at 1:20 maximum slope
- Other Entrance Features
 - One-half inch maximum rise at entrance thresholds
 - Minimum 5' x 5' level clear space inside and outside entry door (can be smaller if power door is provided)
 - Power door operators whenever possible
 - Weather protection such as a porch, stoop with roof, awning, long roof overhang, and/or carport
 - Built-in shelf, bench, or table with knee space below located outside the door
 - Full length sidelights, windows in doors, and/or windows nearby
 - Lighted doorbell at a reachable height
 - Light outside every door and motion detector controlled lights
 - House number should be large with high contrast located in prominent place

Interior Circulation

- An open plan design
- At least one bedroom and accessible bathroom should be located on an accessible ground floor entry level (same level as kitchen, living room, etc.)
- Clear door opening of at least 32 inches, preferably 34 inches to 36 inches, for all doorways
- Flush thresholds at all doorways
- Clear floor space (18 inch minimum) beside door on pull side at latch jamb
- Circulation route 42 inch minimum width
- Turning space in all rooms (5' diameter)

Vertical Circulation

- All stairs should be appropriate width and have space of the bottom for later installation of platform width, if needed
- Two Story Dwellings
 - At least one set of stacked closets, pantries, or storage spaces with knock-out floor or a residential elevator with minimum 3' x 4' clear floor area installed at time of initial construction

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Table IX-1

EXAMPLES OF UNIVERSAL DESIGN FEATURES IN HOUSING
(continued)

- Stair handrails to extend horizontally beyond top and bottom risers

Bathrooms

- When more than one bathroom is provided, all should meet the following criteria, including bathrooms on the second floor
 - At least one bathroom should have a minimum 5' x 3' curbless shower or tub with integrated seat, waterproof floor, and a floor drain
 - Other bathrooms in the same house may have a tub with an integrated seat or a 3' x 3' transfer shower with an "L" shaped folding seat and ½ inch maximum curb in lieu of fixtures described above. When possible, arrange at least one shower control for right-hand use and one for left-hand use
- Adequate maneuvering space: 60 inch diameter turning space in the room and 30 inch by 48 inch clear floor space at each fixture, spaces may overlap
- 3' clear space in front and to one side of toilet
- Toilet centered 18 inches from any side wall, cabinet, or tub
- Broad blocking in walls around toilet, tub, and shower for future placement and relocation of grab bars
- Grab bars should not be stainless steel or chrome, colors should match décor
- Lavatory counter height 32 inches minimum
- Knee space under lavatory 29 inches high. May be open knee space or achieved by means of removable vanity or foldback/self-storing doors. Pipe protection panels should be provided to prevent contact with hot or sharp surfaces
- Countertop lavatories preferred with bowl mounted as close to front edge as possible
- Wall hung lavatories acceptable with appropriate pipe protection
- Pedestal lavatories are not acceptable
- Long mirrors should be placed with bottom no more than 36 inches above finished floor and top at least 72 inches high, full length mirrors are good choices
- Fixture Controls
 - Offset controls in tub/shower with adjacent clear floor space
 - Single-lever water controls at all plumbing fixtures and faucets
 - Pressure balanced anti-scald valves at tubs and showers
 - Adjustable height, moveable hand-held shower head or 60 to 72 inch flexible hose
 - Hand-held shower heads in all tubs and showers, in addition to fixed heads if provided, with single-lever diverter valves if needed
 - Mixer valve with pressure balancing and hot water limiter

Kitchens

- Space between face of cabinets and walls should be 48 inches minimum
- Clear knee space (minimum 29 inches high) under sink (must have pipe protection), counters, and cook tops. May be open knee space or achieved by means of removable base cabinets or foldback/self-storing doors
- Variable height (28 to 42 inches) work surfaces such as countertops, sinks, and/or cooktops. May be mechanically adjustable in two inch increments or be electronically powered, through a continuous range
- Contrasting color border treatment on countertops
- Stretches of continuous countertops particularly between refrigerator, sink, and stove top

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Table IX-1

**EXAMPLES OF UNIVERSAL DESIGN FEATURES IN HOUSING
(continued)**

- Adjustable height shelves in wall cabinets
- Full-extension, pull-out drawers, shelves, and racks in base cabinets
- Full height pantry storage with easy access pull-out and/or adjustable height shelves
- Front-mounted controls on all appliances
- Cooktop or range with staggered burners and front or side-mounted controls
- Glare-free task lighting to illuminate work areas without too much reflectivity
- Side-by-side refrigerator with pull out shelving or under counter and drawer type refrigerators installed on raised platforms
- Built-in oven with knee space beside, set for one pull-out oven rack at the same height as adjacent countertop
- Drop-in range with knee space beside, top set at 34 inches above finished floor
- Dishwasher raised on platform or drawer unit, so top rack is level with adjacent countertop
- Single level water controls at all plumbing fixtures and faucets

Laundry Areas

- Front-loading washers and dryers, with front controls, raised on platforms
- Laundry sink and countertop surface no more than 34 inches above finished floor with knee space below
- Clear floor space 36 inches wide across full width in front of washer and dryer and extending at least 18 inches beyond right and left sides (extended knee space can be part of knee space under counter tops, sink, etc.)

Storage

- 50 percent of all storage should be less than 54 inches high
- Adjustable height closet rods and shelves
- Power operated clothing carousels
- Motorized cabinets that raise and lower

Garages and Carports

- Power operated overhead doors
- 8' minimum door height or alternate on-site parking for tall vehicles
- Extra length and width around cars
- Sloping garage floor (with through-the-wall vents at bottom of slope to release fumes) in lieu of stepped entrance with ramp from garage to house interior
- Avoid ramps in garages

Decks

- Build deck at same level as house floor
- Use slatted decking for positive drainage

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Table IX-1

**EXAMPLES OF UNIVERSAL DESIGN FEATURES IN HOUSING
(continued)**

Hardware

- Lever door handles
- Push plates
- Loop handle pulls on drawers and cabinet doors – no knobs
- Touch latches
- Magnetic latches in lieu of mechanical locks

Home Automation

- Motion detector light switches in garages, utility spaces, entrances, and basements
- Remote controls for selected lights
- Remote controls for heating and cooling
- Doorbell intercoms that connect to portable telephones
- Audible and visual alarms for doorbell, baby monitor, smoke detectors, etc.

Light and Color

- Color contrast between floor surfaces and trim, avoid glossy surfaces
- Color contrast between stair treads and risers
- Emphasize lighting at stairs, entrances, and task lighting
- Ambient, focused, and variable lighting
- Contrast between countertops and front edges or cabinet faces

Switches and Controls

- Light switches 44 to 48 inches high and thermostats 48 inch maximum height
- Easy-touch rocker or hands free switches
- Electrical outlets at beds and desks, four-plex boxes at each side for computer and electronic equipment as well as personal use equipment
- Electrical outlets, 18 inch maximum height
- Electrical panel with top no more than 54 inches above floor located with a minimum 30 inch x 48 inch clear floor space in front

Windows

- Windows for viewing with maximum 36 inch sill height
- Use casement, awning, hopper, or jalousie style windows
- Use crank operated style and power operators whenever possible

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Table IX-1

EXAMPLES OF UNIVERSAL DESIGN FEATURES IN HOUSING
(continued)

Sliding Doors

- Exterior sliding doors: drop frame and threshold into subfloor to reduce height of track, or ramp the finished floor to top of track
- Interior pocket doors: when fully open door should extend 2 inch minimum outside doorjamb and be equipped with open loop handles for easy gripping
- By passing closet doors: each panel should create an opening at least 32 inches clear

Source: The Center for Universal Design, North Carolina State University College of Design.

Many universal design features are not costly; but features such as wider doorways and accessible kitchens would be costly if constructed as a retrofit to existing dwellings. Such features would be less costly if included in initial construction.

Visitability

Visitability refers to single-family or owner-occupied housing designed to be lived in or visited by persons with mobility impairments who may have trouble with steps or use walkers or wheelchairs. The concept of visitability seeks to make homes more accessible to visit or live in short-term for a person with mobility impairments by meeting three general conditions that are considered the most essential, including:

- One zero-step entrance at the front, side, or rear of the home
- 32 inch wide clearances at doorways, and hallways with at least 36 inches of clear width
- At least one accessible half bath on the main floor.

The Center for Inclusive Design and Environmental Access (IDEA) in the School of Architecture and Planning, SUNY at Buffalo notes in a recent book, *Inclusive Housing: A Pattern Book*, that visitability features in housing can often be easily incorporated into suburban housing located in neighborhoods that may not include a high level of pedestrian amenities, and that visitability features are often not incorporated into urban housing located in neighborhoods with greater pedestrian amenities and shorter travel distances to destinations such as shopping and services, which are desirable features for persons with mobility disabilities. The book recommends that accessible housing be combined with traditional urban style housing in mixed use, higher-density neighborhoods to maximize accessibility in housing and access to various community facilities for persons with mobility and sensory impairments. In addition, the book recognizes the need to ensure that accessible housing remain affordable to low- and moderate-income households and the concern that adding features to increase accessibility will also increase cost. The book includes home designs and lot layouts for new home construction that incorporate visitability features and traditional urban housing characteristics without increasing home size.

ACCESSIBLE HOUSING UNITS

This section includes an estimate of the current and anticipated future demand for accessible housing units as part of the effort to address the need for accessible housing stock to accommodate persons with disabilities. An estimated inventory of accessible units, including units in multi-family buildings constructed after 1990 and public housing units constructed after 1968, is also included in this section. In addition, the inventory includes housing units that may be accessible to persons with disabilities other than mobility impairments, such as community based residential facilities (CBRF), assisted living facilities, and nursing homes.

Demand for Accessible Housing Units

The demand for accessible housing units has been estimated for each County in the Region using data regarding the total number of persons with disabilities and disability type from the 2009 American Community Survey (ACS) conducted by the U.S. Census Bureau. Data is not available for geographies in which the ACS data is collected using multiple years because of a change in questions regarding persons with disabilities in 2009. This includes all communities under 65,000 people as estimated by the U.S. Census Bureau in 2009. Responses to the 2009 ACS questions are not comparable to responses to earlier versions of the ACS questionnaire.

Table IX-2 sets forth the total number of persons with disabilities by County in the Region in 2009. About 11 percent of the Region's population, or about 221,712 persons, reported having a disability in 2009. About 5 percent of persons age five to 17, about 9 percent of persons age 17 to 64, and about 35 percent of persons age 65 and older reported having a disability. Milwaukee County had the highest percentage of residents reporting a disability at about 13 percent (118,048 persons). Between 8 and 11 percent of residents in the rest of the Counties in the Region reported having a disability. Waukesha County had the lowest percentage of residents reporting a disability.

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Table IX-2

PERSONS WITH DISABILITIES BY COUNTY IN THE SOUTHEASTERN WISCONSIN REGION: 2009

County/Age Group ^a	Persons with a Disability		Total Population in Age Group
	Number	Percent (By Age Group)	
Kenosha County			
Under 5	96	0.9	11,121
5 to 17	1,199	3.9	30,675
18 to 64	10,454	10.1	103,192
65 and Over	6,073	33.2	18,311
County Total	17,822	10.9	163,299
Milwaukee County			
Under 5	1,168	1.6	74,526
5 to 17	10,949	6.6	165,764
18 to 64	65,310	10.9	600,743
65 and Over	40,621	38.6	105,160
County Total	118,048	12.5	946,193
Ozaukee County			
Under 5	78	1.7	4,565
5 to 17	580	3.8	15,370
18 to 64	3,652	6.9	53,287
65 and Over	4,035	32.2	12,535
County Total	8,345	9.7	85,757
Racine County			
Under 5	49	0.4	13,236
5 to 17	1,552	4.3	36,406
18 to 64	11,551	9.5	121,167
65 and Over	7,711	31.4	24,525
County Total	20,863	10.7	195,334
Walworth County			
Under 5	0	0.0	5,320
5 to 17	689	4.0	17,171
18 to 64	5,426	8.4	64,739
65 and Over	5,057	38.1	13,280
County Total	11,172	11.1	100,510
Washington County			
Under 5	0	0.0	7,731
5 to 17	1,455	6.0	24,228
18 to 64	5,868	7.2	81,382
65 and Over	6,520	38.5	16,941
County Total	13,843	10.6	130,282
Waukesha County			
Under 5	45	0.2	21,507
5 to 17	2,341	3.4	68,273
18 to 64	13,175	5.6	236,706
65 and Over	16,058	30.1	53,280
County Total	31,619	8.3	379,766
Region			
Under 5	1,436	1.0	138,006
5 to 17	18,765	5.2	357,887
18 to 64	115,436	9.2	1,261,216
65 and Over	86,075	35.3	244,032
Region Total	221,712	11.1	2,001,141

^a The data for the under five age group is not reliable due to the large margin of error.

Source: U.S. Bureau of the Census ACS 2009, and SEWRPC.

The 65 and over age group has the highest percentage of persons reporting disabilities. If this trend were to continue in the future it could create an increased demand for accessible housing units because the age composition of the Region is projected to increase over the planning period. The number and percentage of persons age 65 and older in the Region is projected to increase from about 13 percent of the total population (241,024 persons) in 2000 to 20 percent (448,032 persons) in the plan design year 2035. The number and percentage of persons age 65 and older is projected to increase in each County of the Region. Map IX-1 shows the projected change in the percentage of persons age 65 and older in each County of the Region from 2010 to 2035.

Map IX-2 shows the distribution of persons with disabilities in the Region, based on responses to the 2000 U.S. Census.³ Census tracts with high percentages of persons with disabilities are located in the larger cities in the Region, including Kenosha, Milwaukee, Racine, West Bend, and Waukesha. Urban areas typically have a higher concentration of persons with disabilities because of the availability of public transit and other services. Areas with high concentrations of persons experiencing poverty often overlap with areas that have a high concentration of persons with disabilities because of the connections between poverty, health, and disabilities.

Disability is related to interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, work, home, or in the community. Disability status and severity can also change over time as one's health improves or declines, as technology advances, and as social structures adapt. The ACS has identified serious difficulty with six areas of functioning and activities in an attempt identify populations with specific types of disabilities. This information is used by a number of governmental agencies to distribute funds and develop programs for persons with disabilities. The six areas of functioning and activities include:

- Hearing difficulty: Includes persons who respond that they are deaf or have serious difficulty hearing
- Vision difficulty: Includes persons who respond that they are blind or have serious difficulty seeing even when wearing glasses
- Cognitive difficulty: Includes persons who respond that due to physical, mental, or emotional condition, they have serious difficulty concentrating, remembering, or making decisions
- Ambulatory difficulty: Includes persons who respond that they have serious difficulty walking or climbing stairs
- Self-care difficulty: Includes persons who respond that they have difficulty dressing or bathing
- Independent living difficulty: Includes persons who respond that due to a physical, mental, or emotional condition, they have difficulty doing errands alone such as visiting a doctor's office or shopping.

Table IX-3 sets forth type of disability data for persons with disabilities by County in the Region in 2009. A person may respond to having more than one type of disability. Almost 112,600 persons in the Region reported having a mobility (ambulatory) disability. Almost 81,500 persons reported having a cognitive disability and almost 77,300 persons reported having an independent living disability. Almost 58,400 persons reported having a hearing disability and over 40,700 persons reported having a self-care disability. In addition, almost 36,200 persons reported having a vision disability. Ambulatory disabilities were the most frequently reported disabilities in each County in the Region. This range of disabilities requires a range of different types of accessible housing to serve the needs of persons with disabilities. A multi-family housing unit that meets the basic accessibility requirements set forth by Federal and State regulations for a person with mobility impairment may not meet the needs of a person with a sensory disability or a disability that is not physical in nature.

According to 2010 ACS data, about 169,000 households, or about 21 percent of households in the Region, included at least one person with a disability. Table IX-4 shows the number and percentage of households in each County that reported having one or more members with a disability. Because the incidence of disability increases as people age, the percentage of households with a person with a disability is likely to increase in the next 20 to 30 years as the "baby boom" generation enters the 65 years and older age group.

³Updated data will not be available until 2013.

Table IX-3

TYPE OF DISABILITY FOR PERSONS WITH DISABILITIES
 BY COUNTY IN THE SOUTHEASTERN WISCONSIN REGION: 2009

County/Age Group	Type of Disability											
	Hearing		Vision		Cognitive		Ambulatory		Self-Care ^a		Independent Living ^b	
	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c
Kanosha County Under 18 18 to 64 65 and Over County Total	145	0.3	126	0.3	909	3.0	0	0.0	207	0.7	--	--
	1,863	1.8	1,656	1.6	2,928	2.8	5,418	5.3	1,616	1.6	2,501	2.4
	2,864	15.6	948	5.2	1,859	10.2	4,211	23.0	1,686	9.2	2,475	13.5
	4,872	3.0	2,730	1.7	5,696	3.7	9,629	6.3	3,509	2.3	4,976	3.3
Milwaukee County Under 18 18 to 64 65 and Over County Total	2,618	1.1	2,045	0.9	8,493	5.1	1,517	0.9	1,437	0.9	--	--
	10,334	1.7	9,676	1.6	28,586	4.8	32,700	5.4	11,201	1.9	24,972	4.2
	14,887	14.2	8,612	8.2	8,869	8.4	26,243	25.0	8,820	8.4	18,471	17.6
	27,839	2.9	20,333	2.1	45,948	5.3	60,460	6.9	21,458	2.5	43,443	5.0
Ozaukee County Under 18 18 to 64 65 and Over County Total	112	0.6	137	0.7	468	3.0	0	0.0	0	0.0	--	--
	819	1.5	504	0.9	1,216	2.3	1,831	3.4	290	0.5	812	1.5
	1,865	14.9	484	3.9	1,045	8.3	2,458	19.6	480	3.8	2,090	16.7
	2,796	3.3	1,125	1.3	2,729	3.4	4,289	5.3	770	0.9	2,902	3.6
Racine County Under 18 18 to 64 65 and Over County Total	494	1.0	101	0.2	1,134	3.1	197	0.5	285	0.8	--	--
	2,380	2.0	1,921	1.6	5,029	4.2	5,271	4.4	1,801	1.5	3,571	2.9
	3,194	13.0	1,729	7.0	1,541	6.3	4,376	17.8	1,867	7.6	3,147	12.8
	6,068	3.1	3,751	1.9	7,704	4.2	9,844	5.4	3,953	2.2	6,718	3.7
Walworth County Under 18 18 to 64 65 and Over County Total	62	0.3	70	0.3	548	3.2	46	0.3	130	0.8	--	--
	919	1.4	626	1.0	2,747	4.2	2,744	4.2	1,186	1.8	1,307	2.0
	1,822	13.7	713	5.4	1,493	11.2	3,430	25.8	1,682	12.7	2,209	16.6
	2,803	2.8	1,409	1.4	4,788	5.0	6,220	6.5	2,998	3.1	3,516	3.7
Washington County Under 18 18 to 64 65 and Over County Total	332	1.0	66	0.2	985	4.1	62	0.3	440	1.8	--	--
	1,540	1.9	613	0.8	1,944	2.4	2,617	3.2	854	1.0	2,163	2.7
	2,640	15.6	1,562	9.2	1,670	9.9	3,425	20.2	1,242	7.3	2,459	14.5
	4,512	3.5	2,241	1.7	4,599	3.8	6,104	5.0	2,536	2.1	4,622	3.8
Waukesha County Under 18 18 to 64	412	0.5	154	0.2	1,614	2.4	234	0.3	565	0.8	--	--
	3,172	1.3	1,969	0.8	4,771	2.0	6,367	2.7	1,816	0.8	3,932	1.7

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Table IX-3

**TYPE OF DISABILITY FOR PERSONS WITH DISABILITIES
BY COUNTY IN THE SOUTHEASTERN WISCONSIN REGION: 2009**
(continued)

County/Age Group	Type of Disability											
	Hearing		Vision		Cognitive		Ambulatory		Self-Care ^a		Independent Living ^b	
	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c	Number	Percent ^c
Waukesha County (continued)	5,920	11.1	2,478	4.7	3,621	6.8	9,432	17.7	3,116	5.8	7,246	13.6
County Total	9,504	2.5	4,601	1.2	10,006	2.8	16,033	4.5	5,497	1.5	11,178	3.1
Region	4,175	0.8	2,699	0.5	14,151	4.0	2,056	0.6	3,064	0.9	--	--
Under 18	21,027	1.7	16,965	1.3	47,221	3.7	56,948	4.5	18,764	1.5	39,258	3.1
65 and Over	33,192	13.6	16,526	6.8	20,098	8.2	53,575	22.0	18,893	7.7	38,097	15.6
Region Total	58,394	2.9	36,190	1.8	81,470	4.4	112,579	6.0	40,721	2.2	77,355	4.2

^aExcludes persons under age five.

^bExcludes persons under age 18.

^cPercent of persons in age group.

Source: U.S. Bureau of the Census ACS 2009, and SEWRPC.

Table IX-4

HOUSEHOLDS REPORTING ONE OR MORE MEMBERS WITH A DISABILITY: 2010

County	Households Reporting One or more Members With a Disability		Households Reporting No Members With a Disability		Total Households	
	Number	Percent ^a	Number	Percent ^a	Number	Percent ^b
Kenosha.....	14,815	23.3	48,750	76.7	63,565	8.0
Milwaukee.....	87,388	23.1	291,488	76.9	378,876	47.8
Ozaukee.....	5,406	15.9	28,621	84.1	34,027	4.3
Racine.....	15,954	21.3	58,854	78.7	74,808	9.4
Walworth.....	7,445	19.0	31,663	81.0	39,108	4.9
Washington.....	9,257	18.1	41,971	81.9	51,228	6.5
Waukesha.....	28,757	19.0	122,356	81.0	151,113	19.1
Region	169,022	21.3	623,703	78.7	792,725	100.0

^aPercent of County households.

^bPercent of Region households.

Source: U.S. Bureau of the Census, 2010 American Community Survey, and SEWRPC.

Supply of Accessible Housing Stock

The following data are estimates of the various types of accessible housing units located in the Region, including housing units intended to meet the needs of persons with various levels of physical disability and other disabilities that are not physical in nature.

Multi-Family Housing Units

As previously noted, most multi-family units constructed after 1990 are subject to either Federal or State regulations that include basic accessibility standards, such as doorway widths and the placement of light and environmental controls for persons with mobility impairments. The Federal regulations apply to units in buildings with an elevator and four or more units, or to the ground floor units of buildings with four or more units and no elevator, that were constructed or ready for occupancy after March 13, 1991. State regulations apply to multi-family units in buildings with three or more units that were first ready for occupancy on or after October 1, 1993. State regulations apply only to grade level units in buildings without an elevator. Buildings originally constructed prior to October 1, 1993, may also be subject to State regulations if they undergo substantial rehabilitation or remodeling after that date.

A total of 50,165 multi-family dwelling units were constructed in the Region between 1990 and 2009. Table IX-5 indicates the number of units constructed in each County. Most of the units constructed, 43,419 units or 87 percent, were in buildings with five or more units and the remaining 6,746 units were in three or four unit buildings. The number of multi-family structures constructed in each County between 1990 and 2009 were:

- Kenosha County: 5,056 (10 percent of units constructed in the Region)
- Milwaukee County: 17,368 (35 percent of units constructed in the Region)
- Ozaukee County: 2,310 (5 percent of units constructed in the Region)
- Racine County: 3,330 (7 percent of units constructed in the Region)
- Walworth County: 5,641 (11 percent of units constructed in the Region)
- Washington County: 2,981 (6 percent of units constructed in the Region)
- Waukesha County: 13,479 (27 percent of units constructed in the Region).

As shown by Table IX-3, there are more persons with ambulatory disabilities in each of the Region's Counties than multi-family housing units constructed between 1990 and 2009, which could result in an inadequate supply of accessible dwelling units. Additional factors regarding accessible multi-family housing units to be considered when accessing the housing needs of persons with disabilities include:

- Not all of the multi-family housing units constructed between 1990 and 2009 are required to meet Federal and State accessibility standards, due to building size and the presence or lack of elevators
- Federal and State accessibility regulations for multi-family housing units are intended to address the housing needs of persons with mobility impairments, but may not meet the accessibility needs of persons with other types of disabilities such as hearing difficulty, vision difficulty, cognitive difficulty, self-care difficulty, or independent living difficulty
- Other characteristics, such as income and household size, may be of concern
- Accessible single-family housing may be more desirable to some households that include a person or persons with disabilities
- An adequate number of accessible multi-family housing units should have convenient access to employment centers, medical centers, parks, schools, shopping and service areas, and transit service.

Map IX-3 identifies sewerred communities in the Region whose zoning regulations would allow the construction of multi-family buildings and communities where public transit service is available. Communities that lack multi-family housing and public transit service may limit options for persons with disabilities who may wish to reside in those communities.

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Table IX-5

MULTI-FAMILY HOUSING UNITS CONSTRUCTED IN THE
 SOUTHEASTERN WISCONSIN REGION: 1990-2009

County	Multi-Family Units in 3-4 Unit Structures	Multi-Family Units in 5 or More Unit Structures	Total Multi-Family Units
Kenosha	816	4,240	5,056
Milwaukee	2,153	15,215	17,368
Ozaukee	168	2,142	2,310
Racine	31	3,299	3,330
Walworth	1,212	4,429	5,641
Washington	1,483	1,498	2,981
Waukesha	883	12,596	13,479
Region	6,746	43,419	50,165

NOTE: Not all of the multi-family housing units constructed between 1990 and 2009 are required to meet Federal and State accessibility standards. Federal accessibility requirements apply to multi-family buildings with four or more units that were constructed or ready for occupancy after March 13, 1991. State accessibility requirements apply to multi-family buildings with three or more units that were first ready for occupancy on or after October 1, 1993. Both State and Federal requirements apply only to grade level units in buildings without an elevator; and to all units in buildings with at least three or four units, respectively, in buildings with an elevator. Totals may not match those provided in Chapter IV, *Existing Housing*. Data in Chapter IV was provided by the Wisconsin Department of Administration.

Source: U.S. Bureau of the Census 1990 Decennial Census and 2009 ACS, and SEWRPC.

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Government Assisted Housing

A number of housing units reserved for occupancy by the elderly or persons with disabilities that may include features intended to increase accessibility were constructed in the Region prior to 1991 using Federal subsidized housing and LIHTC funds. There were 11,485 of these housing units constructed Region-wide. The number of these units constructed by County includes:

- Kenosha County: 973 (9 percent of units in the Region)
- Milwaukee County: 7,993 (70 percent of units in the Region)
- Ozaukee County: 267 (2 percent of units in the Region)
- Racine County: 969 (8 percent of units in the Region)
- Walworth County: 202 (2 percent of units in the Region)
- Washington County: 379 (3 percent of units in the Region)
- Waukesha County: 702 (6 percent of units in the Region).

In addition, the Federal Home Loan Bank of Chicago (FHLBC) and USDA Rural Development Program support the development of both multi-family and single-family accessible housing. The FHLBC supports accessible housing through its Affordable Housing Program. The program provides competitive grants, generally to non-profit organizations, for multi-family and single-family housing. A criterion used in awarding grants is the inclusion of design features intended to increase accessibility. Multi-family projects receiving funding from the Affordable Housing Program are also required to meet fair housing law accessibility regulations. The USDA Rural Development Program⁴ offers several grant and loan products designed to allow low-income households to make accessibility improvements to both single-family and multi-family dwelling units (see Table III-12 in Chapter III for a description of USDA programs). FHLBC and USDA Rural Development multi-family units are included in the inventory of multi-family dwelling units in Table IX-5 or the inventory of government assisted housing units constructed prior to 1991 in Table X-11 in Chapter X.

Housing Alternatives for Persons with Special Needs and Older Persons

Housing for persons with mobility impairments is generally the focus of Federal and State housing accessibility requirements. There are several types of housing that can provide care for a range of disabilities beyond mobility impairment, including community based residential facilities (CBRF), adult family homes, and residential care apartment complexes; however, it cannot be assumed that all such facilities are accessible to persons with disabilities.⁵ These types of facilities are subject to the regulations governing the location of community living arrangements in residential areas set forth in Sections 59.69(15), 60.63, and 62.23(7)(i) of the *Wisconsin Statutes* (see Figure VI-4 in Chapter VI, *Housing Discrimination and Fair Housing Practices* for more information). Map IX-4 shows the distribution of community living arrangements in the Region and Maps IX-5 through IX-11 show the distribution in each County.

As described in Figure VI-4, the *Statutes* provide that no community living arrangement may be established within 2,500 feet, or lesser distance established by local ordinance, of any other community living arrangement. A 1998 Federal District Court decision⁶ found that the 2,500-foot spacing requirement for community living arrangements in the *Wisconsin Statutes* limits access to housing for the developmentally disabled and is in conflict with Federal laws. The *Statutes* also set forth a density limit and other requirements for community living arrangements, which are also described in Figure VI-4.

⁴ See Map III-18 in Chapter III for areas of the Region that are eligible for USDA Rural Development programs.

⁵ *Community living arrangements that are not intended to provide housing for persons with disabilities, such as persons released from correctional institutions or persons suffering from addictions, may not be accessible to persons with physical disabilities if they do not fall under Federal or State accessible building requirements.*

⁶ *Oconomowoc Residential Programs, Inc. v. City of Greenfield and Village of Greendale*, 23 F. Supp. 2d 941 (E.D. Wis. 1998).

A CBRF is a facility where five or more adults reside who are not related to the operator or administrator, do not require care above intermediate level nursing care, and receive care, treatment, or services that are above the level of room and board, but includes no more than three hours of nursing care per week per resident. These facilities are licensed under Chapter DHS 83 of the *Wisconsin Administrative Code*. They can admit people of advanced age and persons with dementia, developmental disabilities, mental health problems, physical disabilities, traumatic brain injury, AIDS, alcohol and other drug addictions, correctional clients, pregnant women needing counseling, and the terminally ill. A person must be 18 years of age to reside in a CBRF. The cost for residing in a CBRF in the Region in 2009 was between \$3,692 and \$4,555 per month. The number and total capacity of CBRFs in each sub-regional housing analysis area is set forth in Table IX-6. The average number of residents in each CBRF in the Region is 18. The average number of residents per CBRF ranges from 17 to 20 persons in each of the counties except Racine County, which averages 28 person in each CBRF. As shown on Map IX-4, CBRFs are generally concentrated in the Cities of Greenfield, Milwaukee, West Allis, Kenosha, and Waukesha.

An adult family home is a facility where three to four adults who are not related to the operator reside and receive care, treatment, or services that are above the level of room and board and that may include up to seven hours per week of nursing care per resident. These facilities are licensed under Chapter DHS 88 of the *Wisconsin Administrative Code*. Facilities with one to two adults can be licensed by counties. Adult family homes can admit persons with the same needs as CBRFs. The cost for residing in an adult family home in the Region in 2009 was between \$3,872 and \$5,326 per month. The number and total capacity of adult family homes in each sub-area is set forth in Table IX-6. Based on the average number of persons per facility, 3.9 in the Region, most adult family homes operate near capacity. Adult family homes are concentrated in the same cities that have a concentration of CBRFs, plus the Cities of Racine and West Bend.

A residential care apartment complex (RCAC) is a facility where five or more adults reside in an independent apartment living setting. RCAC apartments must have a lockable entrance; kitchen; and individual bathroom, sleeping, and living areas. A number of services can be provided to residents for up to 28 hours a week, including:

- Supportive Services: Activities related to general housekeeping and transportation to community services and recreational activities
- Personal Assistance: Services related to activities of daily living such as dressing, eating, bathing, and grooming
- Nursing Services: Health monitoring such as the assessment of physical, functional, and cognitive status to detect changes that may indicate health problems and to facilitate appropriate intervention; and medication administration and management
- Emergency Assistance: An RCAC must ensure that tenant health and safety are protected in the event of an emergency and must provide emergency assistance 24 hours a day.

RCACs are not intended to house persons that require a high level of monitoring by health care professionals, such as persons with Alzheimer-related dementia. RCACs may be a physically distinct part of a structure that also includes facilities such as nursing homes to facilitate continuum of care housing. These facilities are licensed under Chapter DHS 89 of the *Wisconsin Administrative Code*. The cost for residing in a RCAC in the Region in 2009 was between \$1,900 and \$3,451 per month. The number and total capacity of RCACs in each sub-area is set forth in Table IX-6. An average of 51 persons live in each RCAC in the Region. RCACs are fewer in number and are more widely distributed than CBRFs and adult family homes.

Some individuals may require care that is beyond the scope of services provided by community living arrangements. In these cases a nursing home may be an appropriate housing alternative. A nursing home is a facility that provides the highest level of skilled care nursing, although some nursing home facilities may provide a continuum of care that includes RCAC type independent living facilities and assisted living facilities that provide a lower level of services. Nursing homes are licensed under Chapter DHS 132 of the *Wisconsin Administrative Code*. The number and total capacity of nursing homes in each sub-area is set forth in Table IX-6.

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Table IX-6

ASSISTED LIVING FACILITIES IN THE SOUTHEASTERN WISCONSIN REGION: 2010

Analysis Area/County	Community Based Residential Facilities (CBRF)		Adult Family Homes (AFH)		Residential Care Apartment Complexes (RCAC)		Nursing Homes		Total	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Ozaukee County	1	35	1	4	0	0	0	0	4	39
	2	196	5	17	1	20	1	74	17	307
	3	117	2	6	1	60	2	268	10	451
	4	72	4	16	3	141	2	72	150	301
Washington County	24	420	12	43	5	221	5	414	46	1,098
	3	56	0	0	1	21	0	0	4	77
	8	144	22	83	3	184	3	378	36	789
	0	0	0	0	0	0	0	0	0	0
	2	46	0	0	1	33	0	0	3	79
	6	117	4	15	2	76	1	106	13	314
	3	35	1	4	1	48	1	121	6	208
	0	0	1	3	0	0	0	0	1	3
	22	398	28	105	8	362	5	605	63	1,470
	24	288	10	40	3	149	3	332	40	809
	24	348	29	111	4	240	6	775	63	1,474
Milwaukee County	71	877	98	372	1	43	4	494	174	1,786
	9	282	7	27	5	258	5	574	26	1,141
	23	350	13	48	3	159	7	955	46	1,512
	62	1,412	28	109	13	730	11	1,192	107	3,179
	18	405	2	12	2	89	3	319	26	825
	26	411	7	28	3	116	0	0	36	555
	257	4,373	195	747	34	1,784	39	4,641	525	11,545
	8	236	3	12	2	179	2	213	15	640
	11	176	3	12	3	144	4	538	21	870
	9	114	3	12	3	191	1	135	16	452
	2	23	0	0	2	172	2	110	6	305
1	20	0	0	0	0	0	0	1	20	
14	168	3	12	4	206	3	285	24	671	
31	576	23	88	5	208	5	720	64	1,592	
2	40	1	4	1	58	1	53	5	155	
3	42	0	0	1	75	1	84	5	201	
81	1,424	36	140	21	1,233	19	2,138	157	4,935	
1	50	10	40	0	0	0	0	11	90	
14	341	82	321	4	215	4	492	104	1,369	
10	350	13	51	2	82	1	77	26	560	
6	133	14	56	0	0	1	155	21	344	
31	874	119	468	6	297	6	724	162	2,363	
Racine County										

Table IX-6
(continued)

Analysis Area/County	Community Based Residential Facilities (CBRF)		Adult Family Homes (AFH)		Residential Care Apartment Complexes (RCAC)		Nursing Homes		Total	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
33	2	16	3	12	0	0	1	118	6	146
34	29	623	28	109	2	89	8	912	67	1,733
35	1	8	3	12	0	0	0	0	4	20
Kenosha County	32	647	34	133	2	89	9	1,090	77	1,959
36	1	8	1	4	1	20	1	50	4	82
37	11	296	9	36	0	0	1	84	21	416
38	22	374	15	59	3	114	4	301	44	848
39	2	47	1	4	1	27	2	98	6	176
Walworth County	36	725	26	103	5	161	8	533	75	1,522
Region	483	8,861	450	1,739	81	4,147	91	10,145	1,105	24,892

Source: Wisconsin Department of Health Services and SEWRPC.

The locations of nursing homes in the Region are shown on Map IX-4. Nursing homes are also more widely dispersed than CBRFs or adult family homes. An average of 111 people live in each nursing home in the Region.

The preceding maps show a concentration of community living arrangements in the Region's larger cities; however, the percentage of community and assisted living arrangements by County in the Region is generally consistent with the percentage of the Region's population in each County (see Table IX-7).

Home Health Care

Home health care is another assistance option that can help persons with disabilities maintain their residence in existing housing as opposed to a community or assisted living arrangement. There were 38 home health agencies in the Region licensed by the Wisconsin Department of Health Services in 2005. These agencies provided home health services to thousands of patients of all ages in the Region. The types of services provided include skilled nursing, home health aide, physical therapy, speech and occupational therapy, medical social services, other home health care and personal services. Most patient reimbursement for these services comes from Medicare, Medicaid, and other private insurance.

Senior Housing Developments

Senior housing developments, or retirement communities, are another accessible housing option designed specifically for older persons, and may be an increasingly important form of housing as the number of persons aged 65 and older continues to increase. Retirement communities are generally self-contained communities that offer apartment type units catering to independent older adults. These communities often offer meal programs and social and recreational activities in addition to apartment features that enhance accessibility. Many retirement communities have embraced the continuum of care philosophy. Continuing care retirement communities (CCRC) provide residents with the availability of adjoining facilities licensed to provide skilled nursing care and personal care services. The benefit of the CCRC is the ability to provide for future needs within the same organization and at the same location. This allows residents to remain in familiar surroundings while receiving increasing levels of care. Table IX-8 sets forth the number of senior housing developments in the Region by County. Senior housing multi-family developments built after March 13, 1991, are also included in the multi-family housing unit inventory in Table IX-5.

Housing for Disabled Veterans

As shown on Table IX-9, there were 135,777 veterans residing in the Region in 2010. Of that, 17,339 veterans, or about 13 percent of the Region's veterans, had a service-connected disability. The number of veterans with a disability is about 8 percent of Region residents reporting a disability.

Veterans and active service members with specific permanent service-connected disabilities may be entitled to receive a grant from the U. S. Department of Veterans Affairs (VA) to construct a new adapted dwelling or modify an existing dwelling to meet their needs under the Specially Adapted Housing (SAH) Program. SAH Grant 2101 (a) is intended to provide a barrier-free, wheelchair accessible living environment for a veteran or service member who has lost the use of one or both lower extremities. A qualified veteran or service member may receive a grant of up to 50 percent of the cost of building or remodeling a home, up to a maximum of \$63,780. A grant of up to \$12,756 is available under SAH Grant 2101 (b) for modifications to a dwelling for a veteran or service member who has lost the use of an upper extremity. Grants under these two programs are also available to veterans or service members with a disability due to a severe burn injury or blindness, based on the severity of the disability. A temporary grant (TRA) may be made available to veterans or service members who are or will be temporarily residing in a home owned by a family member. The maximum TRA amount under SAH Grant 2101 (a) is \$14,000. The maximum TRA amount under SAH Grant 2101 (b) is \$2,000. Eligibility is based on the severity of the service-related disability, as determined by the VA.

Affordability and Service Coordination

Housing affordability is a consideration for many persons with disabilities and their households. Table IX-10 shows that persons with disabilities tend to have lower incomes than those without disabilities. The median

Table IX-7
 NUMBER AND PERCENTAGE OF COMMUNITY AND ASSISTED LIVING
 ARRANGEMENTS IN THE SOUTHEASTERN WISCONSIN REGION BY COUNTY: 2010

County	Community Based Residential Facility		Adult Family Home		Residential Care Apartment Complex		Nursing Home		Total Population ^c		
	Number	Percent ^a	Number	Percent ^a	Number	Percent ^a	Number	Percent ^a	Number	Percent	
Kenosha	32	6.6	34	6.6	2	2.5	9	9.9	165,382	8.2	
Milwaukee	257	53.2	195	53.2	34	42.0	39	42.9	959,521	47.3	
Ozaukee	24	5.0	12	5.0	5	6.2	5	5.5	86,311	4.3	
Racine	31	6.4	119	6.4	6	7.4	6	6.6	200,601	9.8	
Walworth	36	7.4	26	7.4	5	6.2	8	8.8	100,593	5.0	
Washington	22	4.6	28	4.6	8	9.9	5	5.5	130,681	6.5	
Waukesha	81	16.8	36	16.8	21	25.8	19	20.8	383,154	18.9	
Total	483	100.0	450	100.0	81	100.0	91	100.0	2,026,243	100.0	
											11.8
											12.0
											17.6
											12.2
											15.1
											11.2
											12.9

^aPercent of facility type in County.

^bNumber of facility beds per 1,000 County residents.

^cCounty population is from the 2009 American Community Survey (ACS).

Source: Wisconsin Department of Health Services, U.S. Bureau of the Census, and SEWRPC.

Table IX-8

SENIOR HOUSING DEVELOPMENTS IN THE SOUTHEASTERN WISCONSIN REGION: 2010^a

County	Continuing Care Retirement Communities ^b		Independent Senior Living Units ^c		Subsidized Units ^d		Total	
	No. of Facilities	No. of Units	No. of Facilities	No. of Units	No. of Facilities	No. of Units	No. of Facilities	No. of Units
Kenosha.....	2	89	8	562	11	1,014	21	1,665
Milwaukee.....	24	4,150	53	3,782	94	9,352	171	17,284
Ozaukee.....	4	310	7	521	5	245	16	1,076
Racine.....	6	290	12	970	20	1,313	38	2,573
Walworth.....	5	173	13	825	11	420	29	1,418
Washington.....	3	441	16	833	7	367	26	1,641
Waukesha.....	13	1,152	39	2,676	19	1,139	71	4,967
Total	57	6,605	148	10,169	167	13,850	372	30,624

^aData for Kenosha, Racine and Walworth Counties were collected in 2010. Data for Milwaukee, Ozaukee, Washington, and Waukesha Counties were collected in 2008.

^bIncludes units designed for independent living in Continuing Care Retirement Communities (CCRC). Does not include nursing homes, community living arrangements, or other facilities located within a CCRC.

^cIncludes multi-family buildings designed for and marketed to independent senior adults. Of the 115 facilities listed, 11 were limited to households with at least one member age 62 or older, 90 were limited to households with at least one member age 55 or older, one was limited to households with at least one member age 50 or older, and 13 did not specify a minimum age.

^dIncludes multi-family buildings intended to serve qualified (low income and very low income) individuals or households with at least one member age 62 or older, or mobility-impaired persons with disabilities.

Source: Senior Resources, Inc. and SEWRPC.

Table IX-9

VETERANS BY SERVICE-CONNECTED DISABILITY IN THE
 SOUTHEASTERN WISCONSIN REGION: 2010

County	Veterans with No Service-Connected Disability		Veterans with a Service-Connected Disability		Total		
	Number	Percent of Veterans ^a	Number	Percent of Veterans ^a	Number	Percent of Veterans ^a	Percent of Total Population ^b
Kenosha County	10,856	85.0	1,909	15.0	12,765	100.0	7.7
Milwaukee County.....	49,408	86.2	7,935	13.8	57,343	100.0	6.1
Ozaukee County	6,191	91.2	594	8.8	6,785	100.0	7.9
Racine County	12,929	87.7	1,812	12.3	14,741	100.0	7.5
Walworth County.....	6,643	87.0	993	13.0	7,636	100.0	7.5
Washington County.....	7,841	87.5	1,121	12.5	8,962	100.0	6.8
Waukesha County.....	24,570	89.2	2,975	10.8	27,545	100.0	7.1
Region	118,438	87.2	17,339	12.8	135,777	100.0	6.7

^aPercent of County or Region's total veteran population.

^bPercent of County or Region's total population.

Source: U.S. Bureau of the Census and SEWRPC.

Table IX-10

**MEDIAN EARNINGS BY DISABILITY STATUS FOR PERSONS
 16 YEARS AND OLDER WITH EARNINGS
 IN THE SOUTHEASTERN WISCONSIN REGION: 2009**

County	Persons with a Disability	Persons without a Disability
Kenosha	\$14,599	\$28,214
Milwaukee.....	\$16,817	\$27,905
Ozaukee	\$14,924	\$35,283
Racine	\$14,569	\$29,662
Walworth.....	\$18,416	\$23,678
Washington.....	\$16,784	\$33,077
Waukesha.....	\$17,727	\$39,693
Region	\$16,562	\$30,924

Source: U.S. Bureau of the Census ACS 2009, and SEWRPC.

annual income of persons with disabilities in the Region in 2009 was \$16,562, which is about 54 percent of the median annual income of persons without a disability.

Many persons with disabilities rely on Supplemental Security Income (SSI) payments from Social Security as their source of income. SSI is the Federal income maintenance program that provides a monthly income to meet the basic needs for food, clothing, and shelter for persons with significant and long-term disabilities and assets of less than \$2,000 for a single person and \$3,000 for a married couple. In 2010, there were 33,193 adults between the ages of 18 and 64 in the Region who received SSI benefits. The monthly SSI benefit for residents living independently (including community living arrangements but not including those in a nursing home or other institution) in 2010 was \$758, which includes a State supplement of about \$84. As shown on Table X-1 in Chapter X, the fair market rent for a one-bedroom apartment in the Region ranged from \$606 to \$725 per month, and the fair market rent for an efficiency apartment ranged from \$518 to \$653 per month. A person with a disability receiving SSI would have to pay 80 percent of their monthly income to rent an efficiency unit, and 96 percent of their income to rent a one-bedroom apartment in Milwaukee County, where 74 percent of persons receiving SSI payments lived in 2010. Persons with disabilities who rely on SSI payments clearly require assistance through housing vouchers or other assistance to find housing that costs no more than 30 percent of their income.

As previously noted, some accessible housing that is affordable to low-income households is available through Federal and State regulations that require a minimum percentage of housing units in publicly funded housing development to be accessible to persons with mobility and sensory impairments. In addition, publicly funded multi-family developments must meet the accessibility requirements of Federal and State fair housing laws if they were built after March 13, 2001, and on or after October 1, 2003, respectively. Other sources of funds intended for the construction of affordable accessible housing are also available through HUD. Two of the primary programs providing funds are Section 811, Supportive Housing for Persons with Disabilities and Section 202, Supportive Housing for the Elderly. Both programs provide interest-free capital advances to eligible nonprofit organizations to finance the construction, rehabilitation, or acquisition of rental housing for very-low income households with persons with disabilities or elderly persons. In 2011, there were 2,261 Section 811 or 202 housing units Region-wide. The number of these units by County includes:

- Kenosha County: 60 (3 percent of units in the Region)
- Milwaukee County: 1,562 (69 percent of units in the Region)
- Ozaukee County: 55 (2 percent of units in the Region)
- Racine County: 308 (14 percent of units in the Region)
- Walworth County: 143 (6 percent of units in the Region)
- Washington County: 4 (less than 1 percent of units in the Region)
- Waukesha County: 129 (6 percent of units in the Region).

Concerns regarding the cost and complexity of the long-term housing and health care needs of the State's aging population and of persons with disabilities prompted the creation of Wisconsin's Family Care Program in the late 1990s. That program is now available in all Southeastern Wisconsin counties. Family Care serves persons with physical and developmental disabilities as well as the aging population. Its specific goals are:

- Giving people better choices about where they live and what kinds of services and support they receive to meet their needs
- Improving access to services
- Improving quality through a focus on health and social outcomes
- Creating a cost-effective system for the future.

Family Care has two major organizational components. The first are County aging and disability resource centers (ADRC). They are designed to be a single point of entry where older persons and persons with disabilities and their families can get information and advice about a wide range of resources related to housing and health care.

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In addition, ADRCs administer the Long-Term Care Functional Screen to assess an individual's level of need for services and eligibility for the Family Care Benefit. Once the need level is determined, the ADRC can provide advice about available options such as enrolling in Family Care or other Medicaid or privately financed service options.

The second Family Care organizational component is managed care organizations (MCO), which manage and deliver the Family Care Benefit. The Family Care Benefit is intended to improve the cost-effective coordination of long-term care services by creating a single flexible benefit that includes a large number of health and long-term care services that otherwise would be available through separate programs. A member of a MCO has access to a large number of health services offered by Medicaid, as well as the long-term care services in the Home and Community-Based Waivers⁷ and the State-funded Community Options Program. To assure access to services, a MCO develops and manages a comprehensive network of long-term care services and support, either through contracts with providers, or by direct service provision by MCO employees. MCOs are responsible for assuring and continually improving the quality of care and services consumers receive. MCOs receive a monthly payment to manage and purchase care for their members, who may be living in their own homes, community living arrangements, or nursing homes. One of the highlights of the program is that people can receive services where they live, which may allow them to remain in their existing homes. In addition, services can include home modifications to increase accessibility. Persons with disabilities may also live in community-based residential facilities or other community living arrangement, rather than in an institutional setting.

Options that include home- or community-based residential settings are consistent with the Supreme Court's Olmstead decision,⁸ in which the Court ruled that Title II of the Americans with Disabilities Act prohibits the unnecessary institutionalization of persons with disabilities. The Court ruled that services to persons with disabilities must be provided "in the most integrated setting possible," appropriate to the needs of a person with disabilities.

FINDINGS

- There are no definitive data on the number of housing units that are accessible to persons with disabilities. A total of 50,165 multi-family housing units were constructed in the Region between 1990 and 2009. It cannot be assumed that all of these units are accessible, but it is likely that many are accessible to persons with mobility disabilities. There were about 11,485 housing units for the elderly and persons with disabilities constructed before 1991 using Federal subsidized housing and LIHTC funds. Up to 61,640 multi-family housing units in the Region may therefore be accessible to persons with mobility disabilities. Community living arrangements (CLA) and nursing homes provide accommodation for approximately 25,000 persons, some of whom are elderly or persons with disabilities. Data are not available on the number of CLA units or single-family homes that have been constructed or retro-fitted to provide accessibility for persons with disabilities.
- A comparison of the number of households reporting a member with a disability (169,000 households in 2010) to the probable amount of accessible housing indicates a need for additional accessible housing, particularly in light of the expected increase in persons with disabilities related to the aging of the baby

⁷ *The Home and Community-Based Waiver program can be used to fund services not otherwise authorized by the Federal Medicaid Statute, such as respite care, home modifications, non-medical transportation, and personal care.*

⁸ *Olmstead, Commissioner, Georgia Department of Human Resources, et. al. versus L.C., by Zimring, Guardian Ad Litem and Next Friend, et. al. Supreme Court of the United States, 1999.*

boom generation. A need also exists for better data on the number of accessible housing units, which could potentially be gathered as part of the American Housing Survey⁹ conducted by the Census Bureau.

- Accessibility requirements of Federal and State fair housing laws may not address the housing accessibility needs of persons with sensory disabilities or other disabilities that are not physical in nature, with the exception of recipients of HUD funds. Many of the persons reporting a disability may have a disability other than, or in addition to, a mobility disability, which may require a greater level of accessible design features or other services than required by fair housing laws.
- Home health care can assist persons with disabilities by providing medical and personal care, transportation, and other services in existing homes, particularly for persons with mobility, self-care, and independent living disabilities.
- Housing affordability is a concern for persons with disabilities. The median annual income for persons with disabilities was about half that for persons without disabilities in the Region in 2009, which restricts the housing choices of persons with disabilities.
- Design concepts such as universal design and visitability are intended to increase the accessibility of housing for persons with disabilities without specialization of housing or a significant increase in the cost of housing. These goals may not be realized until some accessible design features, such as wider doorways, zero-step entrances, and accessible electrical outlet and environmental controls, become standard construction practices.
- More widespread use of universal design features in new homes would increase the availability of affordable housing for everyone, regardless of age or ability, and would also allow elderly residents to remain in their homes longer (aging in place).

* * *

⁹ The American Housing Survey began collecting data in 2011 on the number of housing units (including single-family units) with accessibility features. Data are expected to be available in late 2012.

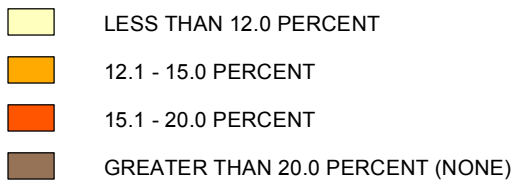
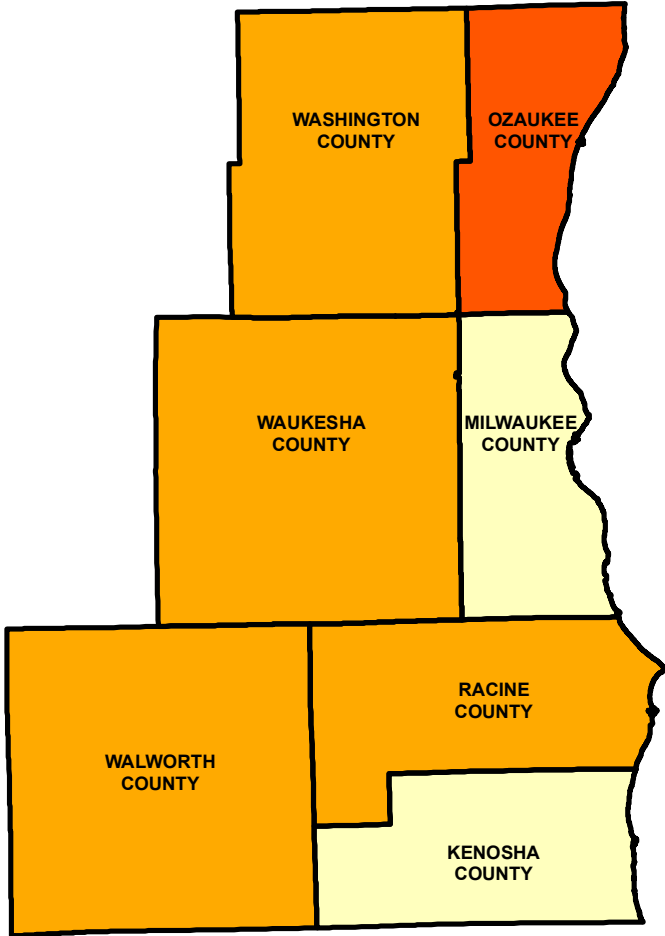
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Map IX-1

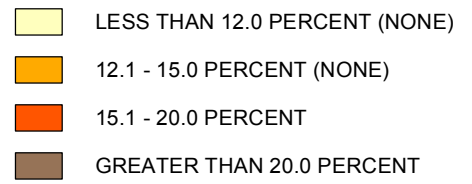
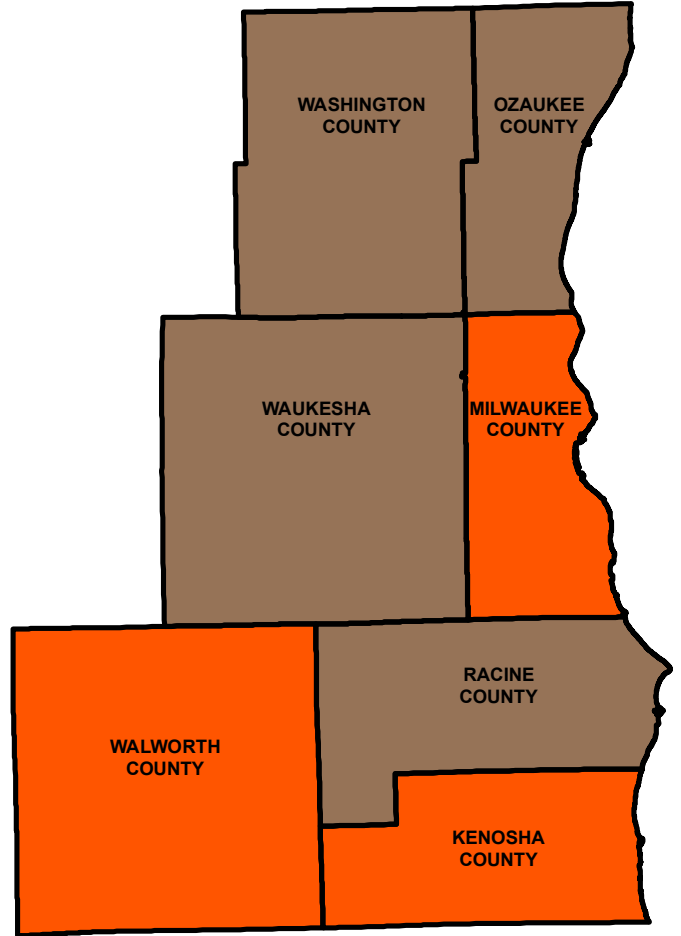
PERCENT OF POPULATION AGE 65 AND OLDER BY COUNTY: 2010 AND 2035

PERCENT OF POPULATION AGE 65 AND OLDER: 2010

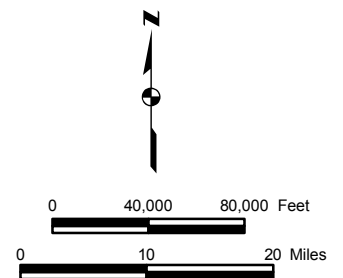


Source: U.S. Bureau of the Census.

PERCENT OF POPULATION AGE 65 AND OLDER: 2035



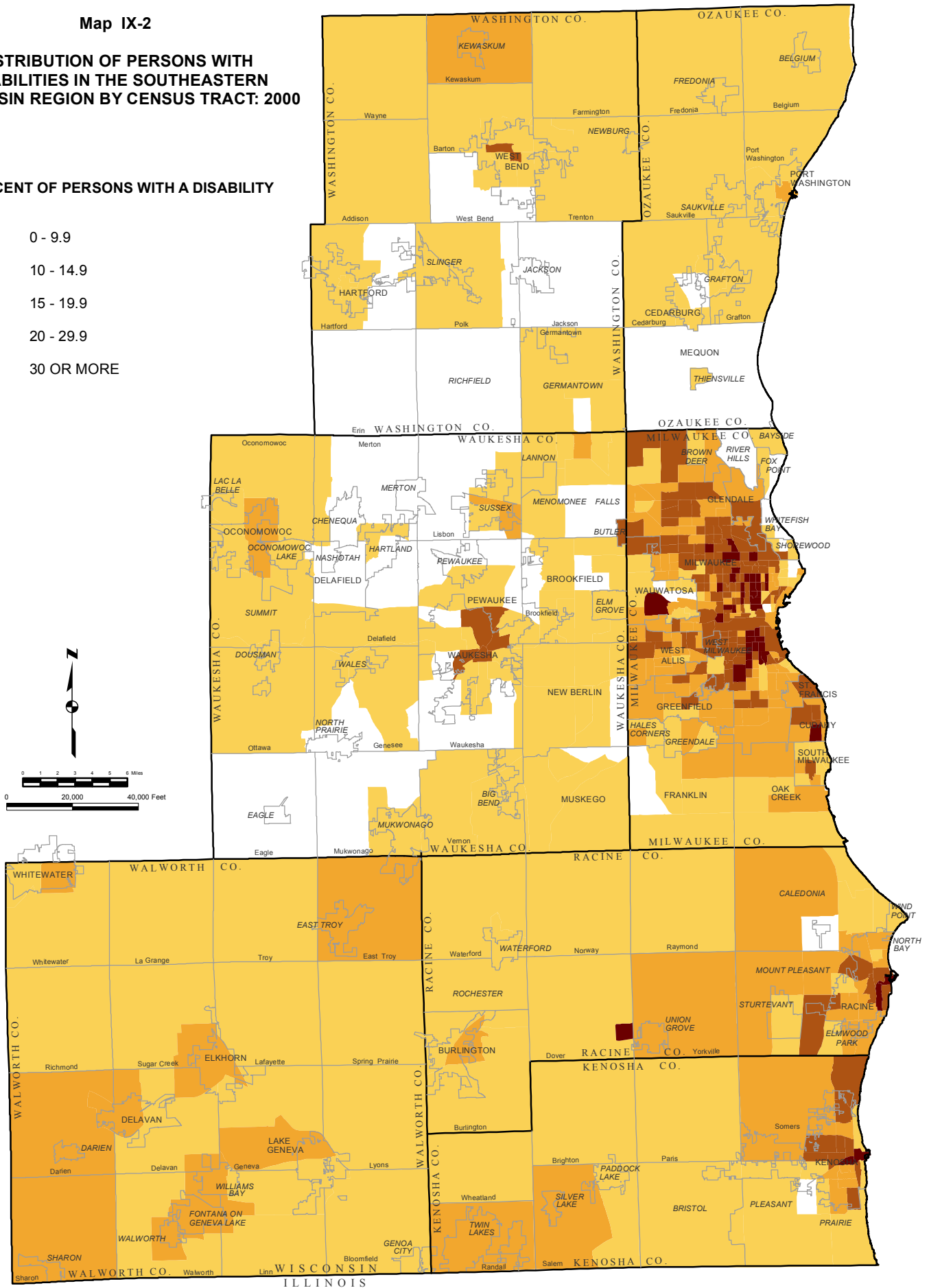
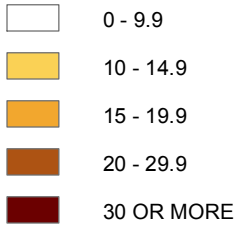
Source: SEWRPC.



Map IX-2

**DISTRIBUTION OF PERSONS WITH
DISABILITIES IN THE SOUTHEASTERN
WISCONSIN REGION BY CENSUS TRACT: 2000**

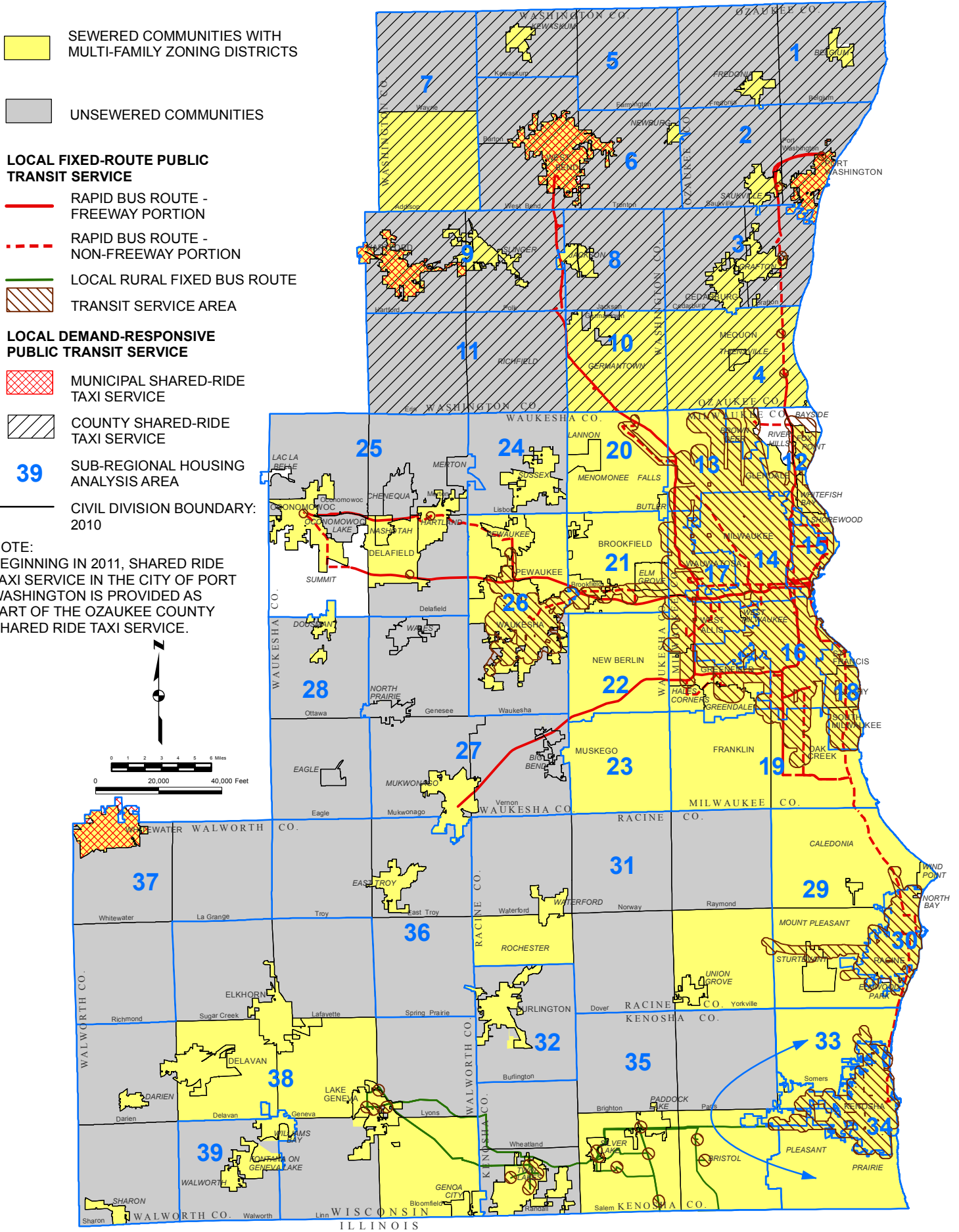
PERCENT OF PERSONS WITH A DISABILITY



Source: U.S. Bureau of the Census and SEWRPC.

Map IX-3

COMMUNITIES WITH MULTI-FAMILY ZONING DISTRICTS AND PUBLIC TRANSIT SERVICE IN SOUTHEASTERN WISCONSIN: 2010



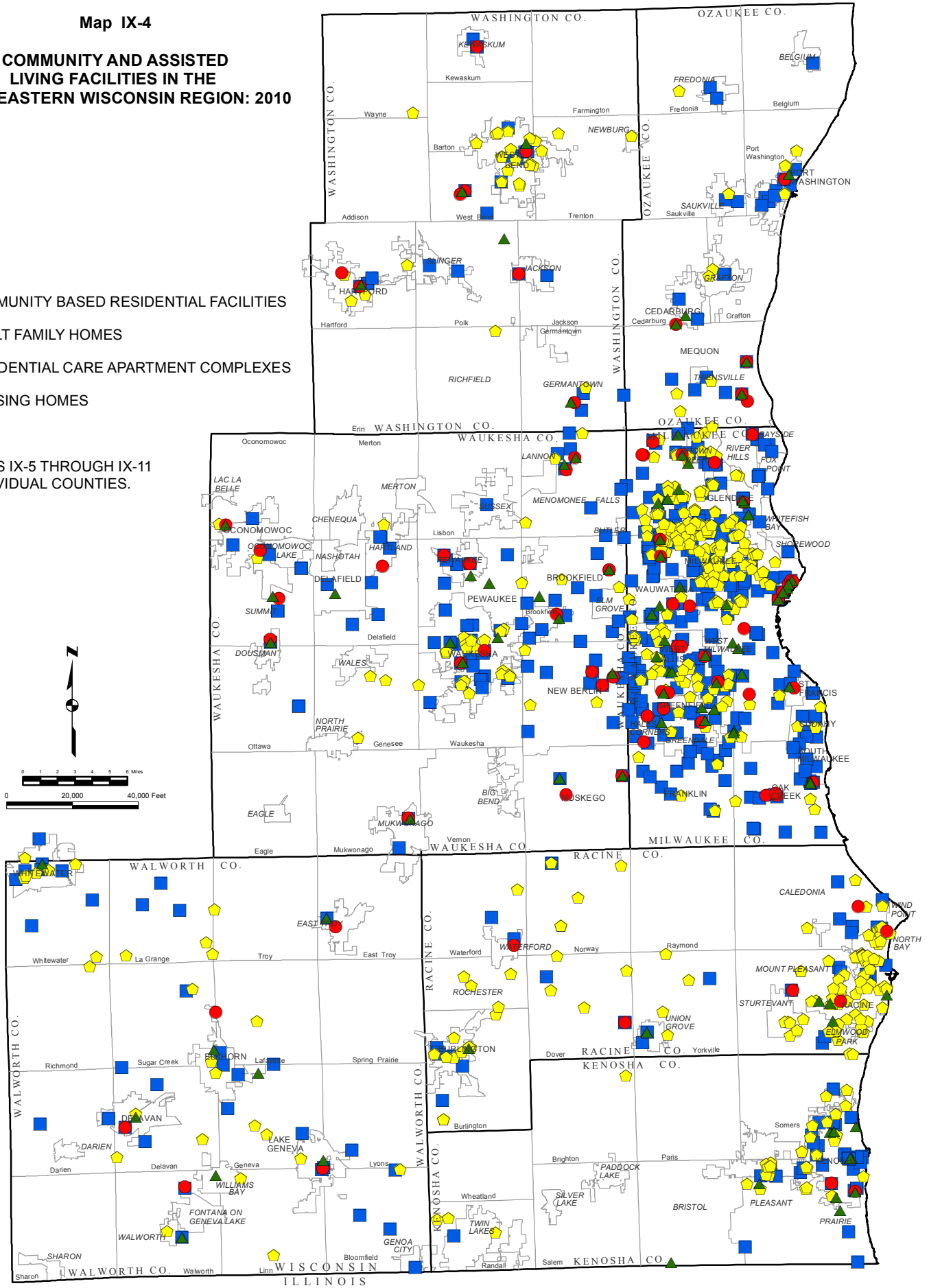
Source: SEWRPC.

Map IX-4

COMMUNITY AND ASSISTED LIVING FACILITIES IN THE SOUTHEASTERN WISCONSIN REGION: 2010

- COMMUNITY BASED RESIDENTIAL FACILITIES
- ◆ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES

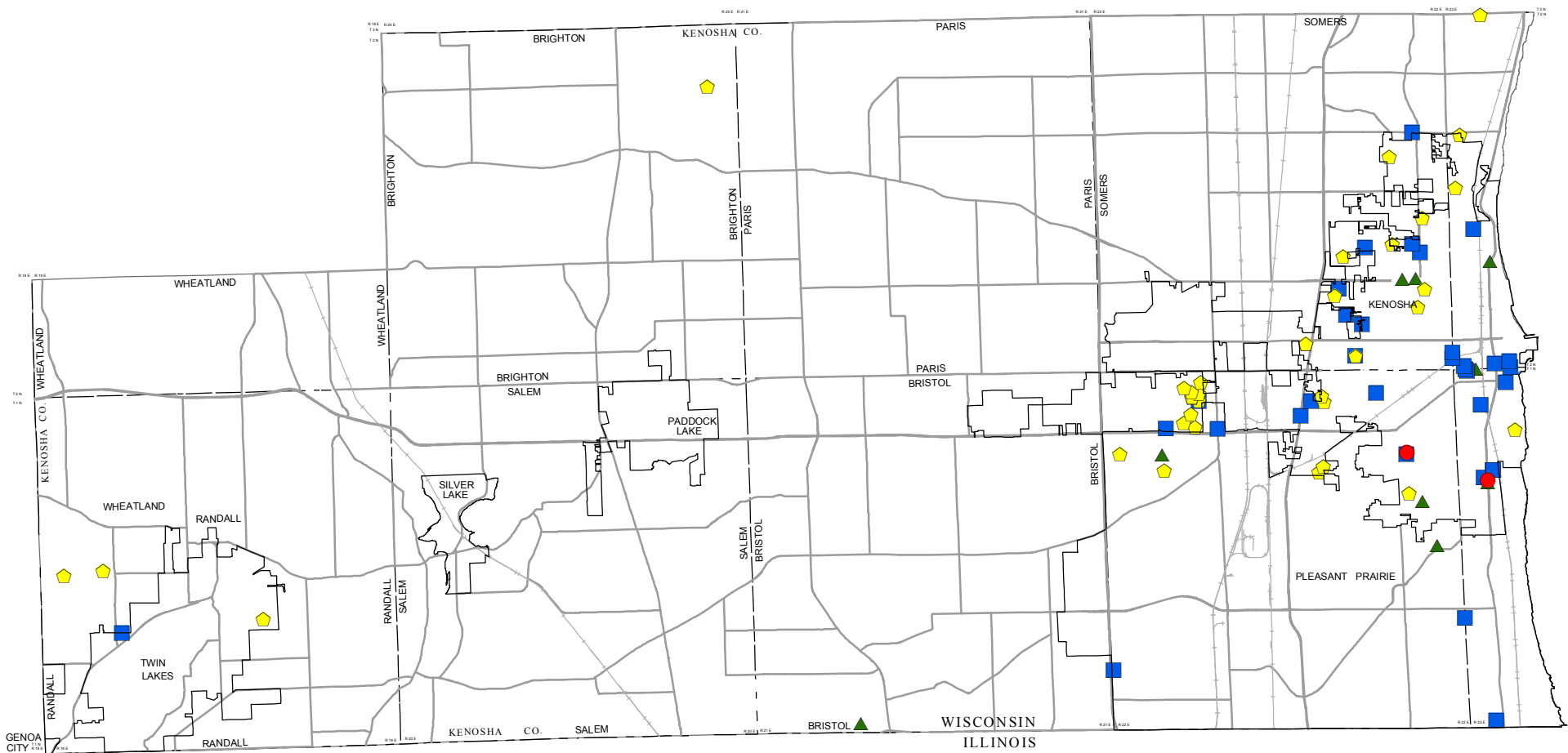
NOTE:
SEE MAPS IX-5 THROUGH IX-11
FOR INDIVIDUAL COUNTIES.



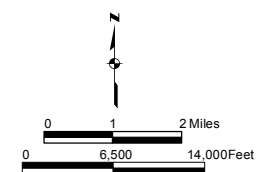
Source: Wisconsin Department of Health Services and SEWRPC.

Map IX-5

COMMUNITY AND ASSISTED LIVING FACILITIES IN KENOSHA COUNTY: 2010



- COMMUNITY BASED RESIDENTIAL FACILITIES
- ⬠ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES

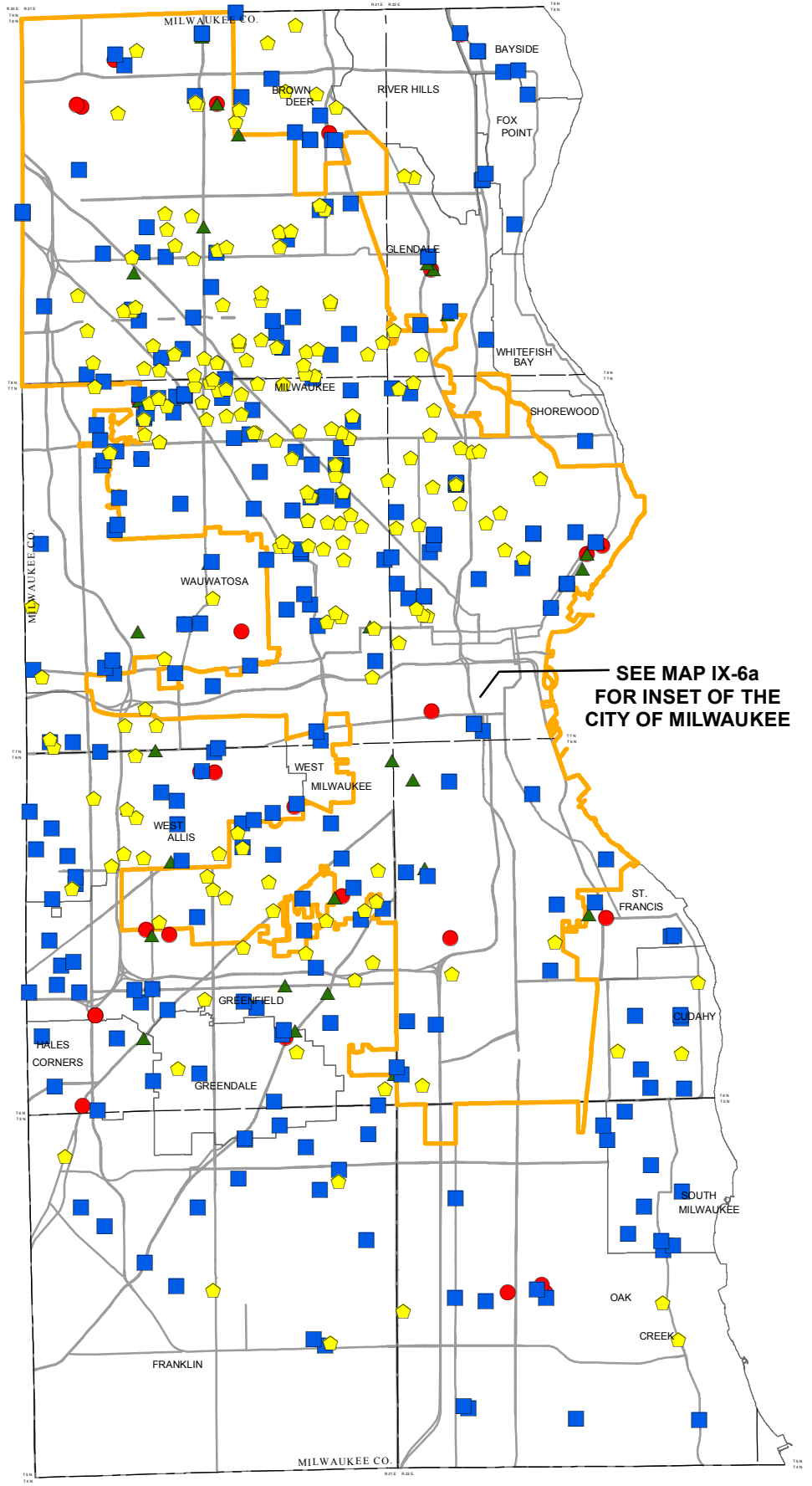
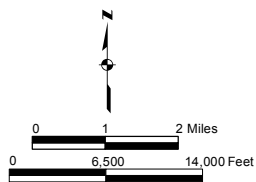


Source: Wisconsin Department of Health Services and SEWRPC.

Map IX-6

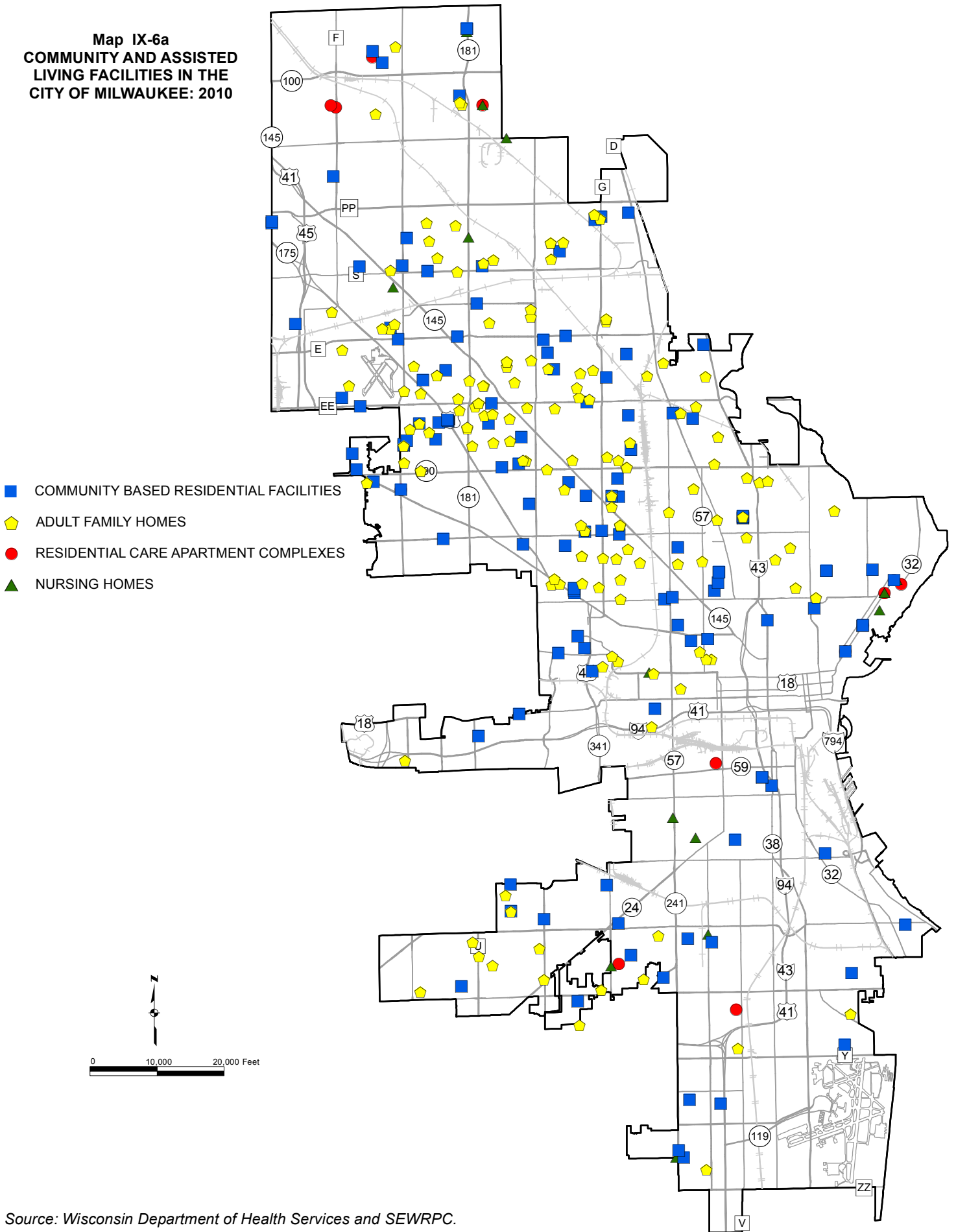
**COMMUNITY AND ASSISTED LIVING FACILITIES
IN MILWAUKEE COUNTY: 2010**

- COMMUNITY BASED RESIDENTIAL FACILITIES
- ⬠ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES



Source: Wisconsin Department of Health Services and SEWRPC.

**Map IX-6a
COMMUNITY AND ASSISTED
LIVING FACILITIES IN THE
CITY OF MILWAUKEE: 2010**

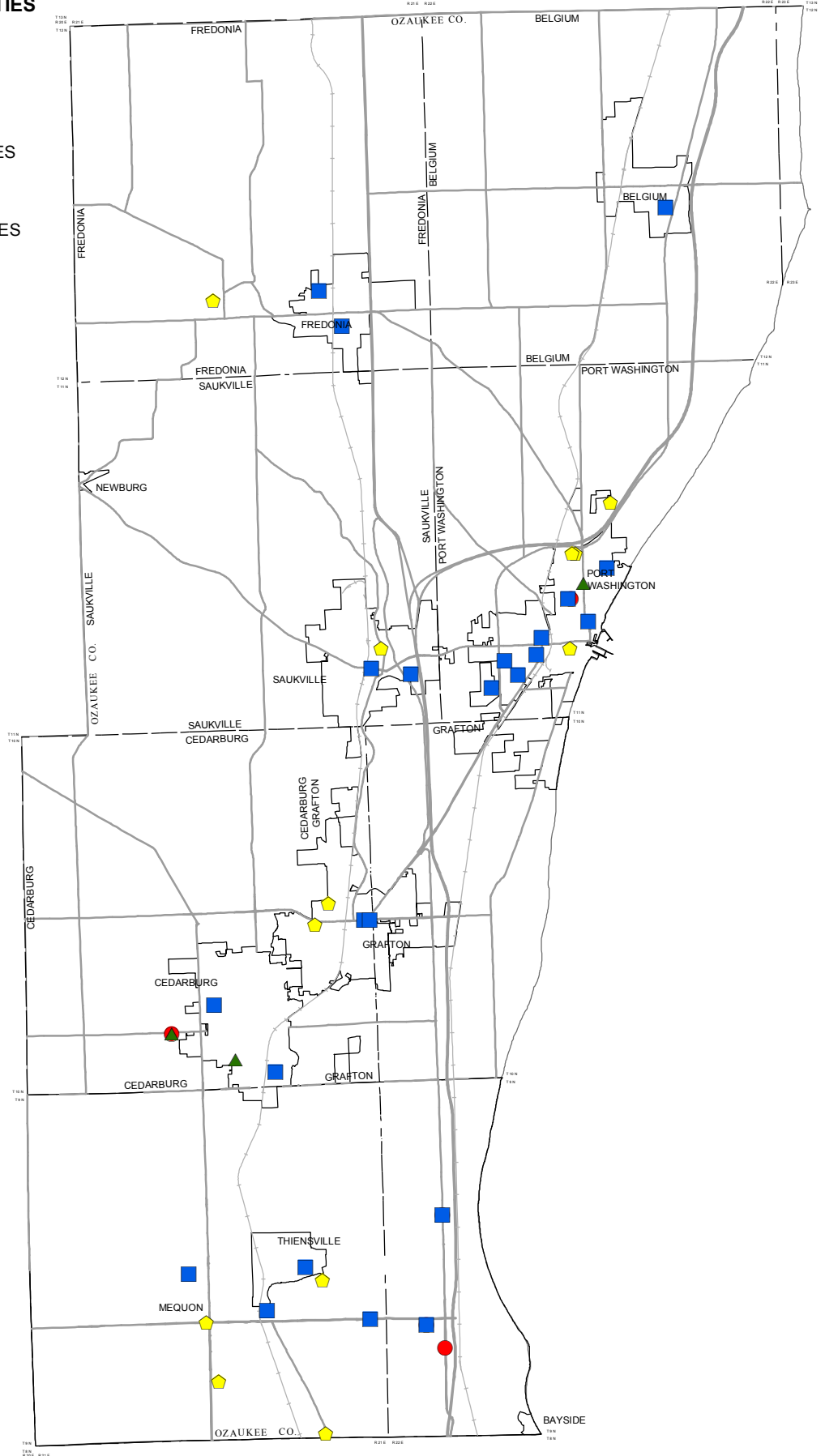
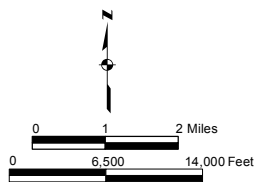


Source: Wisconsin Department of Health Services and SEWRPC.

Map IX-7

**COMMUNITY AND ASSISTED LIVING FACILITIES
IN OZAUKEE COUNTY: 2010**

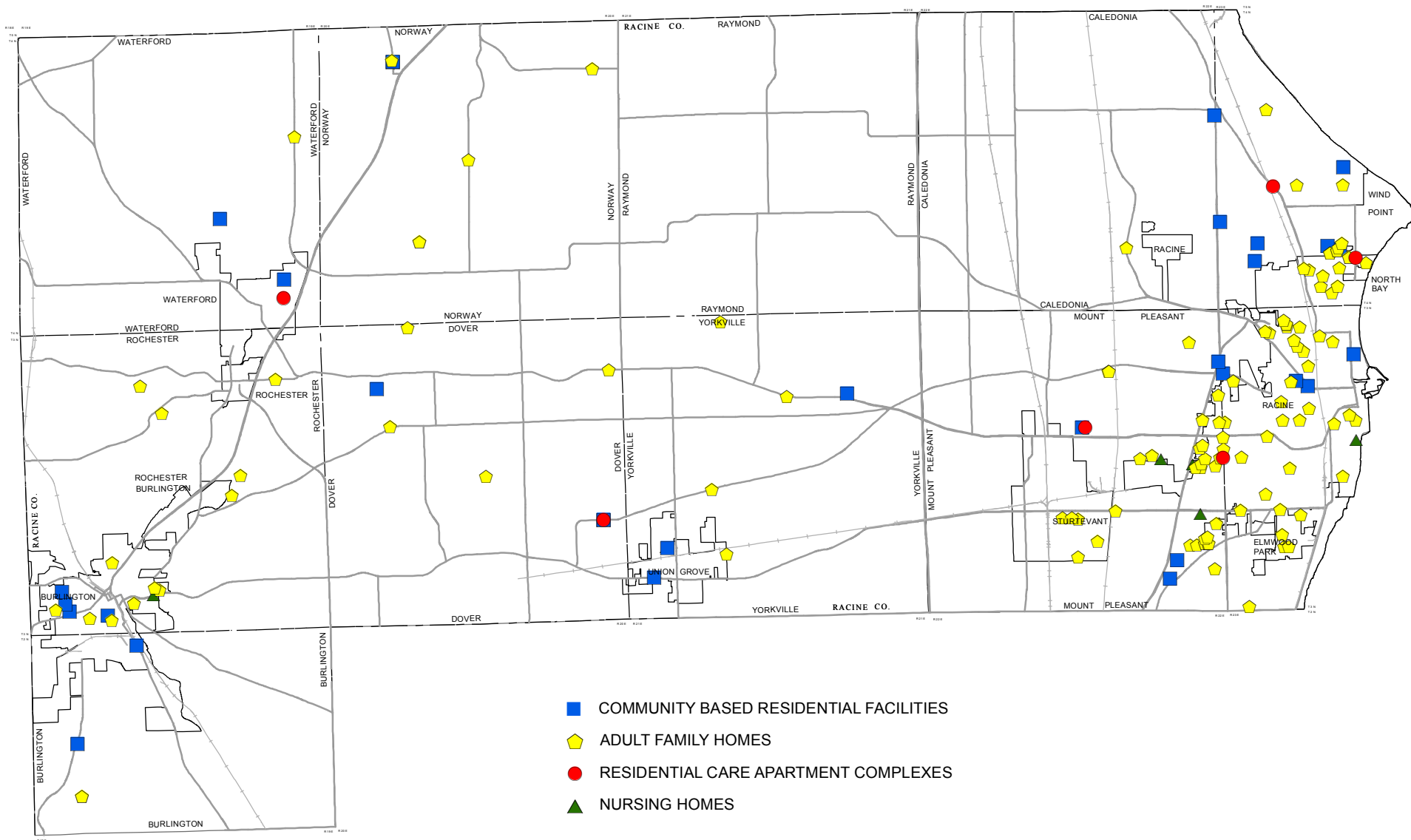
- COMMUNITY BASED RESIDENTIAL FACILITIES
- ◆ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES



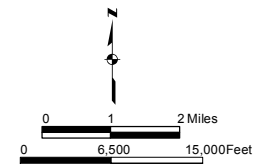
Source: Wisconsin Department of Health Services and SEWRPC.

Map IX-8

COMMUNITY AND ASSISTED LIVING FACILITIES IN RACINE COUNTY: 2010

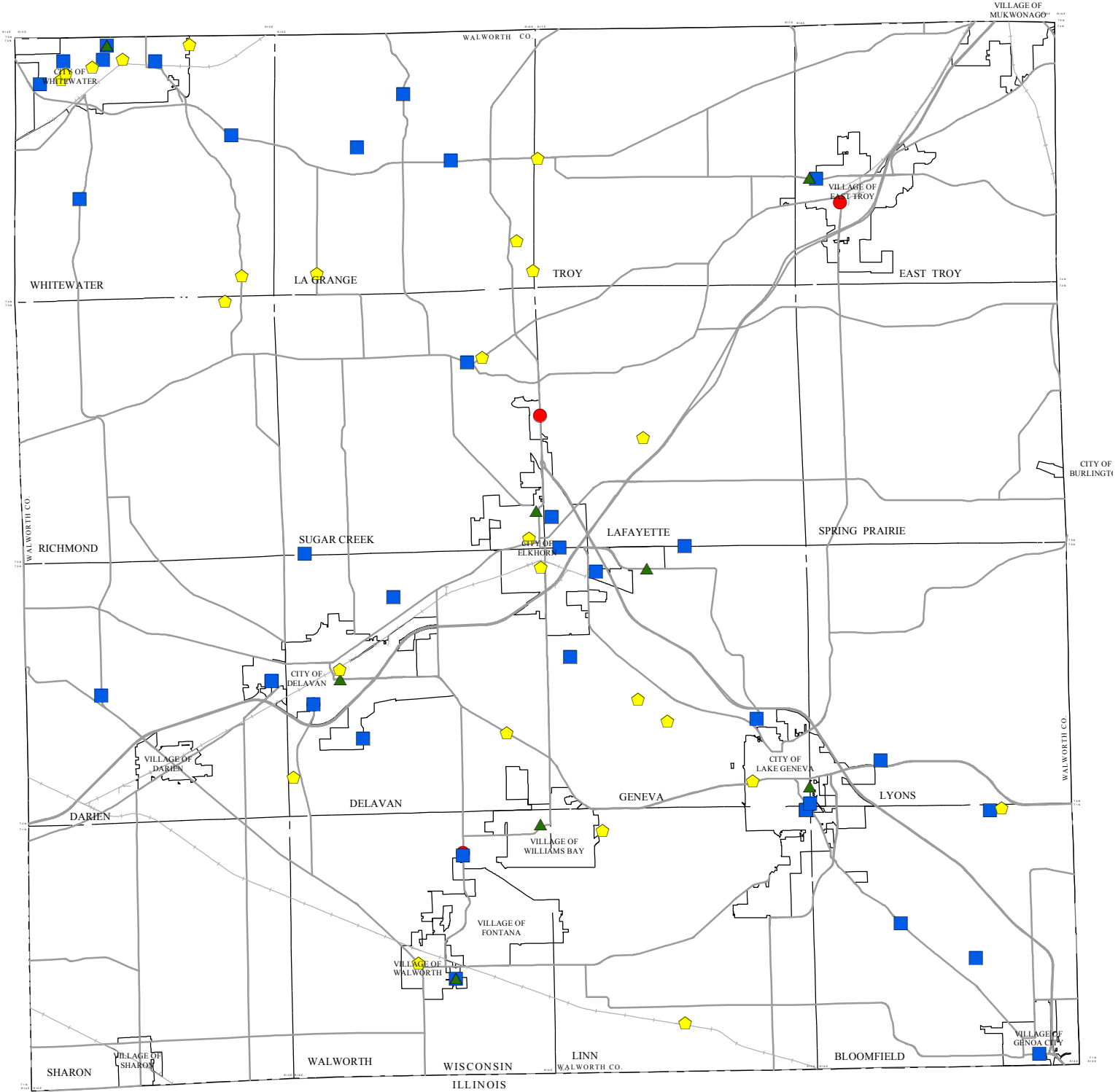


Source: Wisconsin Department of Health Services and SEWRPC.



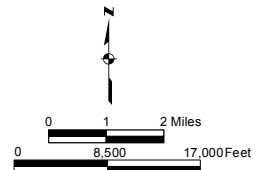
Map IX-9

COMMUNITY AND ASSISTED LIVING FACILITIES IN WALWORTH COUNTY: 2010



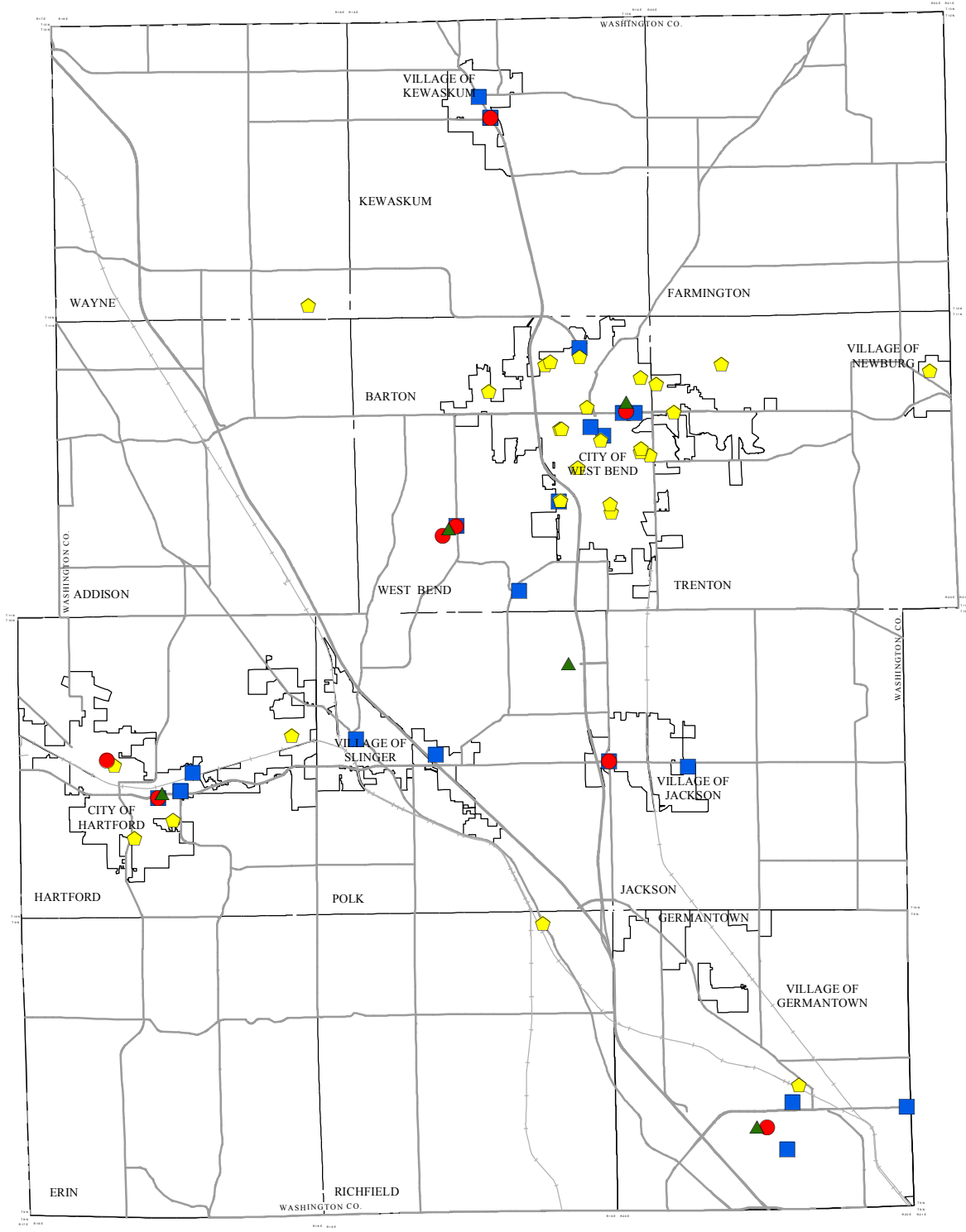
- COMMUNITY BASED RESIDENTIAL FACILITIES
- ⬠ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES

Source: Wisconsin Department of Health Services and SEWRPC.



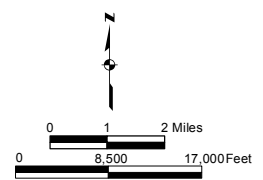
Map IX-10

COMMUNITY AND ASSISTED LIVING FACILITIES IN WASHINGTON COUNTY: 2010



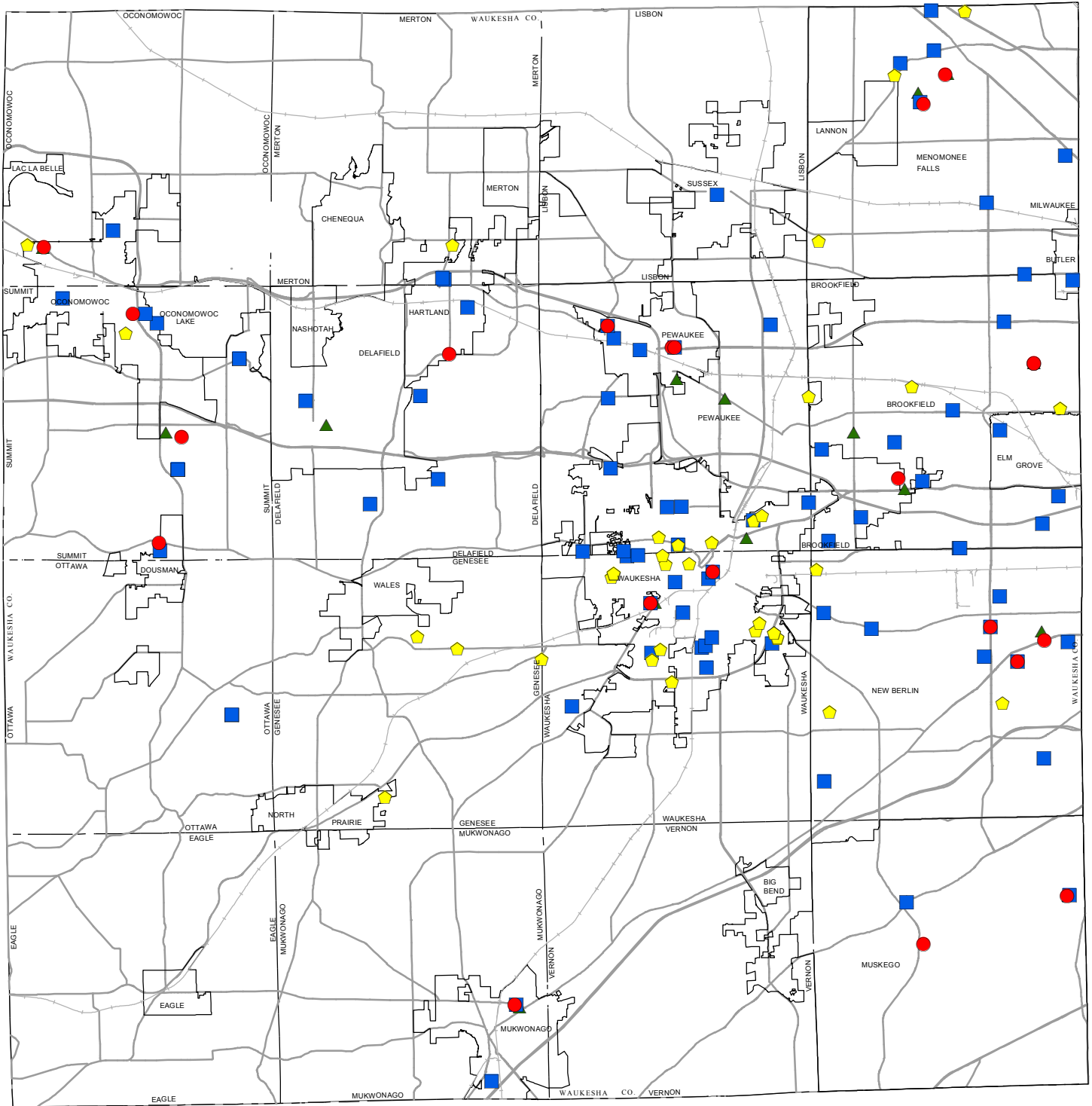
- COMMUNITY BASED RESIDENTIAL FACILITIES
- ⬠ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES

Source: Wisconsin Department of Health Services and SEWRPC.



Map IX-11

COMMUNITY AND ASSISTED LIVING FACILITIES IN WAUKESHA COUNTY: 2010



- COMMUNITY BASED RESIDENTIAL FACILITIES
- ⬠ ADULT FAMILY HOMES
- RESIDENTIAL CARE APARTMENT COMPLEXES
- ▲ NURSING HOMES

Source: Wisconsin Department of Health Services and SEWRPC.

