



Understanding Disability Rights and Support for Newcomers: What Providers Need to Know

Supporting newcomers with disabilities requires understanding both the resettlement process and the disability-related systems and services available in the United States. This information guide offers foundational information for providers who help support newcomers with disabilities in navigating rights, services, and community resources in the United States. The guide explains disability rights, accommodations, and services. It also shares practical tips for providing resources to and advocating for clients with disabilities.

Assessing Disability-Related Access Needs

For many newcomers with disabilities, disclosing their needs is a complex decision. It may involve weighing concerns about immigration status, eligibility for services, stigma, discrimination, or how they may be perceived by others or within their own communities. Some newcomers may have learned to avoid discussing or disclosing a disability when possible.

They may wonder:

- *Will sharing my disability affect my immigration status?*
- *Do I have the right to have accommodations?*
- *Where can I safely access support?*
- *Am I allowed to ask for help?*
- *What happens if I don't speak English well?*
- *Will my needs be understood?*

Key Terms to understand:

Disability: a physical or mental impairment that substantially limits one or more major life activities

Accommodation: a change or support that helps a person participate more fully in daily life.

Ableism: discrimination against individuals with disabilities or the tendency to be prejudiced against and to stereotype them negatively as, for example, less intelligent, nonproductive, or dependent on others

These concerns may be especially significant for newcomers who had limited access to disability services in their country of origin or who come from communities where disability is not openly discussed.

Avoiding Assumptions about Disability

Many newcomers with disabilities have questions or concerns about asking for and receiving support as they settle into new communities and learn how systems in the U.S. work. Instead of asking clients to disclose a diagnosis or identify as having a disability, ask [open-ended questions](#) about access needs as a routine part of service delivery.¹

Ableism occurs when people with disabilities are treated as less important, capable, or deserving of support than those without disabilities. It can be expressed subtly or directly and may create barriers to participation in and access to services. Examples include overlooking needs, withholding support, or failing to provide accommodation.

Newcomers may experience disability in multiple ways, including ways that are not immediately visible. Some disabilities are apparent, while others may involve chronic pain, learning disabilities, intellectual or developmental disabilities, cognitive challenges, mental health conditions, or other long-term health conditions that affect daily activities or participation in services. **As a provider, it is important to recognize that a disability may not always be visible or disclosed** and to be prepared to offer appropriate accommodation and support.

Do not assume that a client who does not identify as having a disability has no disability-related access needs. Disability can be overlooked when information collection focuses primarily on medical diagnoses or conditions rather than how a person functions and what support they need. Recent research from the [Disability and Health Journal](#) highlights the limitations of relying on medical screening and diagnostic

information to identify functional limitations and accommodation needs.

Do not require a diagnosis to respond to an access need.

Using a diagnostic-only approach may overlook clients with significant functional limitations who do not have a formal diagnosis. Research examining disability data in refugee context has identified this as an important gap and emphasizes the need to capture functional limitations, accommodation needs, and communication preferences.

Focus on Function and Access

Ask questions about disability and accommodation needs routinely to all clients to [help normalize the conversation](#). When introducing these questions during intake and assessment, explain **why** they are being asked: “We ask everyone these questions to make sure our services are accessible. Is there anything that makes it difficult for you to participate in our services, such as seeing, hearing, communicating, walking, remembering, concentrating, or learning?” Follow up with: “What can we change or provide that would make it easier for you to participate or receive our services? How do you prefer to receive and communicate information?”

These questions focus on **functioning and support needs**. Because clients’ needs may change over time, revisit access and accommodation needs when appropriate, such as during re-assessment and when beginning a new service, changing programs, or when a client reports difficulty participating.

A client’s stated needs should guide service planning whenever possible. Do not assume that people with the same diagnosis or disability have the same needs.

¹ Dunn, D. S. (2021, December 14). [Understanding ableism and negative reactions to disability](#). American Psychological Association.

Provider Practice: Recognize that disability varies between individual clients and may not always be visible. Assess each client's needs carefully. Ask each client what support they need and how they prefer to receive services.

Challenges to Service Access

Consider social and cultural barriers that may affect a newcomer's willingness or ability to seek support. People from different cultural and linguistic backgrounds may understand and describe disability in different ways. They may also have different experiences with diagnostic, treatment, and disability services. Because disability is not always connected to a formal diagnosis, clients may describe difficulty hearing, seeing, walking, communicating, remembering information, concentrating, learning, completing paperwork, or navigating a physical space without identifying these challenges as a disability.

Some clients may arrive with a diagnosis that isn't recognized in the U.S., while others may have difficulty obtaining or translating medical or diagnostic records. These barriers can make it harder to access services. In some cases, receiving an appropriate diagnosis may be a challenge in accessing services; connect them with qualified health care professionals when an assessment or diagnosis is needed.

Provider Practice: Ask, do not assume. **Give clients opportunities** to describe their experiences and needs and involve them in determining appropriate accommodations or adjustments.

Understanding Changing Disability Needs

Disability can also change over time. A person's needs may vary depending on their culture, health, environment, available support, or the demands of a particular activity or program. A client who does not need accommodation in one setting may need them in another.

Understanding and Supporting Disability Rights

In the U.S., the [Americans with Disabilities Act \(ADA\)](#) and other state and federal laws protect people with disabilities from discrimination settings including schools, workplaces, housing resources, public transportation, and health care. Under the ADA, people with disabilities have the right to seek employment, attend school, pursue higher education, and participate in their communities.

Newcomers with disabilities in the U.S. qualify for certain support or accommodations regardless of their immigration status. Eligibility for other specific disability-related benefits and programs can depend on several factors, including immigration status, income, age, disability status, and other program requirements. Many organizations and public services must provide reasonable accommodations and equal access for people with disabilities, including newcomers. Be sure to distinguish between a person's rights to nondiscrimination and equal access and their eligibility for a particular benefit or service.

Provider Practice: Help clients understand their rights without promising eligibility for a specific service or benefit. When a question involves legal determination or program-specific eligibility, **connect the client with a qualified professional or organization.**

Requesting Support and Accommodations

Accommodation is a change, adjustment, or support that helps a person access and participate in a service, program, workplace, school, or other setting. Accommodations vary based on the person's needs and the setting. Examples include:

- Flexible seating or accessible physical space
- Additional time to complete a task, test, or appointment
- A quiet space or reduced sensory stimulation
- Breaks during an appointment or activity
- Accessible digital or electronic materials
- Assistive technology
- Sign language interpretation or other auxiliary communication supports

Once a client identifies an access need, work with them to determine what support or accommodation would help them participate in the service. Aim to understand the barrier and identify an appropriate response.

Some clients with disabilities may have experienced trauma related to their disability, medical treatment, displacement, discrimination, institutionalization, violence, or loss of independence. Others may have experienced situations in which their personal information was shared without their consent, or they had little control over decisions affecting their lives.

A [trauma-informed approach](#) can help providers avoid unintentionally recreating these experiences. Explain why disability-related information is being requested, how it will be used, and who may have access to it. Whenever possible, give clients **choices** about how

they communicate their needs and involve them in decisions and referrals. Avoid asking clients to repeatedly describe sensitive experiences or disclose more information than is necessary to provide or coordinate services.

Provider Practice: Use a **trauma-informed approach** when discussing disability-related needs. Prioritize **safety, choice, privacy, and client control** and collect only the information needed to provide or coordinate appropriate support.

Addressing Communication Needs

Language access and disability-related communication needs may overlap, but they should be addressed separately. A client may need an interpreter because they have limited English proficiency, require communication support because of a disability, or both. Ask clients about preferred language and communication methods. Use qualified interpreters whenever possible; **do not assume that family members or friends should interpret**. Depending on the client's needs and preferences, communication support may include sign language interpretation, captioning for virtual appointments, written communication, or auxiliary aids. Provide information in an accessible format and check that the client understands the information.

When appropriate and consistent with organizational policies, document the client's communication preference in their [case file](#). Ask which communication method they use if deaf or hard of hearing. They may use sign language, written communication, speech, assistive technology, or another communication method. Arrange appropriate support before future meetings or appointments so the client can communicate effectively and participate fully in services.

Provider Practice: **Do not wait** for a client to request accommodation. If your organization cannot provide the requested support, **help the client identify** the appropriate person or organization to contact.

Connect Clients with Disability Related Services and Benefits

Clients with disabilities may need support across multiple areas of life, including health care coverage (e.g., Medicaid), disability benefits (e.g., [Supplemental Security Income \[SSI\]](#) or Social Security Disability Insurance [SSDI]), accessible transportation, independent living services, assistive technology, home and community-based services, education and special

education, employment accommodations, vocational rehabilitation, legal services, disability advocacy, and service coordination. For people with developmental disabilities, every state has a designated agency coordinating these services.

Navigating these systems can be challenging, particularly for newcomers who are unfamiliar with how services are organized in the U.S. or who experience language, transportation, financial, or other barriers. [Available evidence](#) suggests that community health navigators and culturally responsive approaches can improve access to services, strengthen provider relationships, and support child development and disability services specifically.

You do not need to be an expert in every disability-related program or benefit. Instead, help clients identify their needs, understand available options, and connect them with organizations that can provide specialized assistance. Avoid promising eligibility and verify current requirements before providing guidance.

For example, [SSI provides](#) monthly payments to eligible people who are 65 or older, blind, or disabled and who meet income and resource requirements. Unlike SSDI, SSI does not presently require a U.S. work history. Explain the application process, help clients respond to requests for information, follow up on applications, and connect them with appropriate benefits specialists or legal service providers when eligibility or legal questions arise. Prepare clients for possible delays or denials and inform them of appeal options.

When possible, review information already collected about a client's disability-related needs. While refugee resettlement systems may gather medical information during overseas screening, functional limitations, accommodation needs, and communication preferences are not always documented consistently. As a result, clients may be asked to repeat information or re-establish documentation after arrival.

Provider Practice: Do not assume that a medical record or previous screening captures everything. **Confirm** information already collected, **ask** what support the client currently has in place, **verify** eligibility requirements when making referrals, and coordinate services across programs.

Supporting Children with Disabilities in School

Children with disabilities may need additional support to access, participate in and benefit from school. Help caregivers understand the U.S. special education

system and connect with the appropriate school personnel and community resources.

Under the Individuals with Disabilities Education Act (IDEA), **special education** services are designed to meet each eligible student's individual needs. The special education process generally includes a referral, evaluation, eligibility determination, an [Individualized Education Program \(IEP\)](#), and ongoing progress monitoring.

Support families by:

- Helping caregivers understand their rights, role in special education, and information provided by the school.
- Encouraging ongoing communication between families and schools about the child's strengths, needs, and progress.
- Assisting families in navigating the evaluation, referral, and IEP processes.
- Connecting families with language support, community resources, and organizations that provide special education information and advocacy.

A [strength-based approach](#) can help families recognize their child's abilities and develop existing strengths. Treat families as partners throughout the process, and connect them with [Parent Training and Information Centers](#). As members of the IEP team, parents and guardians provide valuable information about their child's strengths, needs, preferences, educational history, and experiences outside of school. For older children and adolescents, involve the student directly to support self-advocacy.

Provider Practice: Do not assume that a family understands the U.S. special education system because their child has attended school previously. Ask what they understand about the process, explain unfamiliar terms in plain language, and connect them with appropriate school or advocacy resources.

Build a Network of Disability-Related Resources

Disability-related needs often cross service systems. A client may need support from several organizations at the same time. Develop a local referral network that includes [disability advocacy organizations](#), educational and health care providers, vocational rehabilitation agencies, benefits and public assistance programs, legal and transportation services, community organizations, and providers of assistive technology and other disability-related supports.

When making a referral, consider whether the client will be able to access the service. Transportation, language access, cost, physical accessibility, technology, appointment availability, and other barriers may affect the referrals success.

Provider Practice: Do not just give a client a phone number or website. When appropriate, help the client understand the organization's role, what information they may need, how to make contact, and what to expect next. Provide a warm hand-off and follow up when additional coordination is needed.

Conclusion

Supporting newcomers with disabilities begins with recognizing that disability and access needs are different for every person. Help reduce barriers by creating opportunities for clients to identify and communicate their needs, asking about needs, and working together to identify appropriate accommodations and supports. When providers ask about access needs, support clients' self-advocacy, and build strong referral networks, they help clients with disabilities navigate systems more confidently.

Resources

- [What Works to Support Newcomers with Disabilities and Chronic Illnesses?](#) Evidence summary on ways to better support newcomers with disabilities or chronic illnesses.
- [Communicating Effectively with People with Disabilities | ADA.gov](#) ADA rules and examples for accessible communication, like interpreters, captioning, and large print.
- National Association of Councils on Developmental Disabilities: [State and Territory DD Councils](#)

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