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A Historical Study of the CHAP Program in the United States Air Force

Ruth A. Harrington
University of Nebraska at Omaha

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A HISTORICAL STUDY OF THE CHAP PROGRAM
IN THE UNITED STATES AIR FORCE

A THESIS
PRESENTED TO THE
DEPARTMENT OF SPECIAL EDUCATION
AND THE
FACULTY OF THE GRADUATE COLLEGE
UNIVERSITY OF NEBRASKA

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
MASTER OF ARTS
UNIVERSITY OF NEBRASKA AT OMAHA

by

RUTH A. HARRINGTON

DECEMBER, 1976

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Accepted for the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the
requirements for the degree Master of Arts, University of
Nebraska at Omaha.

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PREFACE

Life in the military for most families is an interesting and enjoyable experience. It offers an opportunity to make many friends, meet interesting people, travel to new places, and live in foreign countries. For the family with a handicapped child these advantages can turn into disadvantages and be an additional area for concern. Frequent moves, long separations, and the strangeness of new communities can cause worry and apprehension. Not knowing what is available for their special child at the next duty station can lead to additional stress and lower the morale of the family.

In the 1950's, life in the Air Force for a family with a handicapped child was often difficult and discouraging. Lack of public awareness and community facilities added to the problems of the military family with an exceptional child. Extra expense for treatment or for special schooling was an additional burden. Many families did not know where nor to whom to turn for help and were often left with a feeling of helplessness and despair. This reduced the morale of the family and was reflected in the performance of the Air Force member.

The Air Force has always taken pride in taking care of its own. This is evidenced by organizations such as Family Services, the Air Force Aid Society, and the CHAP (Children Have A Potential) Program that have been formed to assure help to those who need it.

The CHAP Program came into being in the early 1960's, and was designed to help Air Force families with handicapped children. Through the CHAP officers, group projects, parent groups, education and recreation programs, and special assignment consideration, assistance was available for those families with special children. This assistance offered by the CHAP Program throughout the years has helped improve the morale and performance of Air Force members with handicapped children.

The Department of Special Education of the University of Nebraska at Omaha has been very helpful in preparing me for the writing of this paper. Without the help of Dr. Roger Harvey, Committee Chairman, Dr. Leo Cloninger, and Dr. Joseph Dunn, Committee Members, the writing of this paper would not have been possible.

Acknowledgement is due to Major Stuart Myers, Special Work Program Manager, Clinical Medicine Division, Office of the Surgeon General, in providing me with much material on the CHAP Program. I am also most grateful to all the CHAP officers who provided me with valuable information and

material which helped me prepare this paper. Special thanks are extended to my husband for reading numerous drafts of this paper and offering valuable suggestions toward its preparation.

Ruth A. Harrington

Omaha, Nebraska
November, 1976

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Chapter I

THE BEGINNING OF CHAP

The CIAP Program is a humanitarian program of the Air Force aimed at fully developing the potential of handicapped dependent children of Air Force members. Its main purpose is to help children become more self-reliant, useful members of society. It also improves the morale and performance of Air Force members who have handicapped children (Air Force Fact Sheet, 1975).

The purpose and mission of the CHAP Program is found in Air Force Manual 168-8 (1976). It states:

CHAP is a program designed to make available all the services required to assist eligible Air Force families with their handicapped children throughout the "Air Force Community." Its mission is to better the health, welfare, and morale of the Air Force family. This is primarily achieved by locating and providing military and civilian resources, and therefore minimizing the usual hardships encountered by a mobile military society.

Before the existence of the CHAP Program military families with a handicapped child were often on their own in trying to get help for their child (McClure, 1975). Their mobile life-style, the lack of programs and services for the handicapped child, and the fact public recognition and acceptance of handicapped children was not as great as it is today often resulted in the family's not knowing where to turn. Public programs usually had residency requirements

which eliminated the military family and the cost of private agencies was prohibitive without some sort of supplemental financial assistance.

Assistance to handicapped children was provided at many bases by volunteers and concerned parents from the beginning of the Air Force in 1946 until 1957 (Air Force Fact Sheet, 1975). In 1954, the first known project to provide aid to handicapped children was begun at Carswell Air Force Base, Texas, near Ft Worth (McClure, 1975). Pilot programs were also established at Westover Air Force Base, Massachusetts, near Chicopee Falls, and Mountain Home Air Force Base, Idaho, 60 miles southeast of Boise.

In 1959, a program known as "Children Unlimited" was pioneered at Offutt Air Force Base, Nebraska, near Omaha, under the personal direction of Mrs. Thomas S. Power, wife of the Strategic Air Command's Commander-in-Chief. This pilot program included a Handicapped Clinic at the Offutt Air Force Base Hospital, referrals to medical and educational facilities in Omaha, and a parent discussion group which met monthly. The Offutt Officers' Wives Club designated Children Unlimited as their project of the year. Mrs. Power was assisted in her efforts by the Surgeon and his staff, the Chaplain, and the Personal Affairs Officer as well as the Officers' Wives Club.

As a result of the success of the Offutt program and the pilot programs at Carswell Air Force Base, Westover Air Force Base, and Mountain Home Air Force Base, the Deputy

Chief of Staff, Personnel and the Surgeon General made studies to examine the concept and effectiveness of these programs. All were designed to help handicapped children of Air Force members (Air Force Fact Sheet, 1975).

A review of these studies was made by General Curtis E. LeMay, Air Force Chief of Staff. On October 10, 1961, he sent a letter to all commands of the United States Air Force stating that a program for physically and mentally handicapped children would be established Air Force wide; the term CHAP-- Children Have a Potential--would be used when referring to the Disabled Children Program. Based on the study recommendations this letter said: (1) a Headquarters USAF Advisory Committee had been established, (2) the function of the committee was to develop the overall Air Force Policy and provide program guidance, (3) the Family Services Advisory Council would serve as a Base Committee for Project CHAP, (4) the Directorate of Military Personnel would be responsible for administration management of the program, (5) the Surgeon General and the Chief of Air Force Chaplains would share in overall program responsibility.

On October 18, 1961, a letter was sent to all major commands of the United States Air Force from the Director of Military Personnel (Clark, 1961). This letter reinforced the October 10, 1961, letter of General LeMay and explained the principles and policies under which Project CHAP would be conducted--self-help, base assistance, community resources, and Air Force Aid Society (AFAS). It stated that the Family

Services Advisory Council would provide an adequate program for guidance and referrals to agencies which would render assistance to Air Force families and that it would serve as the Base Disabled Children Committee.

A letter from the Director of Professional Services, Office of the Surgeon General was sent to all major commands of the United States Air Force on November 13, 1961, outlining the medical responsibilities related to Project CHAP (Jennings, 1961). These responsibilities were: identify the disabled children of Air Force families, evaluate the degree of disability by type, estimate the local medical capability for providing support of these disabled children, provide technical and non-technical advice to the Family Services Advisory Council concerning the types and characteristics of the disabling conditions, establish liaison with local and state welfare committees, handicapped children committees, etc., to determine availability of facilities for medical support, and find names and locations of physicians and others who actively work in rehabilitation programs.

The Deputy Surgeon of the Strategic Air Command sent a letter on November 24, 1961, to the various Air Forces of the Strategic Air Command saying that the Commander-in-Chief, Strategic Air Command had expressed his personal desire ". . . that vigorous support be given to Project CHAP at all levels of command" (Rothe, 1961).

Project CHAP was a daring undertaking and bold concept which was a servicewide, humanitarian program to aid children

with special needs (McClure, 1975). It was without precedent in the United States military history. It made special assignment considerations an integral part of its program helping the Air Force fulfill its missions as well as meeting children's needs. If an Air Force member had a severe problem it affected his morale, but helping him meet his exceptional needs could increase his morale and his effectiveness on the job. The entire Air Force was studied and it was discovered there were 80,000 handicapped children of active duty personnel. This project got top level support by the Department of the Air Force.

On July 12, 1962, a letter was sent by the Director of Administrative Services by order of the Secretary of the Air Force outlining the Disabled Children Program--Project CHAP (Pugh, 1962). The purpose of this program was stated as:

This letter prescribes the policy and procedures for the operations of the USAF Disabled Children Program (Project CHAP--Children Have A Potential). Project CHAP provides guidance and financial assistance if needed to Air Force families who have physically or mentally handicapped children under 21 years of age, and who need assistance to carry out a firm medical and educational program.

Those eligible for the program were all handicapped dependent children of regular Air Force personnel, Air Reserve or National Guard personnel on extended active duty with the Air Force, retired Air Force personnel, and deceased Air Force or any Air Force personnel who died while on active duty or in a retired status.

In addition, this letter outlined the policy on service to Air Force families as:

Advisory or referral service is available to all eligible Air Force personnel who have physically or mentally handicapped children. Financial assistance is provided by the Air Force Aid Society (AFAS); based on individual need, it is furnished for cases which require specialized treatment that cannot be obtained through military facilities, the Dependent Medicare Program, or community resources. Care is exercised to insure that benefits the serviceman currently receives are not eliminated, so that the full burden is not placed on the Air Force Aid Society; Air Force Aid Society assistance is used only as a supplement to whatever state or local community assistance is currently available to the serviceman.

- a. When it is determined that the family has capability to repay, the Society makes a non-interest bearing loan.
- b. When it is obvious that the applicant will not have sufficient income or other resources to repay the amount provided, the Society may make an outright grant.
- c. When the amount that can be repaid without hardship has been determined by an evaluation of the total situation, the Society may make a part loan and part grant.

This letter said that the administration of the program would be by a Headquarters USAF Advisory Committee for Disabled Children. Members of the committee were composed of the Director of Military Personnel, the Director of Professional Services of the Office of the Surgeon General, and the Chief of Air Force Chaplains, who were responsible for the over-all guidance and policy. The Personnel Services Division, Directorate of Military Personnel, Headquarters USAF was responsible for the administration, management, and Air Staff direction of the program. Each base commander was to insure that the program operated effectively and was to issue a guide explaining the Disabled Children Program,

listing the local facilities available to military personnel, and explaining residency requirements as well as addresses, summary of their purpose, what types of cases they assisted, cost, and requirements for specialized care or treatment.

The Family Services Advisory Council administered the Disabled Children Program at base level. The Air Force Aid Society officer was a member of this council and other individuals such as Red Cross representatives, school officers, state or local social welfare representatives, etc., were ex officio members. This advisory council coordinated the program and provided general leadership and authority at base level, established liaison with local and community resources, evaluated each individual request to determine what type of assistance was needed, advised the AFAS officer on what type of specialized medical or educational assistance was required and furnished an estimated cost of each case, determined the nearest diagnostic evaluation center, checked with local school authorities on the availability of programs and federal assistance to the state in establishing special classes in community schools, and transferred individual records upon reassignment. The Air Force Aid Society officer's responsibility was to refer all requests for financial assistance under Project CHAP to the Advisory Council, review all cases referred by the council to determine the amount of financial assistance to be provided and to plan for its repayment, provide financial assistance in the form of either a loan or a grant within prescribed limits or

forward the case to the proper approving authority, and insure that each case file forwarded to Headquarters USAF was complete.

The procedures for processing applications were described. The Advisory Council would process all requests for assistance and insure that (1) the family had utilized its own resources to the maximum extent possible, (2) each case file contained a statement of diagnosis and prognosis by a reputable physician, (3) all care was provided at the minimum rate, based on the requirements of the individual, (4) the amount of assistance and the period of time it was to be available was freely understood by all concerned, and (5) each request for financial assistance received at an installation without an AFAS Section was reviewed and forwarded to Headquarters AFAS for consideration.

The limitations of financial assistance were explained. Continued financial assistance was not normally provided by the AFAS for more than one year. If an individual case wanted assistance for longer than one year, the advisory council would reevaluate the entire case. If agreed upon that additional funds were needed to carry out the plan, the recommendations would be forwarded along with the case file to Headquarters AFAS for consideration.

The approving authority consisted of an AFAS officer, the base commander, and Headquarters USAF. The AFAS officer approved a loan or grant for an eligible applicant, if the total amount of all AFAS grants to any one applicant, plus

the original amount of unpaid AFAS loans did not exceed \$250. The base commander approved an AFAS loan or grant to an eligible applicant when the amount was more than \$250 but less than \$500. Headquarters USAF approved an application for continued financial assistance when the amount required to carry out a firm medical or educational program over an extended period was more than \$500; if the case required continued financial assistance exceeding \$500, the original application was forwarded to Headquarters USAF for consideration.

The AFAS officer maintained a case file on each request for financial assistance (whether approved or disapproved which would include: a completed AFAS Form 2; the complete report and evaluation of the Advisory Council; and all medical or other reports received through the base hospital or other organizations. If no Air Force Aid Society section on base, the individual appointed by the base commander to forward case files to Headquarters USAF, would maintain the records.

Air Force officials were concerned that they would be swamped with requests for funds. However, the opposite occurred. The initial funding by the Air Force Aid Society was modest (Air Force Fact Sheet, 1975). The parents of handicapped children were reluctant to ask for assistance, either from embarrassment or lack of information based on medical and Air Force Aid Society records. Intense publicity through base newspapers and parent group meetings soon solved the problem.

Giving the responsibility for Project CHAP to the Director of Personnel, Personal Affairs Division was logical (McClure, 1975). Each base had a Personal Affairs officer whose concern was records, pay, billeting, and welfare of Air Force members. The Personal Affairs officers had not been expected to know about community social services and agencies, so they had to learn how and where to locate various services, inform civilian agencies about the unique circumstances of military families, and appraise the local military medical facility.

Obtaining services for each handicapped child was top priority, and much of the groundwork took place in relation to specific cases. CHAP directories were compiled with current listing of community services near every Air Force installation in the world, with the help of national volunteer agencies and local organizations (McClure, 1975). This was the first nationwide directory of comprehensive services for handicapped children and has been of great value in relocating families according to their handicapped child's needs. It was the CHAP officer's responsibility to keep all brochures on file listing services and agencies, not only near his base but near all other Air Force bases. Today, the CHAP officer maintains only a current listing of services in his own area. The parent major command now locates resources and materials when a reassignment is required.

Project CHAP helped define many problem areas such as residency requirements which prohibited the use of many public programs, and the high cost of private programs. The Air Force Aid Society helped families with the expenses of diagnosis, treatment, education and training, and residential care of a handicapped child on an individual basis. Special educational and recreational projects were initiated with Air Force Aid Society support until funding could be obtained elsewhere. When efforts toward relaxing residency requirements proved unsuccessful, legislation in 1966 provided a new resource--CHAMPUS--Civilian Health and Medical Program of the Uniformed Services (McClure, 1975).

The CHAMPUS Program for the handicapped in 1967 was a great financial help and gave more aid to CHAP families than anything else. This program gave financial assistance for civilian diagnosis, treatment, residential care, special education, and purchase of equipment for retarded and severely handicapped dependents. As time went on, new handicapping conditions became eligible for CHAMPUS coverage as programs and services expanded to keep pace with the more sophisticated diagnosis of handicaps (McClure, 1975).

This lasted until 1973 when CHAMPUS began to return to its original intent, providing supplemental medical care. Eligibility began to be more narrowly redefined. The determination to restrict the program and the effective dates of the policy change came swiftly, which created hardships and much anxiety about large numbers of children being dropped

from the program. The CHAMPUS change was not all lost, it only shifted the responsibility to the state and local community. Today, authorized benefits under CHAMPUS include diagnostic services, inpatient and outpatient treatment, rehabilitation, training, and special education, institutional care, and certain transportation on a cost-share basis between CHAMPUS and the sponsor of the handicapped child (CHAMPUS Fact Sheet, 1976).

In 1969, the administrative management of the CHAP Program was transferred from the Military Personnel Center to the Surgeon General of the Air Force (Air Force Fact Sheet, 1975). At base level the activities shifted from personal affairs officers to medical services officers. The CHAP officer's primary role was helping parents with handicapped children. In 1975, the CHAP officer assumed an additional role with the advent of the Air Force Child Advocacy Program by the Air Force. This program's goal was the prevention, management, treatment, and follow-up of child abuse and neglect cases in the Air Force community. The CHAP officer is now known as the "CHAP and Child Advocacy Officer" as he coordinates the Child Advocacy Program as well as continues his work with the CHAP Program.

The designation of CHAP has changed from Project CHAP to the CHAP Program through the years. The first CHAP officers were Personal Affairs officers but since the program was shifted to the Office of the Surgeon General, social workers, when available, are assigned as CHAP officers.

During the years many CHAP families have changed their attitude about their handicapped child. In a 1965 Air Force Survey of Handicapped Children many handicapped were discovered who had been hidden at home to the point the neighbors did not know those children existed (McClure, 1975). As the CHAP Program has grown, so has public awareness and acceptance of the handicapped child. Air Force families no longer hide their child but know that help and guidance is available from the CHAP Program.

Chapter II

SERVICES AND PROGRAMS

In 1963, the purpose of Project CHAP was found in Air Force Manual 166-5B. It stated:

The Air Force Disabled Children Program, Project CHAP, was established to provide information, guidance, or financial assistance to Air Force families who have physically and mentally handicapped children under 21 years of age and who need financial assistance to carry out a firm medical and educational program.

The mission of the CHAP Program is still the same today--to provide assistance to eligible military personnel and their spouses whose children are mentally, physically, or emotionally handicapped. Assistance may be obtained in the areas of referral, counseling, special assignment considerations, special medical or educational assistance, and/or financial assistance. Program benefits may be used by handicapped dependents of active-duty or retired personnel, and dependent survivors of deceased personnel who died while on active duty or retired status. Most beneficiaries are children; however, now there is no age limit as long as the beneficiary is unmarried and dependent. Most assistance is rendered in the areas of speech and hearing defects, mental retardation, emotional disturbances, and physical defects such as asthma, respiratory disorders, and orthopedic problems (Air Force Fact Sheet, 1975).

The Chief of the Clinical Medicine Division, Office of the Surgeon General is responsible for the administration, management, and Air Staff direction. Under his direction, the CHAP office coordinates policy and planning with the major commands, the directorates of morale, welfare, and recreation; personnel resources and distribution; and personnel programs (Air Force Fact Sheet, 1975).

All major commanders assure that each installation within their command establishes and maintains an active CHAP Program and closely monitors all installation programs so that they operate effectively. Major commanders also establish in their headquarters a coordinated procedure for the review, approval, and assignment of CHAP reassignment and deferment applications submitted by bases within the command. Major command surgeons provide the CHAP resource locating service previously provided by the base CHAP officers. (Air Force Regulation 168-8, 1976).

As the CHAP Program was initiated on every base in the Air Force, a CHAP officer was assigned to each base. From 1961 until 1969, the CHAP Program was managed by Family Services and the CHAP officer was a Family Affairs Officer. His duties consisted of: (1) introducing all parents of handicapped children to the facilities of Project CHAP, (2) processing all requests for financial assistance on behalf of handicapped children, (3) acting as a liaison between parents and the local Girl and Boy Scouts of America, (4) maintaining literature of special interest to CHAP

parents, (5) coordinating base recreation services in planning year-round and summer recreation programs, and (6) helping CHAP parents find bases with available services and facilities for their child (Powers, 1967).

Today, the Command Surgeons appoint officers from their staff to serve as CHAP and Child Advocacy Program coordinators. These officers establish a procedure to locate and verify available resources through the base CHAP offices within the command. They monitor and provide guidance on the development and maintenance of a local CHAP resource file. The CHAP officer, after assignment determination, must notify the new CHAP officer of the sponsor's transfer date (Air Force Regulation 168-8, 1976).

At each area medical center and regional hospital, the Chief, Social Work Services designates from his staff a Clinical Social Worker, as the CHAP and Child Advocacy Area Regional Consultant. These consultants serve as professional advisors to the commander of the area medical centers and regional hospitals to which they are assigned, and to directors of base medical services and CHAP and Child Advocacy officers of Air Force bases within the area. On request, in the area under command jurisdiction, the consultants assist Command Surgeons and their CHAP and Child Advocacy Program coordinators in professionally monitoring installation child advocacy programs (Air Force Regulation 168-8, 1976).

According to Air Force Manual 168-8 (1972), Air Force Manual 168-8 (1973), and Air Force Regulation 168-8 (1976) the base responsibilities to the CHAP Program are carried out by the base commander, the chief of the servicing assignment unit, the chaplain, the director of special services, the staff judge advocate, the information officer, the education services officer, the director of base medical services, and the Family Service and Red Cross volunteers.

The base commander is responsible for the successful operation of a local CHAP Program and makes sure that the program receives effective and sustained emphasis on his base by designating the director of base medical services to work with installation agencies in all CHAP activities. He monitors the overall effort, by assuring all base agencies continue to assist and cooperate in support of the program, and by providing continuous emphasis by personal contact, by either himself or his staff, with federal, state, county, and community agencies. He is aided in some of his responsibilities by the chief of the servicing assignment unit who coordinates all applications for CHAP reassignment or deferment.

The chaplain encourages chapel organizations to participate in programs supporting CHAP activities and projects. He organizes discussion groups for parents of handicapped children to talk about special needs and to develop common interests. He provides speakers at these gatherings, and assures that newly assigned chaplains understand the purpose and scope of the CHAP Program.

The director of special services provides and manages recreation activities and club programs for handicapped children, including CHAP group projects.

The staff judge advocate assists the CHAP officer in cases that require legal advice and procedures such as emotionally disturbed delinquency cases involving local authorities. He also assists the base commander in contacting local authorities on state issues such as residency requirements and legislative matters concerning public school needs and requirements.

The information officer distributes news releases furnished through information channels or by the CHAP officer for use in base newspapers and other news media as appropriate.

The education services officer maintains liaison with on- and off-base educational agencies and determines the capability of these agencies to assist the CHAP Program. He encourages local school systems to provide special education facilities for educable and trainable children and to provide remedial reading teachers, speech therapists, school psychologists, etc. He determines the capability of community and state educational agencies to support the base in its educational requirements associated with CHAP and coordinates requests from the CHAP officer for transportation of handicapped children to and from on- and off-base schools. He coordinates all requests from the CHAP officer, pertaining to educational facilities in the state and local community, with the responsible officials of those facilities and provides and manages all educational group projects.

The director of base medical services in cooperation with all appropriate agencies, provides the overall guidance and management for the program. Through his designated CHAP officer he furnishes or assists the sponsor in obtaining medical and dental diagnostic and prognostic statements required for CHAP cases. He refers the parents of handicapped children to the CHAMPUS officer concerning benefits provided under the Uniformed Services Health Benefit Plan (USHBP) and monitors and coordinates combined efforts of Air Force and non-Air Force agencies associated with the program. He assures that newly assigned medical personnel are indoctrinated in the CHAP Program on their installation. He also provides CHAP Program counseling to families requesting assistance, and establishes for each child AF Form 822, CHAP Assistance Summary. He acts on all cases referred by on- or off-base agencies and by any referral sources which include discussions with the parents, in conjunction with other base agencies as appropriate to determine parents' attitudes, capabilities and willingness to help solve their problems--financially and otherwise; contact with agencies capable of assisting with the case; and ensures that parents of handicapped children who require financial assistance to provide or maintain a CHAP program are aware of assistance available from the USHBP and private, local, and state resources.

The CHAP officer helps the sponsor obtain the professional documentation required when a case involves CHAP reassignment or deferment. He assists major commands in

verifying the capability of local resources to provide services required for CHAP reassignment or deferment cases. He periodically prepares and sends proposed press releases on the program to the installation information officer and prepares a typed list of all base and adjacent community medical, educational, and recreational resource facilities capable of serving CHAP cases. He maintains a CHAP reference library for use in counseling and referring parents of handicapped children which should include reference material, national, public, private, and voluntary agency publications, a listing of all local facilities capable of serving CHAP cases, and public and private brochures from on- and off-base facilities and services. He helps the chaplain organize parent discussion groups, special projects, and affiliations with local organizations, where possible.

The CHAP officer maintains case files by handling files as "sensitive medical data" and keeping closed case files for two years after the closing date, then disposing of them. When the sponsor of a handicapped child is transferred, he forwards the active case file, or extracts from it, to the CHAP officer at the next base; if the child accompanies the sponsor or if the child does not accompany the sponsor, he forwards the file to the CHAP officer who will continue to work with the child. He always forwards the file in a sealed envelope marked "For CHAP Officer Only." He keeps the commander informed of all actions and progress.

The Family Service and American Red Cross volunteers may be organized into a CHAP committee when the CHAP officer and the personal affairs officer determine that a project cannot be accomplished through already established Family Services CHAP procedures.

For the parent with a handicapped child who needs assistance, the local CHAP officer is the place to start. In many instances it is possible for the CHAP officer to resolve a problem by referring the parents to a physician, chaplain, social worker, or psychologist with whose help the family might solve their problem. At other times, appointments may be made with school authorities. In more complex cases, extensive services are available. These might include housing assistance or prolonged hospitalization. The CHAP officer assists the parents in obtaining the necessary professional care and benefits through CHAMPUS. Aid may also be obtained from local chapters of national agencies. Today, most financial assistance comes from CHAMPUS, where in the past it came from the Air Force Aid Society. The CHAP officer ensures that the parent is aware of the various types of assistance available. Financial assistance to the handicapped dependent may also be available through various resources including the Air Force Aid Society, as well as private, local and state agencies (Air Force Fact Sheet, 1975).

The CHAP Program is an example of how the Air Force takes care of its own personnel who have special needs because of a handicapped dependent (Waltz, 1973). However, the CHAP officer must use all community resources--both military and

civilian--that are available. The CHAP Program at Tinker Air Force Base, Oklahoma, near Oklahoma City, has given tips that CHAP officers might find helpful as they determine the availability of services for their clients. The CHAP officer, upon moving to a new base, should first contact the organization in a metropolitan area which is responsible for studying and planning health care services in the area. He should contact the city, county, or state department of public health to determine local services, and also the city, county, or state department of public welfare which usually provides much more than just financial assistance. National sources should be contacted such as the Health Resources Information Division CHAMPUS and Project Closer Look. The CHAP officer's personal contact with agencies is the most important for the CHAP officer building a program of utilization of community services. It is important he meet the director and therapists of the various agencies and tell them what CHAP is all about, how the CHAP Program might help them and how they might help CHAP.

The first two CHAP Management Symposiums were held during September 1971 and September 1972 at the USAF School of Health Care Sciences, Sheppard Air Force Base, Texas, near Wichita Falls (Anderson, 1973). There, CHAP officers from most of the major commands and those CHAP officers with the largest case loads were invited. The agenda was organized to provide necessary historical data as background information as well as a description of current operations including

relationships with other organizations. Participants were offered reprints of pertinent articles and films were shown which told how an information and referral center could be established in a community. Highlights of each symposium were the presence of and participation by representatives of organizations with which CHAP must maintain an effective liaison, such as the Office for the Civilian Health and Medical Program of the Uniformed Services, Bureau of Personnel, United States Navy, a president of the CHAP parents' group, and the associate chief for social work of the Air Force Biomedical Sciences Corps. At the conclusion of both symposiums it was felt by those attending that there was a need for a planned annual CHAP Management Symposium and for experimentation with local training programs to implement the conclusions and recommendations.

Many CHAP programs at various bases, both in the United States and overseas, have been the results of group projects. According to Air Force Regulations 168-8 (1976) group projects are considered only after all military and community resources have been explored and used to the fullest extent, and the services cannot be furnished under the USHBP or the children cannot be assisted on an individual basis. If an agency exists in the local civilian community, efforts are made toward helping the resource expand its capability, if possible, to assist in providing services to handicapped children. If no resource exists in the community, or the community agency cannot expand to meet the need, a group

project is established on a temporary basis. In these cases, the ultimate objective is to have the group project financed by appropriated funds or absorbed by the local civilian community so that continuity of service is established. The Director of Base Medical Services (DBMS) or his designated physician furnishes professional supervision of medical CHAP projects and assures that these services conform to accepted professional standards. He also provides medical guidance and advice, as required, for other CHAP projects developed for educational and recreational purposes.

Financial assistance comes from the USHBP or from appropriated funds or nonappropriated funds such as military welfare funds or from private association funds such as those realized from special events and donations, participation in community events, local civic associations and organizations, and national foundations.

Requests for group projects are not considered when fewer than six handicapped children are involved and are less than one year or more than three years except for recreation programs which can be for a shorter period than one year. The requests must be signed by the base commander and submitted through channels and prepared according to regulations and submitted to Headquarters, USAF Office of the Surgeon General.

When a group project has been approved the CHAP officer, the staff judge advocate, and the base procurement officer develop and complete formal service contracts for

the exact period of the project or not to exceed one year for each contractor. These contracts are jointly signed by the custodian of the central base fund and the officer designated to manage the group project. The central base fund custodian is responsible for the establishment and administration of a special interest account for CHAP Group Projects.

CHAP has reached most of its beneficiaries through group programs, special classes for retardates, speech therapy, recreation groups, and child guidance clinics. Parents and children have also benefited from organized discussion groups which have helped parents to improve their attitude and understanding of themselves and their children. These discussion groups, organized by the chaplain, have afforded parents of handicapped children the opportunity to develop common interests and talk about their special needs. The parents have been encouraged to join local chapters of national volunteer organizations that focus on specific disabilities. Many are active members in these national organizations (Air Force Fact Sheet, 1975).

The CHAP Programs at many Air Force bases have sponsored recreation programs for their handicapped members. The recreation and social programs for handicapped children have been more than their names imply. They have been an opportunity for these children to take an active part in a wide variety of learning situations. Programs have been planned to further the children's development and to utilize

their abilities and strengths. Some of the activities have been Boy and Girl Scout troops, swimming classes, bowling, softball, square dancing, crafts and ceramics, parties, camping, and summer day camp programs. The CHAP recreation programs have been flexible; new activities have been added and others discontinued depending on the needs and desires of the children. Without organized activities many of these children would have had little social contact with one another.

A unique relationship was established between the CHAP Program of Wright-Patterson Air Force Base, Ohio, near Dayton, and the Special Education faculty of Wright State University (Bireley and Daiker, 1973). In the summer of 1971, some of the faculty visited the CHAP sponsored camp for handicapped Air Force dependents with several teachers to observe the program. After observation and discussion it became apparent that through cooperative efforts significant benefits could be achieved both for the CHAP camping program and the Wright State University student teacher. The following summer they planned a more extensive camping program in which undergraduate and graduate university students with majors in special education, school psychology, and counseling and guidance assisted the CHAP camp volunteer staff in designing individualized activities for the campers. Each student was assigned one or more camp children representing an age and category of handicap of interest to him. The student's task was to observe the child over a period of days to assess his

strengths and weaknesses as they related to camp activities, or to assist the teenage volunteer assigned to the child to provide a more consistent approach to discipline and control. The main idea of the camp program was to discover what developmental and remediation needs of the camper could be met through the recreation format of the CHAP camp and base facilities. All types of camp activities were undertaken with the campers, and the program was so successful plans were made to continue it the following year.

Another cooperative program between Wright State University and the CHAP Program at Wright-Patterson Air Force Base, Ohio was a three-week art therapy program in 1972. This program was administered by the university's art education section. Twenty-three Wright State students, primarily seniors and graduate students in art education, participated in the program. The backgrounds of these students included extensive work in psychology, child development, courses in special education, and intensive concentration in art education philosophy, methodology and studio courses. All students were either art teachers or preparing to teach art in public or special schools. The first part of the art therapy program consisted of having sessions at the university for the teacher-therapists. Lectures and seminars were held relating to creativity and the special child as well as general seminars in learning disabilities. Teen-age student helpers who were to assist

the therapists at Wright-Patterson Air Force Base were brought to the campus for training in art therapy, art education methodology, and the various art media which were to be used. The second phase of the program was working with the handicapped children at Wright-Patterson Air Force Base. Approximately 65 children, ages five to seventeen, with various types of handicaps were enrolled in the program. The teacher-therapists completed a therapy plan for each of the 65 children. These plans were reviewed before the sessions by the co-instructors for general and specific goals relating to the individual child, and reviewed again each session for the summary and recommendations. Controlled therapy sessions under professional supervision were accomplished and the lesson plans served as a sequence which led to the next therapy session. Final therapy reports were compiled on each child and these reports were included in the child's medical folder. This final report included a description of the child's status at the beginning of treatment, an outline of treatment, a report of the child's present status, and recommendations. At the closing of the art therapy session, an exhibition of the children's art was held at the University Center on campus (Barlow, 1973).

The CHAP Program at Lackland Air Force Base, Texas, near San Antonio, is an extension of the "Air Force Children Have a Potential Program." Its primary purpose is humanitarian, aimed at developing the potential of handicapped dependent children of Air Force families. Their hope is that through

this program exceptional children will be helped in becoming more self-reliant, useful and participating members of society. Working closely with parents of the handicapped children is an integral part of their program. Guidelines have been set and followed which include honesty in discussing a problem, working with both parents, using proper language, terminology, and explanations, assisting the parents in dealing with and resolving their problems, knowing what resources are available, maintaining a professional attitude and manner, and being aware of personal attitudes. Managing a successful blending of techniques, whether personal, social, medical, or administratively oriented, the end product should live up to the purpose for which the CHAP Program was established (Goldstein, 1974).

At Carswell Air Force Base, Texas, the CHAP Program helped parents use behavior modification techniques with their children with much success. Their experience in working with CHAP parents using behavioral techniques indicated that the reinforcement and punishment approach could be used alone or in conjunction with medical treatment as part of an overall therapeutic program. They felt that when parents were actively involved in their children's treatment, their anxiety about the unknown was dissipated and their frustration lessened. They had to work together consistently as a team to set rules, enforce limits, and offer recognition to their children for their successes, if their behavior modification was to be effective. As

parents gained confidence in their ability to help their children with one problem, they found that they could handle other problems more easily. They discovered that both children and parents had a potential (Hayes, 1974).

At the Air Force Academy, in Colorado, near Colorado Springs, there is a unique school with a unique purpose for unique children (Murphy, 1973). Before the establishment of this school, children with minimal brain dysfunction, neurological impairment, or cognitive disorders were placed in classes for the mentally retarded or in regular classrooms within the regular school system. Now, new hope exists for these children, based on greater refinement of psychological and neurological diagnostic testing, advancements in pediatric techniques, and teachers' increased awareness of these disorders. The CHAP officer assists the parents in proper placement for their child after the child has been given a thorough medical and psychological examination and the diagnosis has been established. The nature of the disorder is explained to the parents, the specific treatment needs of the child are indicated, and the availability of facilities as well as the resources of the CHAMPUS program are explained.

If the parents wish to enroll the child in the Special Learning Center, a further conference is scheduled with the director of the school, at which time the case is discussed and the feasibility of acceptance is determined. No children are enrolled unless the teachers feel that they will gain specific benefits from the program. The program

is a complete curriculum similar to that found in the regular classroom, but it is designed to meet the specific needs of the exceptional child and to provide as much individualized instruction as possible. Language arts, remedial reading, penmanship, mathematics, music, art, and science are taught at the school. For those children who need individual help in these areas, perceptual-motor training, speech therapy, and occupational therapy are also offered. Auditory training, as a part of developing motor skills, is made available and involves the use of amplified sound and lip-reading classes. Chemotherapy, physical therapy, and psychotherapy, are available either through the local hospital, community facilities, or volunteer professional help.

The Special Learning Center is in a converted stable located on the Academy grounds and consists of four classrooms, a director's office, and a large outdoor play area with equipment designed especially for children with perceptual handicaps. Children of retired Air Force personnel and children of Army and Navy active duty personnel are also eligible for enrollment in the school although the children of active duty Air Force members assigned to the Academy are given priority because of enrollment limitations. The school accepts children between the ages of six and fourteen who have been diagnosed as having learning disabilities. Twenty-four students are enrolled and plans for expansion will eventually allow for an enrollment of 12 additional students.

The student-teacher ratio is limited to six children per teacher for each self-contained classroom, and children are grouped according to their chronological age, social age, and academic ability. The staff consists of a director and four teachers all trained in the field of learning disabilities. Each teacher is assisted by an adult volunteer and a high school honor student who have been trained by the director and staff to help the child at his individual level.

Many of the materials for the school have been provided by the donations of individuals as well as the Officers' Wives Club, Noncommissioned Officers' Wives Club, Chaplain's Fund, Air Force Air Society, and other welfare organizations. The Academy Handicapped Children's Association, a group of volunteers interested in assisting children with any disability, has been active in sponsoring fund-raising campaigns to defray costs which are not covered by CHAMPUS. Much of the remodeling and maintenance of the school building itself has been accomplished through self-help projects established by this organization.

One of the major roles of the CHAP Program is to avert problems associated with permanent-change-of-station moves. A poorly timed or ill-chosen relocation can have serious consequences when parents are in the process of initiating a program for their child or the child is in the midst of a therapeutic program. Progress might be interrupted by a premature move or because handicapped treatment-facilities

are nonexistent at the next duty station. In such cases, a request for deferment for the amount of time required--up to 12 months--may be requested by the military sponsor. If necessary, an additional six month extension may be granted. Much effort is made to relocate CHAP families at places where child-help facilities are available. Descriptions of on- and off-base facilities in the community and the state are in the resource listings compiled by the CHAP officers. These describe the types of handicaps accommodated, the age groups, waiting lists, and fees. Each command surgeon office works directly with the installation CHAP officers and coordinates findings on individual cases with the command personnel assignments staff. This confirmation procedure assures that professional services are available before each assignment (Air Force Fact Sheet, 1975).

The parent major command has the responsibility to locate an assignment where the sponsor is needed and the child's needs can be met, once the local CHAP officer documents the child's needs and lack of appropriate local services. Air Force requirements come first but not at the expense of a handicapped child (McClure, 1975).

An overseas move to an Air Force family can be an exciting and rewarding experience. To an Air Force family with a handicapped child, it can have disastrous results if the base does not have the medical or educational facilities the child needs.

Most overseas bases have limited medical services and not all bases have special education classes. All overseas dependent schools are operated by the Department of Defense and not all have special education classes. In the European area, the majority of special education classes are in the area of learning disabilities. In 1975, there were 66 learning disabilities classes, 51 educable mentally handicapped classes, and five trainable mentally handicapped classes found in 93 schools. Thirty-seven schools had speech therapy, there were two classes for impaired hearing, and one class for the physically handicapped. There were no classes for the blind or impaired vision child. (Special Education Classes, 1975).

Maintaining family unity is desired by the Air Force and families are encouraged to accompany the sponsor overseas. However, awareness of limitations in many areas prompts USAFE (United States Armed Forces Europe) to discourage overseas dependent travel where conditions would impose undue hardship on the member and his family. Two of the most critical concerns are the local capability for medical and educational needs. In 1973, 200 cases were submitted from USAFE to the Surgeon General's Office for review for transfers from Europe back to the United States. One hundred ninety-three were recommended for approval and seven for disapproval. All cases favorably considered were based on the nonavailability of services, either at the referring base or other bases within Europe. Each case was considered individually and

took into consideration that not only do medical and educational capability vary from base to base and time to time but that unique variables in each case deserved unique consideration. The applications forwarded to the Surgeon General's Office were divided into two major groups-- medical and educational. Of the 119 cases reviewed for medical reasons, 117 were approved and two were disapproved. If the 81 cases reviewed for educational reasons, 76 were approved and five were disapproved. CHAP reassignment was required in all the approved cases and the families brought back to the United States. Some of the problems were first discovered in USAFE or the handicapped children were born there. The other families should not have been allowed travel to Europe. The medical/educational records of dependents should be carefully scrutinized prior to approving travel. Problems that cannot be handled in USAFE are great hardships on families who need to be returned precipitously to CONUS (Continental United States). Needless and expensive disruption are caused to the military mission (Murray, 1974).

The Surgeon General's Office carefully monitored the early returns of dependents from European assignments through humanitarian or CHAP channels from 1973 to 1975. Many of the sponsors had to return also. It was found in many of these cases that the medical and/or educational problem had existed prior to travel to USAFE. In most of these cases the resulting family hardships and disruption to the military mission could have been avoided if reasonable

steps had been taken before the move overseas to assess the nature of the family problem. If the request for overseas dependent travel had been coordinated with the office of the gaining overseas Command Surgeon prior to the move overseas, the family probably would not have been allowed a tour in USAFE. There is now a proper procedure for individuals selected for overseas assignment who are eligible for, and elect, an accompanied tour. Each sponsor must fill out a request for Medical and Educational Clearance for Overseas Dependent Travel (AF Form 1466). An honest and thoughtful review of this form by the Consolidated Base Personnel office and the medical facility can prevent problems, whereas incorrect or incomplete action has often resulted in significant assignment errors (Murray and Shapiro, 1975).

The Air Force handicapped children do have a rich potential because the children's parents care, the Air Force cares, and the CHAP officers, charged with the responsibility of providing these children with the opportunity to develop their potential, care (Hacker, 1973). The action of the CHAP Program is alleviating and decreasing individual and family problems caused by these handicapped conditions. At the same time, improvement is seen in the sponsor's morale, on the job productivity, and retention. Hacker (1973) states:

At one time or another I have heard comments such as, "If a man can't handle his family's problem, he should take a hardship discharge." This is the "hard-nose" attitude. Let's suppose an exceptional airman learned while on his first tour of duty, that his son was mentally retarded or afflicted with a chronic illness. What action would be taken then?

We have case histories and testimonials from sponsors of all grades, including general officers, who would have quit the Air Force and relinquished their career aspirations in order to provide for their child's special needs and they may well have done so, had it not been for CHAP's assistance.

It has been estimated that there are 40,000 to 125,000 exceptional Air Force children who need the help of the CHAP Program. There are nearly 50,000 known cases handled each year by 160 CHAP officers, based on a study of quarterly reports (Hacker, 1973).

The use of the CHAP Program, its services and programs, has decreased since its peak in the late 1960's. CHAP statistics (see Appendix) show that in March, 1976, there were only 3,376 active cases compared with 11,624 in March, 1971, and 8609 in March, 1972, throughout the world (Air Force Form 1818, 1976). Air Force families who have handicapped children are not using the CHAP Program as much as they have in the past (Air Force Times, 1976). Officials have said that the decline in participation may be due to the decision to change the CHAP screening reassignment procedures in 1972. Before that time, families could pick three locations they wanted for reassignment, and the Air Force would question the bases to find out if the facilities were available there to meet the children's needs. Now, the major commands screen installations to make a match between a CHAP family and a base to provide appropriate care. Another factor that may have contributed to the decline in the program was the termination last year of financial support of CHAP group

projects by the Air Force Aid Society even though the society still assists individual needy families.

In 1969, an article written by Byron Hacker, CHAP Program Manager, Office of the Surgeon General, USAF, Washington, D.C., said:

The quest for better services for Air Force families goes on in the attempt to improve conditions affecting the sponsor's productivity, his morale (and that of his demanding family), through assisting in the retention of our highly skilled, trained, and experienced personnel. These additional fringe benefits of a personal nature and need can often be the prime determining career factor. Besides the family with a handicapped child, we are concerned with other personally distressing social problems. What is their effect on the Air Force mission and how can they be assisted? Sociologists, studying the plight of family separations, have stated that the efficiency of the Air Force depends on the morale of its men. The morale of the men in the Air Force depends on the safety and security of their wives and children. To increase one is to enhance the other.

His words are as important today as when they were first written. The morale and performance of Air Force members who have handicapped children has improved because of the help they have received under the CHAP Program.

Chapter III

CHAP OPPORTUNITY SCHOOL

In the early 1960's, education for handicapped children was a great concern to all parents with handicapped children. To the military parents of a mentally retarded child it often meant exclusion from the school situation if the community nearest the base on which they were stationed had no classes for their child. This was true at Offutt Air Force Base in Nebraska. The Nebraska public schools were not able to meet the needs of all the handicapped children at Offutt Air Force Base nor could the privately owned agencies in the area. There were two classes for the educable retarded children in the nearby Bellevue public schools, but there were no provisions for those in the trainable category (Brower, 1964). Even if a class for trainable children had been established, there were still many children who would have been unable to attend for reasons including residence in another school system, transportation problems, physical inability to attend an organized class, inadequate basic training, and lack of acceptance of discipline. Therefore, the only means by which those children were able to attend school was for the CHAP parents, with the help of officers in key positions and their wives, to provide a facility (Rasco, 1973).

On Wednesday, November 20, 1963, the Offutt Air Force Base Opportunity School held its first classes for the trainable mentally retarded children of base personnel. Plans for the school began formulating in the fall of 1963 by the parents of the CHAP organization and they felt that it was advantageous to begin the school as soon as possible rather than wait for the "ideal situation." The policies for operating the Opportunity School were written and the school began its classes (School Policies, 1963).

A chapel annex, which was used for Sunday School classes and religious instruction, was selected as the location for the school. This building contained four classrooms, adequate restroom areas, a well-equipped kitchen, office space, and proved to be very suitable for the purpose. Close by was a large fenced-in playground with several different kinds of play equipment which the children used when the weather was favorable.

Many gifts in the way of materials and supplies were donated to the school by individuals and various organizations. Desks for the trainable class were loaned to the school by the Bellevue Public School System as were several sets of pre-primers. Educational toys for the nursery class, books, a record player, and homemade rhythm instruments were donated by individuals. The building contained, for the Sunday School classes, a piano, low tables and chairs, movable chalkboards, and several large

cabinets which the school was able to use.

The Opportunity School during the school year 1963-64 was divided into two classes--a nursery class with ten children and a trainable class with eight children. The children came from families of both enlisted and officer personnel. All the children were in the category of trainable mentally retarded. Some children had multiple handicaps including deafness, loss of sight, speech disorders, physical disabilities, and emotional disturbances. Some of the children had never been enrolled in school before (Pupil Listing, 1963).

The school met on Monday, Wednesday, and Friday mornings from nine o'clock until eleven-thirty throughout the school year. The parents provided transportation for their children to and from the school. The school followed the calendar of the Bellevue Public Schools and did so the five years it remained a base school.

One full-time teacher and a volunteer aide were assigned to each class. In the nursery class there was usually one adult for every three children. In the trainable class occasionally one other adult besides the teacher was present. The volunteers consisted of women interested in working with trainable children and who showed a knowledge and understanding of them. The school, being in its formative stages, sometimes had to resort to volunteer parents. Although the mother did not work in the same classroom as her child, this situation was found to be most undesirable. The

child of the volunteering parent always seemed to know when Mother was in the building and reacted in various ways; running out to find Mother, concern why Mother was in the building, wanting to have Mother see what the child was doing at a particular time, etc. After the first year of operation, the parents were only on hand to bring their children to and from school or help out on a field trip, picnic, or special occasion.

The average mental age of the children in the trainable class was three to four years and the chronological age ranged from six to fifteen years (Pupil Listing, 1963). The curriculum had to be kept simple so the children would gain a feeling of achievement and success, yet meaningful and applicable to the child. The curriculum included a sharing time, calendar work, number work, alphabet cards, story time, work with large pencil and paper, outdoor play, snack time, arts and crafts, and music which included both singing and rhythm activities. Two field trips were taken by the trainable class during the first school year; one to an Omaha bakery and the other to the Riverview Zoo.

As well as the academic aspect of their training, socialization of the children was very important. Many of the children had no one to play with at home so just being with other children was a big advantage to them. The "yes, please" and "no thank you", learning how to sit still and listen, how to keep their hands to themselves, how to take turns, and other simple social skills were all very important

for them to learn but it took a great amount of time and repetition before the skills were acquired. The learning how to use a handkerchief, putting on and taking off their wraps, washing and drying their hands, and other self-help skills were all necessary for the children to learn to become less dependent on others. All these things took time, but with patience, understanding, and much repetition, they slowly learned.

The nursery class was less formalized with more free-play activities than the trainable class. The children were given much individual help and a good percentage of time was spent in the basic learning skills; toilet training, drinking out of a cup, using a handkerchief, sitting down when told, keeping hands to themselves, and developing their speech. Many social skills were taught in the class such as sharing, listening, following instructions, and basic manners. There were many educational toys for the children to use, simple puzzles to work, beads to string, blocks to play with, dolls to dress and undress, books to look at, and a doll house to play with. Coloring pictures, pasting and working with colored construction paper, cutting with blunt-end scissors, and finger painting were all undertaken. They had snack time every day and when the weather was nice, the children went outside and played on the play equipment. They joined the trainable class in music time, parties, and special events.

As the Air Force has neither the funds nor facilities to provide federally sponsored educational and/or rehabilitation programs, the Offutt Opportunity School was privately endowed and not federally sponsored (Powers, 1967). Funds had been a problem from the very beginning for the Opportunity School at Offutt Air Force Base. The initial support for the school came largely from the Officers' Wives Club, the British Wives Club, local sorority groups, and the Chaplain Fund. Donations from these and other organizations continued through the years. Parents agreed to pay a token sum of five dollars a month to help support the school (Rasco, 1973). The only paid personnel were two teachers who received two dollars an hour.

It soon became apparent that the school would not be in operation long without some sort of financial aid. The need for more supplies and specialized equipment was great, plus the need to hire more teachers. The nursery class consisted of ten children and the trainable class consisted of eight, the maximum number that could be accepted at that time. There was a waiting list of eight children who could not be admitted to the school until more teachers were hired.

A school budget was drawn up for the school year of 1964-65 (School Budget, 1964-65). It was felt by the CHAP parents and teachers, that the minimum amount for effective operation of the school would be \$18,889.80. Along with the budget, supporting information was written to explain the

need for the proposed amount (Supporting Information, 1964).

On February 18, 1964, a letter of request for school assistance was sent by the base commander to Headquarters, United States Air Force, (Read, 1964). This letter explained the need for the Opportunity School at Offutt Air Force Base and that the lack of funds meant the school faced an uncertain future. It requested assistance for the school year 1964-65 in the amount of the proposed budget, \$18,889.80.

On February 19, 1964, a letter was sent through the Director of the Air Force Aid Society, National Headquarters, Washington, D.C., to the United States Air Force Military Personnel Center, Randolph Air Force Base, Texas, from the Directorate of Personnel at Offutt Air Force Base, recommending approval for the request for school assistance (Tschepl, 1964).

Mrs. Thomas S. Power, wife of the Commander-in-Chief, Strategic Air Command, made a visit to the Military Personnel Center at Randolph Air Force Base, Texas, on March 3, 1964. She presented to them an outline of the school program, case histories, pictures of the school and recreation programs, and further explained the need of financial assistance to keep the Opportunity School and the recreation program of Project CHAP operating at Offutt Air Force Base.

On March 5, 1964, a letter from the Director of Personnel Services at Randolph Air Force Base, Texas, was sent to the Strategic Air Command approving the request of,

\$18,889.80 for Project CHAP. The letter stated that the approval had been provided under the condition that the Opportunity School for handicapped children at Offutt Air Force Base be operated as a pilot program during the 1964-65 school year. It further stated that this was the first program in which Air Force Aid Society funds had been granted to provide group education and training assistance under the CHAP Program and that representatives from the Military Personnel Center planned to visit the school during the school year to obtain as much information as possible concerning the school's operation, moreover, they desired to give any further assistance that might be required. The letter outlined four areas in which records should be kept and stated expectations that the school be supported on a tuition basis by the parents who had children in the school in subsequent years of operation (Horne, 1964).

The Air Force Aid Society is a private organization established to aid members of the Air Force in times of financial need. The Air Force Aid Society is supported by the contributions of members of the Air Force during an annual drive. Financial assistance is made to Air Force families with handicapped children when the need is shown. Financial assistance to CHAP group projects was made until 1975 (Air Force Times, 1976).

Upon approval of the budget, plans began to formulate for the recreation program during the summer and the operation of the Opportunity School for the school year 1964-65 (Air,

Pulse, 1964). Applications were taken and interviews were made with teachers and a speech therapist. An administration-recreation supervisor, three teachers, and a speech therapist were hired. Plans were made to purchase school supplies, classroom training materials, and administrative supplies. Arrangements were made with the Meyer Therapy Center to test children eligible for the trainable class.

Much publicity was given to the Opportunity School during its first year. Articles and pictures appeared in the Air Pulse (1964), the Omaha World Herald (1964), and the Air Force Times (1964). These articles served to acquaint the public with the need for and the function of the Offutt Air Force Base Opportunity School. Articles about the CHAP Opportunity School have continued to appear in these papers throughout the years.

The Opportunity School began holding classes five mornings a week in the fall of 1964 and continued doing this until the school was turned over to the Bellevue School System in 1968. School personnel added a pre-nursery class to the school and hired a full-time coordinator/language therapist. Individual psychological evaluations were given to all the students (Rasco, 1973).

The children in the Opportunity School were encouraged to participate in CHAP Girl and Boy Scouts, a CHAP bowling league, and arts and crafts to augment the academic program. A summer recreation program was begun in 1962 and continued to be popular and well attended. In 1965, CHAP began a

religious program designed especially for handicapped children (Rasco, 1973).

The parents of handicapped children at Offutt Air Force Base had held monthly meetings for several years before the CHAP Opportunity School opened. At these meetings they heard professionals speak on areas of common interest and discussed solutions to group and individual problems. One of their major accomplishments was developing the CHAP Opportunity School. When the school opened the parents group was not a formal organization. Many parents felt that without a definite program with no specific goals, it was difficult to maintain interest and the attendance at the meetings was irregular. A group of parents proposed organization of a separate association to increase the value of the meetings and to provide a framework within which to promote Project CHAP. A constitution was written and on February 4, 1964, the Offutt Air Force Base Association for Handicapped Children was officially founded by a majority vote of members present (Constitution, 1964). Their primary objectives were to promote, by well-organized volunteer efforts, the welfare of handicapped children and to sponsor general programs which could not be financed through the Air Force and which were not provided for the Offutt handicapped children by other organizations (Air Pulse, 1964). In 1969, the constitution was revised to include not just military parents but civilian parents of handicapped

children in the community and the name was changed to "Children-Have-A-Potential (CHAP) Parent Group Association."

Soon after the Opportunity School began, mothers of the school children formed the CHAP Mothers' Club to do something for the school and to discuss their problems. The group of mothers and volunteers made and sold ceramics and other craft projects. The proceeds provided equipment and necessities for the Opportunity School (Rasco, 1973).

On February 7, 1969, a constitution for the CHAP Mothers' Club was adopted with its objective being to assist in providing for the needs of handicapped children in the Omaha area. Their primary assistance would be to the dependent handicapped children of military personnel (both active-duty and retired) but they would also assist local organizations and entities assisting the handicapped children of civilians (Constitution, 1969). The CHAP Mothers' Club is still active today and supports the Bellevue CHAP School in many ways.

At the close of the 1964-65 school year the operation of the Offutt Opportunity School had cost half the amount granted by the Air Force Aid Society. The remainder of the grant was used, along with donations from the various organizations, to support the school during the 1965-66 school year. The same personnel were rehired and the school continued with its three classes--two nursery classes and one trainable class (Budget, 1965).

In the spring of 1966, a letter was sent by the Base Commander to the Air Force Aid Society requesting a grant in the amount of \$19,761.75 (Reynolds, 1966). This amount was requested to continue the Offutt Opportunity School in operation for a period of three years, beginning September 1, 1966, and extending through May 31, 1969. The letter explained how the money would be spent and that the parents of the children enrolled in the school would be charged according to their ability to pay. A sliding scale had been devised based on two percent of the military sponsor's base pay.

On August 23, 1966, a letter was sent to the Strategic Air Command from the Director of Personnel Services stating that the Air Force Aid Society had approved a grant of \$19,762 to cover a three year period for the Offutt Opportunity School commencing with the 1966-67 school year (Tschepl, 1966). It stated that the Air Force Aid Society would issue a monthly check to the Central Base Fund of not more than \$750. Additional money for the school budget would be from donations and the parents fees.

Early in 1967, the Medicare Program for the Handicapped came into being. Its purpose was:

A special program of health services, training, special education, and rehabilitation is established for handicapped spouses and children of active duty members of the uniformed services. To be eligible for this program, the dependents must have a severe physical handicap or be moderately or severely retarded.

This program authorized medical and educational benefits for handicapped children of military members. To use the

program, the parents had to pay part of the fees which were set on a scale according to rank.

On October 17, 1967, a letter was sent to the 3902 Air Base Wing, Offutt Air Force Base, from the Chief, Personal Affairs Division, Directorate of Personnel Services stating that since CHAMPUS had approved the school as being eligible through the Uniformed Services Health Benefits Program (USHBP) the \$750 AFAS grant provided Central Base Funds each month for the Opportunity School would be discontinued at that time (Good, 1967).

To receive funds from the USHBP meant the parents of the handicapped children would have to pay considerably more per month than they were paying to meet the requirements of the Medicare Program for the Handicapped's pay scale. Without the Air Force Aid Society's monthly grant and with only donations and the parents' fees, the Opportunity School was once again in financial straits. However, they managed to complete the school year.

In the early summer of 1967, the CHAP Committee, formed in 1966 of parents and base personnel, approached the Bellevue School System concerning the possibility of transferring the Offutt Opportunity School to the local Public School System under the provisions of PL 89-750, Title VI which provided federal aid for education of the handicapped and LB 603, a Nebraska law which supplemented the federal law. Takeover of the Opportunity School by the Bellevue Public Schools was aimed for the 1968-69 school year (Nolan, 1967).

The Bellevue School System agreed to accepting the Opportunity School and plans were made for the school system to continue using the chapel annex to house the school on a rental basis (Nolan, 1967). The Army Corp of Engineers was contacted and an agreement was reached (Nolan, 1968).

The Bellevue School System began its operation of the CHAP School in the fall of 1968. The initial enrollment in the Bellevue-sponsored program was 27; ten of the children were age six or younger (Schuttler, 1976). This was the first attempt by a public school in the state of Nebraska to provide a nursery preschool program for trainable mentally handicapped children (Rasco, 1973).

The Bellevue School System decided to name its special program the CHAP School in recognition of the effects and the proud tradition of the Air Force CHAP Program to serve these special children (Rasco, 1973). The CHAP School remained housed in the chapel annex until 1972 when a new building was designed and built for the school in Bellevue.

Chapter IV

CONCLUSIONS

In the early 1960's, Project CHAP came into being. Designed to aid Air Force families with handicapped children it gave assistance in the areas of special assignment consideration, counseling, referral, special medical or educational assistance, and/or financial assistance. Families who showed the need could apply to the Air Force Aid Society for loans or grants to help in the treatment and education of their handicapped child. Without the CHAP Program many exceptional children would have been denied the special education and medical treatment they needed because of the expense involved.

With a CHAP officer assigned at each Air Force base, families with exceptional children had someone they could turn to for assistance and guidance. The CHAP officer has helped these families find the proper treatment and educational program for their child. His assistance has helped them seek new assignments at bases with the proper facilities for their child. Without the guidance and help of the CHAP officer, many Air Force families would not have known whom to ask for help nor where to look for the proper facilities for their children.

Group projects of the CHAP Program have been responsible for education and recreation programs at many bases. Without the CHAP Program, these programs would never have existed. Many group projects have been brought to the attention of nearby communities from which help has been received resulting in a closer relationship between base and community.

CHAP parent groups, mothers' clubs, and organized discussion groups have all given the parents of handicapped children an opportunity to discuss their problems and develop common interests. They have given them a common bond and a realization that they are not alone with the problems of raising an exceptional child. The parents have often worked together on money-making projects to buy equipment and materials for a special program at their base or in their community. This has often developed an awareness of the local CHAP Program by the community and has given base personnel and community residents an opportunity to work together to help all handicapped children in the area.

The fear of a disruptive transfer to a base where no facilities exist has been alleviated through the CHAP Program's compassionate transfer policy. Special efforts are made by the CHAP Program to send an Air Force family with a handicapped child to a base where necessary facilities are available. This policy exists today made possible by the CHAP Program and is used by many Air Force families with handicapped children.

The CHAP Opportunity School at Offutt Air Force Base was a pilot project made possible through the CHAP Program. It served many trainable retarded children who would have been denied a school experience for lack of a local public school program. Close association with the Bellevue School System by the CHAP Program at Offutt Air Force Base convinced the school system to accept the CHAP School as a program for trainable retarded children. When the Bellevue School System took over the CHAP School in 1968, it gained a well-developed program. It obtained the use of the CHAP School building on the base, materials, equipment, and many of the personnel who had worked with the children. Without the full development of the CHAP School by the CHAP Program, the Bellevue School System would have had to start at the beginning in developing a program for trainable retarded children.

The CHAP Program has had a tremendous impact upon the families with handicapped children in the Air Force. It has offered them help when there was none elsewhere. It has offered them programs, services, financial aid, a CHAP officer to seek guidance from, and made possible transfers to other bases with available facilities for their child. The CHAP Program has helped form parents groups, recreation programs, and special classes for special children. At some bases, the CHAP Program has helped start special religion classes for the mentally retarded children. The special programs and services of the CHAP Program have varied

from base to base and from time to time as the need has arisen. The CHAP officer has seen that the base's programs and services have met the needs of the families with handicapped children stationed there.

The CHAP Program has served many handicapped children of Air Force members throughout the years. It has given help to Air Force families with exceptional children and decreased their anxiety and concern by providing services and programs they could not receive elsewhere. It has helped develop the potential of these children and has helped them to become more self-reliant, useful members of society. As the CHAP Program has grown and developed throughout the years, it has improved the morale and performance of Air Force members who have handicapped children.

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APPENDIX
CHAP Statistics

| FY QTR | Physical | Retarded | Emotional | Total Cases |
|--------|----------|----------|-----------|-------------|
| 3/71 | 5,003 | 3,803 | 2,818 | 11,624 |
| 4/71 | 5,424 | 3,725 | 3,316 | 12,465 |
| 1/72 | 5,419 | 4,007 | 3,155 | 12,581 |
| 2/72 | 5,629 | 3,985 | 3,348 | 12,962 |
| 3/72 | 3,833 | 2,610 | 2,166 | 8,609 |
| 4/72 | 3,778 | 2,290 | 2,426 | 8,494 |
| 1/73 | 3,550 | 2,161 | 2,007 | 7,718 |
| 2/73 | 3,598 | 1,920 | 1,941 | 7,459 |
| 3/73 | 3,777 | 1,862 | 1,920 | 7,559 |
| 4/73 | 3,027 | 1,749 | 1,601 | 6,577 |
| 1/74 | 3,059 | 1,559 | 1,432 | 6,050 |
| 2/74 | 2,789 | 1,445 | 1,361 | 5,595 |
| 3/74 | 2,369 | 1,173 | 1,200 | 4,742 |
| 4/74 | 2,256 | 1,038 | 1,122 | 4,436 |
| 1/75 | 2,136 | 1,000 | 1,069 | 4,205 |
| 2/75 | 2,034 | 996 | 989 | 4,019 |
| 3/75 | 1,805 | 881 | 909 | 3,595 |
| 4/75 | 1,743 | 885 | 932 | 3,560 |
| 1/76 | 1,760 | 993 | 983 | 3,736 |
| 2/76 | 1,644 | 884 | 870 | 3,398 |
| 3/76 | 1,656 | 841 | 879 | 3,376 |

Taken from the AF Form 1818. Number of active cases in Air Force throughout world.