



Access Living Federal Candidates Questionnaire – Disability Policy Issues

Disability voters are an important voting block. In Chicago, there are over 300,000 people with disabilities, with countless friends and families who also consider themselves disability voters. Furthermore, about one in six voters, or 16.4% of the voting electorate nationwide is a person with a disability, [according to the American Association of People with Disabilities](#).

Candidates nationwide have learned that people with disabilities have a historical interest in policymaking that impacts our lives. The following **10 questions** aim to address major policy areas of concern of disabled voters in the Chicagoland area.

Candidate Name: Jazmin Robinson

Party: Democratic

District: Illinois' 7th District

Disability and Civil Rights:

Context for Question

Over the last fifty years, people with disabilities and our allies have worked tirelessly to create and enforce a critical set of disability rights laws, such as the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and much more. In the past several months, both administrative and legal action have made it clear that federal disability rights and enforcement are at tremendous risk. This is evidenced by the recent dismantling of federal entities tasked with enforcing disability laws, notably the Office for Civil Rights (OCR) and Office of Special Education and Rehabilitative Services (OSERS) within the Department of Education.

Question

What would you do to ensure that current federal disability rights laws and regulations are protected, not dismantled?

Answer



I will always advocate for my fellow citizens, not by fighting, but by listening and collaborating across the aisle and to make government work for the people again. For too long, our government has been controlled by corporations, lobbyists, and PACs aligned with the 1%, which is why we can't get progress on the reforms Americans need. My bipartisan policy, the H.E.A.L. Act ends this special-interest influence by banning corporate, PAC, and lobbyist money and putting people over the 1%. It also means boosting enforcement of our laws: today, the Department of Education's civil rights offices like OSERS and OCR have been gutted (OSERS lost most of its staff and OCR lost about half its attorneys), leaving thousands of complaints unresolved. I will fully fund and empower these agencies to protect every student's rights and ensure our policies put people's well-being over special interests' profits.

Question

Between now and 2028, what is your vision for rebuilding the federal administrative infrastructure that has been gutted in this year's reductions in force (RIFs)?

Answer

Between now and 2028, my vision is to rebuild our federal agencies to once again put people first, investing in American communities and public servants instead of catering to special interest groups or PACs. Guided by my H.E.A.L. Act plan, which focuses on health, education, access, and a living wage. I'll work to restore critical departments in these areas to full strength so they can champion the needs of all people, especially those with disabilities. That means fully staffing and funding vital offices like the Department of Education's Office for Civil Rights (OCR) and the Office of Special Education and Rehabilitative Services (OSERS) agencies gutted by this year's layoffs, because without them our laws protecting students with disabilities and upholding civil rights can't be enforced. I will do this in a collaborative way: listening to experts and the communities they serve, working with colleagues across the aisle, and focusing on solutions, not fights, to ensure our government serves people with integrity and compassion. By 2028, I want our government back on track, stronger, more inclusive, and truly working for families, children, and workers, not special interests or PACs, proving that when we invest in our people, everyone thrives.

Education:



Context for Question

The Individuals with Disabilities Education Act (IDEA) is the federal law that governs special education in the United States. This is the law that ensures that ALL students have the right to a “free and appropriate public education.” When the IDEA was passed, the federal government committed to covering 40% of state special education costs. As it currently stands, IDEA is only covering 10% of costs. This shortfall leaves local communities on the hook to make ends meet. Teachers and therapists stretched thin, and worse outcomes for students.

Question

What steps would you take to ensure IDEA/Special Education is properly funded going forward?

Answer

I will work to ensure the federal government finally fulfills its promise to fund 40% of special education costs under IDEA. We can do this by ending the inequitable practice of funding schools through local property taxes, which leaves low-income communities with underfunded schools. Also by ensuring public dollars stay in public schools, not be diverted to charter schools, so that all students benefit. That’s why I’m championing the HEAL Act, a people-first, collaborative plan that provide free high quality education from childcare to higher education, end inequitable school funding systems, and keep public money in public schools. This framework will ensure every student with a disability can learn and thrive.

Health Care:



Context for Question

When we surveyed disabled Chicagoans about their federal policy concerns, access to healthcare was the number one issue for an overwhelming number of respondents.

Medicaid is integral to the independence of people with disabilities because of home and community-based services (HCBS). H.R.1 will implement drastic cuts to Medicare and Medicaid, leaving many disabled folks without access to health coverage. HCBS is particularly at risk of cuts should their federal funding be lost, because HCBS is not mandatory. Without Medicaid HCBS, many people with disabilities will be forced to leave their communities and live in institutions.

Question

What will you do to protect Illinoisans' access to health care, especially people with disabilities?

Answer

Yes. Every American deserves universal, free, high-quality health care, and I'm committed to making that a reality in Congress by championing the Health Equity and Access through my bipartisan policy the H.E.A.L. Act as the path to truly universal coverage. I will also protect and expand Home and Community-Based Services (HCBS), which are essential for people with disabilities to live independently and with dignity in their own homes and communities. My approach will always be people-first, collaborative, and empathetic. I'll work with disability advocates, health care providers, and families to ensure everyone, especially people with disabilities, can get the care and support they need.

Context for Question

In Illinois, thousands of people with disabilities remain institutionalized in state-operated developmental centers or nursing facilities, even though most could live safely and independently with proper support. Illinois operates several HCBS waiver, such as the *Persons with Disabilities Waiver*, to help individuals receive care at home rather than in institutions. Expanding access to these programs is vital because community living promotes autonomy, dignity, and inclusion. It is also more cost-effective than institutional care and aligns with the *Olmstead v. L.C.* decision, which affirms the right to live in the most integrated setting possible.

Question



What is your plan to reduce the number of people with disabilities on waitlists for home and community-based services (HCBS) while ensuring services are high quality? Do you support making HCBS a mandatory Medicaid service?

Answer

With over 700,000 people with disabilities nationwide stuck on waitlists for home and community-based services (HCBS), I believe every person with a disability should have guaranteed access to high-quality HCBS. I'm committed to eliminating these waitlists and ensuring services are fully funded and high-quality so people can live independently and with dignity in their homes and communities. I will support any approach that achieves full access, including making HCBS a mandatory Medicaid benefit, because no one should be denied the support they need due to a lack of availability. Ultimately, my preference is to provide these supports through a system of universal, free, high-quality health care under the HEAL Act, but regardless of the mechanism, I will work collaboratively to guarantee people with disabilities get the care they need when they need it.

Context for Question

We have seen a rash of laws across Illinois and the country that criminalize homelessness. Homelessness is an issue that disproportionately impacts people with disabilities. People with serious mental illness are more likely to end up homeless and not having a house leads to all kinds of health problems. Some ordinances even go as far as penalizing people sleeping in their own cars.

Question

What will you do to protect people living with mental illness who are also unhoused?

Answer

Housing is a human right, and no one should be punished for being unhoused. I will advocate alongside disability advocates and community organizations to end the cruel



criminalization of homelessness, such as fines or jail for sleeping in a car or public space, and will instead focus on real solutions. This means expanding access to mental health care, investing in affordable housing, and strengthening home and community-based services so people with mental illness can get support in the community. I will also champion the Health Equity and Access under Law H.E.A.L. Act as a framework to ensure everyone has access to the health care and services they need to thrive. My approach will be empathetic, collaborative, and centered on treating people with dignity while helping them find stability and hope.

Transportation:

Context for Question

Systemic underfunding of transit systems, particularly on the operations side, has left the Chicagoland transit system in funding peril. Many disabled people cannot drive and rely on both mainline transit and paratransit systems to be independent and participate in society. Because the availability of paratransit is tied to the availability of mainline transit, fixed route funding cuts directly impact ADA paratransit service as well. Unfortunately, despite the high need for paratransit, it remains insufficiently funded and frequently overlooked, rather than considered a vital part of the transit system overall.

Question

Would you support a more equitable funding system that better funds accessible transit, including paratransit specifically? And, if so, what do you think that system should look like?

Answer

Yes, I absolutely support a more equitable funding system for transit, honestly, I believe public transportation should eventually be free to use as a basic public good. Many people with disabilities depend on paratransit and fixed-route transit as a lifeline, yet these services have been chronically underfunded and are now in crisis (the Chicago region faces a \$770 million transit budget shortfall that could force 40% service cuts by 2026). Because ADA paratransit service is legally tied to fixed-route transit availability (it must operate within about ¾ of a mile of each bus/train route), mainline service cuts directly shrink paratransit access as well, worsening isolation for those who cannot drive. We need



to fundamentally reform transit funding to prevent such cuts and meet riders' needs. Right now the burden falls largely on local sources (regional sales taxes cover over 90% of paratransit costs), with minimal state support and no dedicated federal funding. I would push for a dedicated, robust public funding stream, for example, Illinois should significantly boost its contribution (transit planners have even recommended the state fully fund ADA paratransit to relieve the local burden). A more equitable system would use stable funding (through progressive taxes or budget allocations) to cover transit operations, so that we can maintain and expand service and eliminate fares. My goal is fare-free public transportation, because removing fares lifts a huge barrier for riders and ultimately benefits everyone. For instance, Kansas City recently made its buses free and is saving riders around \$1,500–\$2,000 per year while increasing ridership, a “win-win” outcome for the community. By treating transit as an essential public service and funding it accordingly, we can ensure Chicago’s buses, trains, and paratransit are fully accessible, reliable, and affordable (in fact free) for all who need them.

Economic Justice:

Context for Question

Supplemental Security Income, also known as SSI, serves as a critical safety net to provide some level of income for many people with disabilities. However, the process to obtain benefits can stretch over two years. Recipients of SSI only receive an average of \$700 / month, and outdated asset limits of \$2,000 per person and \$3,000 per couple trap people with disabilities in a vicious cycle of poverty.

Question

What concrete steps would you take to modernize and reform the SSI program so that it benefits and uplifts people with disabilities?

Answer

To modernize SSI and truly uplift people with disabilities, I would implement several concrete reforms. First, raise the monthly benefit to a true living wage (about \$15–\$18/hour in rural areas and \$25–\$30/hour in big cities) and index it to inflation, ensuring recipients can meet basic needs and the support keeps up with living costs. Second, update the



outdated asset limits, currently just \$2,000 for an individual or \$3,000 for a couple, by raising them significantly (for example, to \$10,000 and \$20,000) and indexing these caps, so people can save money for emergencies without losing eligibility. Next, streamline and expedite the application process (which often drags on for two years) by increasing funding and staffing for determinations, allowing eligible individuals to receive benefits faster. Finally, remove punitive rules (like cutting benefits if someone receives modest support from family or the marriage penalty) so that getting help or marrying doesn't jeopardize a person's SSI. Together, these steps, especially increasing SSI to a living-wage level, would make the program far more equitable and long-lasting by lifting disabled beneficiaries out of poverty and giving them sustainable financial security.

Context for Question

SNAP is a critical lifeline for millions of Americans and is especially important for people with disabilities. However, H.R. 1 will force millions of Americans off critical SNAP benefits, as well as create excessive bureaucratic red tape for people with disabilities. Regardless, the SNAP program in many ways does not account for the unique needs of people with disabilities, particularly with the program's restriction on purchasing ready-made / hot meals.

Question

What concrete steps would you take to protect SNAP benefits AND modernize food access programs to be more accessible to the disability community?

Answer

I will protect SNAP and strongly oppose any cuts or new hurdles, like those in H.R. 1, that slash funding or impose red tape on people who need food assistance. Instead, we must modernize SNAP to better serve people with disabilities. I'll fight to allow SNAP to cover hot and prepared meals by expanding the Restaurant Meals Program, so those who can't cook have access to affordable ready-to-eat food. I will improve online shopping and delivery for SNAP, so people with mobility challenges can order groceries to their door just like anyone else. I'll also simplify SNAP applications and renewals, extending certification periods and cutting paperwork, so disabled individuals can keep their benefits without constant



hassle. The HEAL Act will be my framework for delivering these inclusive, people-first food access policies, working collaboratively with the disability community to ensure everyone can access healthy food with dignity and compassion.

Immigration:

Context for Question

While federal disability rights laws apply to people with disabilities regardless of citizenship status, there are significant unaddressed enforcement gaps in protecting immigrants with disabilities. According to an [April 2024 Congressional Research Service report](#) on medical care in immigrant detention facilities, significant gaps remain in ensuring adequate treatment and accommodations for detained individuals with disabilities. ?

Question

How would you work to hold federal agencies accountable for protecting the rights and dignity of immigrants with disabilities in detention and during the immigration process?

Answer

In line with my HEAL Act platform, I will bring a collaborative, dignity-first approach to immigration, starting with abolishing ICE and eliminating the use of immigrant detention centers entirely. Instead of detention, I will champion humane, community-based alternatives that keep families together and provide support rather than punishment. I will also advocate for robust federal accountability to ensure all agencies provide proper care and accommodations to immigrants with disabilities, whether in detention or during the immigration process, upholding their rights and dignity. Furthermore, I reaffirm that all contributing immigrants deserve access to public benefits and disability support services regardless of citizenship status, recognizing that no one who calls our community home should be denied the help they need or the respect they deserve.