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Newsletter

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How Do You Talk To Others about Your Child's Disability?

Reprinted from the Summer 2008 PACER Center Early Childhood Connection Newsletter.

Experience is the best teacher, as the saying goes – and one of its big lessons is how to communicate about your child's disability. For Kathy Graves, the learning began when her son Sam, then 1, was diagnosed with cerebral palsy (CP). "He was born on his due date and was healthy," she recalls. "Then he contracted meningitis when he was a week old." At the time, Sam seemed to recover and was reaching all his developmental milestones. "But at six months, he didn't crawl," Kathy remembers. Eventually, doctors discovered that the motor part of Sam's brain had been affected.

"I remember well getting that diagnosis and thinking now what? I remember not knowing who to call, or how to tell it. There's not a road map for you," Kathy says.

Sam is now 14. Over the years, experience has taught Kathy some important lessons about communicating with others about her son's disability. As a result, she has developed a philosophy about whom, what, and how much to tell, as well as how much energy to expend on it. Here's what she's learned.

Lesson 1: Find People You Trust

"My husband and I started slowly by calling people we could really trust to talk to without having to make them feel good," she says. "My sister-in-law and brother-in-law both work in special education, and they felt like the right people to talk to.

"We also learned early on that you need people outside the family. Find three or four people who are always there for you, without judgment; people you want to go through this with," she says. "Stage one for us was having someone listen and not try to fix it of say 'everything will be fine,' " she says.

As time went on, they also found friends who have kids with disabilities. "There's nothing better than that. You can call them on days when you're really down. They understand."

Lesson 2: Learn to Share – But Set Limits

"State two was educating ourselves about the disability," Kathy says. That paved the way for communicating with professionals. "You get further with teachers and doctors," she says, "if you're knowledgeable about the disability.

"Help those closet to you understand, too" she adds, but let them know you're still learning. "When people ask questions, it can feel like pressure. Tell them, 'Hang in there with us. We'll tell you what we know as time goes along.' Plus, it's not what we wanted to talk about first all the time. It wasn't helpful for us."

What was useful was a question someone asked early on: "Well, what's the future likely to look like?"

“It was so helpful because it had hope in it,” Kathy says. “Ask me questions about what you think our future will be like. Have it be forward looking, with hope, not grief.”

Lesson 3: Be Prepared for Questions and Stares

“In the beginning you think you have to explain the disability to everyone,” Kathy says. “You get exhausted telling your story that much. It helps to have short, medium, and long answers, depending on who you’re talking to,” Kathy says.

“If kids ask, they’re okay with a two-sentence reply,” she says. “Adults will ask ‘how did it happen?’ It’s like a defense mechanism; they want to know how to stop it from happening to them. They’re not trying to hurt you; they may just be fearful. I try to remember that in responding to them, but the honest answer, which I believe is the best, is that sometimes things just happen. It’s as simple as that.”

Then there are people who stare and ask inappropriate questions. “One doctor told us that if people stare, just stare back until they quit looking,” Kathy says. “If an adult says, ‘what’s wrong with him,’ I feel it’s my job to say nothing is wrong. He has CP.’ Their insensitivity is wrong. You don’t have to tell them anything.

“You constantly have to help people understand,” she adds. When someone talks down to Sam or treats him like he’s a little child, Kathy finds that gentle reminders about Sam’s teen activities and interests help to change the interaction.

Lesson 4: Talk about Strengths

“In one of my very first IEP (Individualized Education Program) meetings, there was a physical education teacher who said, ‘Let’s talk about what Sam can do.’ That was the best advice. A lot of this world focuses on what he can’t do. We just started to focus immediately on Sam’s assets and what he could do. It’s an amazingly powerful way to refocus yourself and your kids future,” Kathy says.

“There are so many things people will try to pin on your child’s disability,” she adds. He might not be great at geometry – “but neither is his mom,” Kathy says. “Not everything is about the disability.” He’s a person with strengths who also has CP, Kathy says. The disability doesn’t define him, and that’s a message she always communicates.

Experience – both good and bad – has shaped Kathy’s philosophy about communicating with others about Sam’s disability. Time, too, has played a role. “In the early days, I spent a lot of energy on it. I tried to learn everything about CP and interpret it to the world. I do that less now. Most days, I think about getting lunches packed, getting the kids off to school, getting to lessons and games – just regular, plain old life. The effort is less as time goes by, at least for us,” she says.

For others, she offers this simple advice. “You have to carve out your own philosophy. Every kid is different, and you need to honor who that child is. Focus on their strengths, and let people know that to you they’re no different than any other child. a diagnosis of a disability is the start of something, not the end of something.”

And remember, Kathy adds, “you don’t have to figure out everything at once. One day at a time is a beautiful thing.”

Myths about Down Syndrome

*Adapted from Myths and Truths about Down Syndrome by NDSS
Brought to you by the Louisiana Family to Family Health Information*



October is Down syndrome awareness month. Individuals with Down syndrome are living more and more included lives in communities around the country. They are participating in all aspects of life – education, recreation, and socialization. They are working, paying taxes, and getting married. Accurate information and high expectations are critical to anyone’s success, particularly for someone with Down syndrome. Here are some of the myths and truths about Down syndrome.

Myth: Down syndrome is rare genetic disorder.

Truth: Down syndrome is common. One in every 733 live births is a child with Down syndrome, representing approximately 5,000 births per year in the U.S.

Myth: Most children with Down syndrome are born to older parents.

Truth: 80% of children with Down syndrome are born to women younger than 35-years-old.

Myth: People with Down syndrome have severe cognitive delays.

Truth: Most people with Down syndrome have IQs that fall in the mild to moderate range of delay.

Myth: Most people with Down syndrome are institutionalized.

Truth: People with Down syndrome live at home and are active participants in the educational, vocational, social and recreational activities of the community.

Myth: Children with Down syndrome must be placed in segregated special education programs.

Truth: People with Down syndrome have been included in regular academic classrooms in schools across the country. Sometimes in specific courses, other times, they are fully included. The degree of inclusion depends on the individual; but the trend is for full inclusion.

Myth: People with Down syndrome are always happy.

Truth: People with Down syndrome have feelings just like everyone else in the population. They respond to positive expressions of friendships and they are hurt and upset by inconsiderate behavior.

Myth: Adults with Down syndrome are unable to form close interpersonal relationships leading to marriage.

Truth: People with Down syndrome date, socialize and form ongoing relationships. Some are beginning to marry. Women with Down syndrome can and do have children, but there is a 50% chance that their child will have Down syndrome. Men with Down syndrome are believed to be sterile, with only one documented instance of a male with Down syndrome who has fathered a child.

For more information about Down syndrome, contact the Louisiana Family to Family Health Information Center at 1.800.331.5570 or Fae Moule' at Families Helping Families of Northeast Louisiana, Inc. 318.361.0487 locally or 1.888.300.1320 toll free.

In Employment:

Who's Talking the Talk, But Not Walking the Walk?

Revolutionary Common Sense by Kathie Snow, www.disabilityisnatural.com



From coast to coast, thousands of human service agencies exist to help people with disabilities. Some are non-profit, some are for-profit. Some are large corporations with million dollar-plus budgets; others are tiny and run on a shoestring. Many have a single focus; helping people with disabilities in the employment arena. Others may assist with jobs, and also provide housing-habilitation and/or other services. And to one degree or another, all share a common rallying cry: "People with disabilities should work, live, and play in the community."

AHHH – it all sounds great. They're talking the talk, but are they walking the walk? They tell others to hire people with disabilities, but do *they* hire people with disabilities? These questions come directly from individuals with disabilities who have shared their personal stories of seeking employment at these human service agencies. Again and again, they're told no.

It would be easy to dismiss this issue with a pat answer: these people weren't hired because they are not qualified. And this might be an accurate statement in some cases. But, for many jobs at service provider agencies, little or no experience is required. And when comparing two applicants side-by-side, who would be more qualified: a person with little or no professional experience or a person with decades of experience – a *lifetime of living with a disability*?

Many years ago, while serving on the board of a service provider in our area, several upper-level managers delivered their quarterly reports. The human resources manager shared her information about personnel issues, and she ended with her recommendations, that to ensure diversity, our agency should hire a certain number of American Indians, Hispanics, African-Americans, and so forth. As a board member, I asked why she didn't include a recommendation on hiring individuals with disabilities. In a huff, she responded, "We're not required to do that – there's no affirmative action in the Americans with Disabilities Act!" As calmly as I could, I agreed with her about the ADA, then looked at her and the other board members and asked, "How can we sit here and preach that companies in our community should hire people with disabilities, but we don't hire them ourselves?" No one had an answer.

A month or so later, I learned of a job opening in the agency, and thought it would be a great opportunity for "Wendy," a person with a disability who was both a friend and a board member, too. I casually asked the executive director what he thought about Wendy applying for the position. He was silent for a few moments – I could see the wheels turning in his head – and he finally said, "Yeah, that would be great – if we hired Wendy, then we could get her off the board!" Like me, Wendy was part of the "radical" wing of the board, and apparently the Executive Director would have liked to get rid of us. (Wendy applied, but did not get the job and she stayed on the board.)

Setting People Up for Success or Failure?

I've long believed that in the process of trying to find a job for a person with a disability, we inadvertently make the person look incompetent, thereby reducing the chances that an employer would be interested in hiring the person.

Create a similar scenario for yourself: imagine you lost your job, and your spouse, parent, friend, etc. (the "helper") decides to assist your job-hunting efforts. Your helper goes to the HR department of a business which has a job opening that's a good match for you, and says, "I'd like to talk to you about my husband [son/friend/whatever] coming to work here . . ." How would that make you look? Yep, incompetent! The HR department would wonder why you weren't there yourself, right?

Years ago, "Gracie," a middle-aged woman who has a disability shared her personal experience: "I've had lots of jobs – they'd set up interviews for me, and I'd ride the bus, and some jobs I got and some I didn't. And the ones I got didn't last long, cause they really weren't jobs I wanted. So one day, I'd had enough – and I got off the bus and didn't go to the interview. From then on, I got my own jobs, and those are the best jobs I've ever had!"

It's time we stopped keeping people with disabilities in a state of helplessness and dependence, and stop "getting them jobs," and, instead, help them learn how to get their own jobs! Let's help set people up to succeed, not to fail.

This brings us to leadership, boards, and more. The by-laws of many disability related organizations required that a majority of board members be individuals with disabilities or family members. This is an appropriate strategy to (hopefully) ensure that the organization's mission, activities, policies, etc. reflect the needs of the people they serve – and this is all well and good.

But what about staff? There are many organizations who hire *parents* of children with disabilities, and this, too, is good. And many of these parents do not have previous "professional" experience in the field prior to being hired. They have, instead, on-the-job training, life experience, and at least one Ph. D. from the School of Hard Knocks! In many cases, their personal life experiences are considered more valuable than the college degree and/or professional experience of other applicants – and they're given a shot at the position. Once hired, they're trained on the specifics of laws, policies, and/or other important aspects of the new job.

Why isn't the same true for adults with disabilities? Why aren't their life experiences perceived as valuable? Most have more years of experience than parents (a 35-year-old woman with a lifelong disability has many more years of personal experience than the parent of a 10-year-old child with a disability). Why aren't applicants with disabilities given the same opportunities as applicants without disabilities?

Ultimately, it seems this is about values, ethics, morals, integrity, and honesty. And it's also about the flipside: hypocrisy and the age-old, "Do as I say, not as I do."

Perhaps we should look at this from another angle – that of a potential employer. The staff of "Employment Options," an imaginary human service provider, routinely beats the bushes searching for jobs for its "clients" who have disabilities. But none of the staff members have disabilities themselves, right? What unspoken messages are sent to potential employers?

- You want *us* to hire people with disabilities, but *you* don't hire them, so why should we?
- Maybe people with disabilities *are* incompetent like we thought – if they were really good employees, you'd hire them, wouldn't you, instead of offering them to us?
- In our company, we use the product/service that we sell/manufacture – we believe in it! You must not believe in your "product", since you don't use it yourself.

The list could go on, and perhaps this represents one of the contributing factors in the shameful estimated 75 percent unemployment rate of people with disabilities. And there are other factors, of course (see box).

"Be the change you want to see in the world," are the words of wisdom from Gandhi. If disability organizations want people with disabilities to be employed at real jobs, for real pay in the community, shouldn't they be the first to fulfill that goal? Shouldn't disability organizations be the leaders in employing people with disabilities and set an example for others?

What will it take for disability organizations to:

- Recognize and value the life-long expertise of adults with disabilities;
- Actively recruit individuals with disabilities and provide the appropriate training and supports;
- Do what they ask of other potential employers: see past a person's diagnosis and presume competence.

What will it take for organizations to talk the talk *and* walk the walk – to truly fulfill their mission statements?

Parents Help Promote Good Emotional Health in Young Children

Reprinted from the Summer 2008 PACER Center Early Childhood Connection Newsletter.

From the moment they are born, babies are social, emotional beings. Every coo and cry is an attempt to express needs and feelings and communicate with the world around them. By responding with unconditional love and consistency, parents can help their babies and young children develop healthy social and emotional patterns that will serve them well throughout life.

That's not always easy to do – especially when your infant is wailing through the night or your toddler is having a tantrum in the grocery store. Yet through every interaction you have with your child throughout the day, you have the opportunity to support your child's social and emotional development. You are helping your child build trust in others and the ability to form meaningful relationships, says Christopher Watson, co-director of the Infant and Early Childhood Mental Health Certificate Program at the University of Minnesota.

“Children need adult emotional partners to help them interpret what they're feeling and manage their emotions,” Watson explains. “For example, a toddler who is suddenly afraid of something will look to Mom or Dad to see if they should be scared. They need an adult to help them know what's okay, what's not, and how to respond to the world.”

Watson offers these tips on how you can promote social and emotional health in your young children, with or without disabilities.

1. **Provide unconditional love:** Children need to know that they are loved even if they misbehave, make mistakes, or experience failures.
2. **Provide appropriate discipline:** Children need to explore and experiment, and they also need to know where the limits of acceptable behavior are. When rules are broken, criticize the behavior, not your child. Be firm, but kind. Help your child understand why the behavior was not okay and what he or she can do instead.
3. **Foster self-esteem:** Children develop feelings of self worth when they are praised, encouraged, respected, reassured, and treated fairly.
4. **Encourage play:** Play helps children learn how to relate to others, handle challenges, gain a sense of belonging, and learn social skills.
5. **Express feelings appropriately:** Children learn from imitation. They will learn to express their own feelings and develop empathy by watching how you deal with emotions.
6. **Provide a safe home:** Stability, consistency, and predictability help a child feel safe. Protect your child from violence in the home – including violence on TV.
7. **Interpret the world and develop emotional literacy:** Children begin to understand other people by learning about their own feelings first. Build emotional vocabulary through your day-to-day actions together. For example, if your son has fears about monsters under the bed, reading books about scary things may give him a safe way to explore that feeling, gain perspective, and understand that everyone has fears.
8. **Name and affirm your child's emotional experiences:** Your child will learn to trust emotions and relationships if you name and affirm what your child is feeling and provide assurances that you can help your child deal with them. For example, if your daughter is upset because you limit before meal treats, saying, “Yes, I see that you are angry because I won't let you have a cookie before dinner,” helps her identify the feeling she is having, affirms the feeling, and demonstrates that you understand (even though she still can't have a cookie). “The goal,” Watson says, “is to create an environment where a child feels held emotionally.”
9. **Set children up for success:** Anticipate when your child is prone to emotional outburst and avoid those times when scheduling activities. For example, if your son is demanding and whiny when he's tired, wait until after his nap before you take him grocery shopping. “If you know a child won't like something, think about what they do like and mix a reward with the activity,” Watson suggests.
10. **Be Calm:** When your child is agitated, upset, or out of control, “your only job is to bring them down from that state,” Watson says. How? “Be present. Keep a calm tone of



When Should You Seek Help?

Did you know that infants and preschoolers can become depressed, suffer from traumatic events, or have a tendency to develop mental health problems? It can happen to any child – regardless of age, race, ethnicity, religion, or family situation, says Christopher Watson.

Symptoms of mental health issues vary but may be suspected if a young child regularly:

- Lacks emotion
- Rejects affection
- In unable to calm themselves
- Acts withdrawn
- Is often inconsolable
- Acts violent, defiant, or aggressive
- Has significant sleeping or feeding problems
- Is extremely clingy, sad, or out of control

All children go through challenging phases, but that doesn't mean they have mental health issues, he adds. When a child's behavior repeatedly seems to extreme, intense, or unusual, however, it may be a sign that something is amiss.

Remember, no one knows your child better than you. If you are concerned about your child's mental health, call your pediatrician and request a screening. An infant or toddler with a diagnosed physical or mental condition that's likely to result in developmental delay may qualify for early intervention services even if the delay isn't apparent at that time. Early intervention can help turn problems around before they become more severe or long lasting.

voice and repeat simple, comforting words, such as ‘It’s okay. I’m here,’ ‘ he says. “Don’t add extra demands on the child. In fact, take away demands. If necessary, remove your child from the environment,” he adds, noting that large stores and fluorescent lighting can be over-stimulating to young children. Another approach is to try distracting the child. Finally, “if your child is getting physically distraught, you may want to hold him or her closely to provide a calming sense of safety. Adults play a crucial role in providing support to children as they learn to regulate their feelings,” Watson says.

All children – with and without disabilities – need a secure base in order to develop into emotionally healthy adults. That foundation is built moment by moment, in the daily interactions between you and your child. By helping your child understand and express his or her emotions, you’re promoting social and emotional health that will allow your child to face life’s challenges in the best way possible.

If your child is under the age of 6 and you feel that they need assistance is developing into emotionally healthy adults, we might be able to assist you through a program called Early Childhood Supports and Services. Please call Thelma Scott locally 318.361.0487 to toll free 1.888.300.1320.

LaCAN’s Legislative Wrap Up



So many things were going on in Baton Rouge this past session that at times it was difficult to keep it all straight, for me at least. The following information was published in the *TriAngle*, a joint publication of the Advocacy Center, Louisiana Developmental Disabilities Council and the Human Development Center.

Funding for community based services was substantially increased in some, but not all, areas.

- As a result of tremendous advocacy efforts by LaCAN and other advocates for people with developmental disabilities, the state’s budget included funding sufficient for a minimum of 2,025 NOW slots – more New Opportunity Waiver (NOW) slots for people with developmental disabilities than have ever before been secured in one year! Advocates were also successful in defeating a bill by Rep. James Fannin, HB 914, that would have changed the 2007 law that created the NOW Trust Fund. The Trust Fund was created solely to provide revenue for new NOW slots. HB 914 would have changed this to have the Trust Fund also pay to sustain waiver slots over the years. This would have resulted in many fewer waiver slots – for example, only 500 could have been funded this year. Through HB 91 (which was in the Governor’s legislative package) passed out of committee without opposition and was passed unanimously by the House, very strong grassroots advocacy efforts directed to the Senate Finance Committee and the Governor’s Office were effective in stopping the bill.
- The elderly and those with adult-onset disabilities were not as fortunate. Only 200 Elderly and Disabled Adult waiver slots were included in HB 1 this year.
- The Administration was more generous when it came to funding for additional mental health services. Prior to the session, DHH announced a plan to add \$89.7 million to this year’s budget for mental health initiatives, and this funding was approved by the Legislature.
- The Advocacy Center was also able to get an increase of \$250,00 – enough to serve 20 additional people – in the state-funded PCA program under Louisiana Rehabilitation Services.
- The Legislature expressed concern about escalating costs in the NOW and Medicaid long-term personal care services, and the Senate and the House passed resolutions directing the Department of Health and Hospitals to study and report to the Legislature on possible cost containment measures. (SR 180 by Senator Mount and HR 190 by Representative Tucker).
- The Louisiana Rehabilitation Services suffered a cutback of \$2.15 million in State general funds. It is not clear how this will affect LRS customers.

Housing accessibility was increased in a small, but significant way.

- The law requiring new multifamily housing projects to be accessible to people with disabilities was expanded due to the efforts of the Advocacy Center. Now, projects with “four or more units” in addition to those with “more than four units” must be made accessible. (HB 641, now Act 218 by Rep. Girod Jackson)

Access to home and community-based services through free choice of providers was narrowed in some areas, but expanded in others.

- As a result of Advocacy Center efforts, consumers in the state-funded PCA program, offered through LRS will have a choice of service provider, without regard to the consumer’s geographical residency. (HB 967, Act 308 by Scott Simon)
- HB 1224 by Representative Rickey Nowlin (now Act 228) imposes a moratorium until July 1, 2010 (subject to approval by CMS) on licenses for new home and community-based providers. Despite the moratorium, DHH may license new providers to help convert intermediate care facilities for persons with developmental disabilities to the proposed Residential Options Waiver, or if there is a need for more providers in any geographic area.

- Further restrictions were placed on consumer choice of provider in HB 1341 by Representative Tucker which requires that relatives who serve as direct support professionals must receive a waiver from DHH. Persons serving as DSPs as of July 1, 2008 are “grandfathered” and the provision will not take effect until it is approved by CMS. The Advocacy Center and other advocates opposed this bill and testified in committee that it could restrict the availability of home and community-based services.

Nursing homes, group homes, and other health care facilities will have to pay somewhat higher penalties when they violate standards. SB 229 by Senator Mount increased the maximum monthly aggregate fine for repeat class A violations (resulting in death or serious harm to a resident) for \$10,000 to \$20,000 and for repeat class B violations (substantial probability of death or serious physical or mental harm) from \$10,000 to \$15,000.

Mental Health and Autism treatment received much-needed attention, but results were mixed.

- The most positive development was the passage of HB 958 by Representative Foil, which provides that all health insurance policies (except plans for employers with fewer than 50 employees and individually written plans), must cover up to \$140,000 in diagnosis and treatment of autism spectrum disorders in children under the age of 17, and that insurance coverage cannot be refused or terminated to anyone because they have an autism spectrum disorder.
- A bill nicknamed “Nicola’s law” (SB 182 by Senator Cheryl Gray) creates a new system for involuntary outpatient commitment. The Advocacy Center argued that this is unnecessary, expensive and restricts individual rights. Amendments were added to remove some of the objections posed by mental health advocates; due process protections were strengthened, and it was clarified that involuntary inpatient commitment standards are not relaxed for people who have been the subject of involuntary outpatient commitment. In addition, the bill was amended to make either case management or assertive community treatment a mandatory part of treatment plans.
- The Mental Health and Addictive Disorders Parity bill (SB 535 by Senators Cassidy and Nevers), which would have required health insurance coverage for mental illness and addictive disorders on the same terms as other illnesses, failed to pass the Senate floor.

Two bills expanded the accessibility of the voting process for people with disabilities.

- HB 923 and HB 987 by Representative Gallot expanded documentation that voters can present to verify disability in order to vote absentee by mail, or to demonstrate that they are eligible to receive assistance at the ballot box. HB 923 also provides that ability to vote absentee by mail by reason of disability continues indefinitely, instead of only for one year. Several provisions that would have restricted the voting rights of person being treated for mental illness in institutional settings were withdrawn and did not become law.

Two positive resolutions that passed this session were HCR 175 by Representative Katz, a resolution to continue studying improvements to the Adult Protective Services and Elderly Protective Services laws and SCR 20 by Senator Mount, which supports the implementation of Louisiana’s Plan for Choice in Long Term Care.

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Louisiana Medicaid’s Friends and Family Transportation Program



Editor’s Note: This is not a new program, however, we felt with the rising cost of gas and travel expenses, families might like to be reminded of this opportunity.

Louisiana’s Friends and Family Transportation Program pays your friend or family member to take you to the doctor. You must already receive full Medicaid benefits to qualify for this program.

Your friend or family member must:

- Have a current Louisiana Driver’s License
- Have a current Louisiana State Inspection Sticker
- Have minimum liability care insurance as required by the State of Louisiana
- Fill out an application and receive an approval letter from The Friends and Family Transportation Program.

After qualifying you must:

- Call the Transportation Contractor at least 24 hours before each appointment to let them know the date and time of your appointment.
- Call as soon as possible after and emergency visit.

A Friends and Family Transportation participant may sign-up to provide transportation for up to 5 people.

To get an application call the Transportation Contract closest to you. In Region 8, that number, toll free, is 1.800.259.1835 or we have the applications here at Families Helping Families 318.361.0487 locally or 1.888.300.1320 toll free.

Accent on Adults!



Great and exciting things are going on with the program opportunities for adults who are out of school. Below are some of the highlights:

- There are now **FOUR (4) Next Chapter Book Clubs** operating in Monroe. All meet at Joe Mugg's Coffee inside Books A Million and they are all full! If you are interested in becoming part of a group, please call and we'll place you on the list. As soon as we have volunteer facilitators, we'll let you know and start a group. If you are interested in becoming a volunteer facilitator, please call! It is a highly rewarding and awesome experience. Our local number is 318.361.0487.
- Other Book Club news is that they are spreading across the state. We have provided training to more Families Helping Families in the southern part of our state. Several centers had already been trained and have clubs in their areas. It looks like that within a matter of time, there will be at least one club in each region!
- The **Men's Lunch Bunch** is growing and growing. They have about 20 people at each months meeting and are having a great time. They tell me that there is always room for more. Join them the first Thursday of each month at 12 noon. Call the office to let them know you'll be there and to find out where they will be eating. Our local number is 318.361.0487.
- The **Ladies Lunch Bunch** is trying a new time to see if participation will increase. They meet the 2nd Wednesday of each month at 12:00 noon. Call the office to let them know you'll be there and to find out where they will be meeting. Our local number is 318.361.0487.
- And last but not least, First Friday Get Togethers, are happening every 1st Friday (hence the name)! This summer we have gone on a trolley ride, to the High Delta Safari, planted plants, and made home-made ice cream. There are many great things scheduled for the upcoming months like movies, a trip to the Chennault Aviation Museum, and guest speakers coming to the office.

I know that was a lot of dates and information so here is a chart for you . . . check your calendar!

What?	Where?	Date?	Time?
First Friday	Chennault Aviation Museum	Friday, October 3 rd	1:30 pm
Men's Lunch Bunch	Cypress Inn	Thursday, October 4 th	12:00 noon
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, October 6 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, October 7 th	2:00 pm
Ladies Lunch Bunch	TBA	Wednesday, October 8 th	12:00 noon
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, October 8 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, October 10 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, October 13 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, October 14 th	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, October 15 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, October 17 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, October 20 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, October 21 st	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, October 22 nd	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, October 24 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, October 27 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, October 28 th	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, October 29 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, October 31 st	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, November 3 rd	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, November 4 th	2:00 pm

What?	Where?	Date?	Time?
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, November 5 th	4:00 pm
Men's Lunch Bunch	TBA	Thursday, November 6 th	12:00 noon
First Friday	Movie Day at the Mall	Friday, November 7 th	1:30 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, November 7 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, November 10 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, November 11 th	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, November 12 th	4:00 pm
Ladies Lunch Bunch	TBA	Wednesday, November 12 th	12:00 noon
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, November 14 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, November 17 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, November 18 th	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, November 19 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, November 21 st	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, November 24 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, November 25 th	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, December 1 st	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, December 2 nd	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, December 3 rd	4:00 pm
Men's Lunch Bunch	TBA	Thursday, December 4 th	12:00 noon
First Friday	Families Helping Families Open House	Friday, December 5 th	11:00 am – 1:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, December 5 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, December 8 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, December 9 th	2:00 pm
Ladies Lunch Bunch	TBA	Wednesday, December 10 th	12:00 noon
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, December 10 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, December 12 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, December 15 th	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, December 16 th	2:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Wednesday, December 17 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Friday, December 19 th	4:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Monday, December 22 nd	6:00 pm
Next Chapter Book Club	Joe Mugg's Coffee House	Tuesday, December 23 rd	2:00 pm

Families First Choice

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Full Page	\$450.00
Half Page	\$250.00
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Thanks for helping support our newsletter production.

Please join us for our annual

Christmas Open House

Friday, December 5, 2008

11:00 am – 1:00 pm

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