



of Northeast Louisiana, Inc.
5200 Northeast Road
Monroe, LA 71203

info@fhfnela.org www.fhfnela.org

NEWSLETTER

December 2013- June 2014

In This Issue:

Why a Rising Women's	Cover
Financial Step for Families	2
Friday Focus	4
Early Steps	4
Prepping for Pregnancy	5
A Salute	5
Disability Awareness	6
Five Ways to Make Church	7
Community Thanked for Help	9
LaCan	9
Do You Have a Story to Share	10



Board of Directors:

Henry Bateman
Dr. Patti Calk
Deanne Groves
Brenda Mason
Philip McQueen
Suzanne Riggs
Dr. Anita Sharma
John Wilson
Lynn Wilson
Robert Tanzy

Staff:

Aliscia L Banks, Executive Director
Shannon Luther, Bookkeeper
Marilyn Black, Database
Laura Nettles, Education Specialist
LaCAN
Shacoma Brown, Librarian
Fae Moulle', OCDD/F2FHIC
Thelma Scott, Volunteer
Lorri Chipman, EarlySteps
Carrie Hicks, Transition Facilitator
Evelyn Jackson, CSHS

Why a Rising Women's Basketball Star Left Hoops Heaven for the Home Team

When 6-foot-5 Elena Delle Donne, the number one recruit in the country, chose the University of Connecticut, it seemed like a perfect fit of star player and powerhouse team, but just 48 hours after she arrived on campus, Delle Donne left. Nearly four years later, Delle Donne says it was the best choice she could have made.

Instead of joining the most dominant team in women's college basketball back in 2008, she moved back to her home state and immediately enrolled at the University of Delaware, just 20 minutes away from her family in Wilmington, Del.

Many were stumped by the superstar's choice to give up playing for a top team like UConn, but Delle Donne's reasons had nothing to do with basketball.

Her older sister Lizzie, 27, is both blind and deaf and was born with cerebral palsy. So when Delle Donne moved to Connecticut, she could no longer communicate with her sister at all.

"Skype, cellphone, texting, email — doesn't work with Liz," she said. "We've never spoken a word to one another so the only thing we have is our physical contact. So that's our whole relationship. It's everything.

"She knows me by my smell and my feel, so, physically, physical contact is the only thing she knows," she said. "So when I did leave, I lost Lizzie basically. Well, she lost me and I wasn't OK with that when I left."

And even though Lizzie can't come to many games, she is always with her sister, even on the court.

"I have a tattoo right on my rib and it says 'Lizzie' and is inside angel wings," she said. "And during the games, I even tap my side right before the game or when the game gets tough just to know Lizzie is out here with me to keep fighting."

Lizzie does more than just give her luck on the court, Delle Donne said.

"She teaches me that you just fight no matter what," she said. "And on the court when things aren't going our way, you just never give up and that's something I'll never do and you'll never see me put my head down and give up."

"I would watch her struggle and I would watch her persevere through her

struggles and that was something that always helps me put my life in perspective,” she said. “She overcomes battles that I will never face and thank God I will never face those, because I’m nowhere near as strong as Lizzie. And only someone like Lizzie can get through those battles.”

And even though Delle Donne didn’t end up where she thought she’d be, she says it was worth sacrificing a place on a top team for her family.

“They’re definitely my rocks and when I went away from my rocks, I realized that it wasn’t the right thing,” she said. “I wasn’t going to be happy if I was separated from my family.”

When she arrived at Delaware, she said, she was burnt out, so she took her freshman year off from the game she once loved and instead played volleyball for the school, where she studies early child education.

The following season, she started playing basketball again and has helped turn the Blue Hens into a team to be feared.

“I love everything that is involved in this sport,” she said. “It’s just a lot of fun. And when I stopped enjoying it, I stepped away from the game because I wasn’t going to do something that wasn’t for me. Now I play it for the passion and love of the game.”

The women’s team won a NCAA tournament game for the first time in the school’s history Sunday night, defeating the University of Arkansas Little Rock, 73-42, and giving the team a record of 31-1.

Delle Donne, a junior, scored 39 points against Arkansas, just three less than her opponents total score. She led the nation in scoring with an average of 27.5 points a game, three more than anyone else this season.

But she knows she stands out as much for choice as for her basketball skills.

“It’s the poem ‘The Road Not Taken.’ And that’s kind of my theme here,” she said. “And that poem really means a lot to me and my family. And this really has been the road not taken. And it’s been incredible.”



Financial Steps for Families With Special Needs

Guest Post by Michael Stern

“What will happen to my family member with special needs when I am gone or no longer able to provide care?” This question haunts many families. Fortunately, there are steps you can take to help assure the long-term financial security of a loved one with special needs:

1. Start Planning Now

Whether your loved one is four or forty, you never know how long you will be here. Of the more than 10 million people with developmental disabilities in the United States, fewer than 20 percent of their families have made any financial preparations whatsoever.

2. Discuss who will provide care

Who is available to help? Don’t assume that other family members will take responsibility. Discuss the topic openly, so that each member can decide what role, if any, he or she will assume. Remember, these decisions often involve a lifelong commitment.

3. Don’t put assets in the name of the family member with special needs

It may disqualify your loved one from future financial aid and could also trigger reclaiming of past benefits, especially by Medicaid. This is why it’s often recommended to avoid outright gifts or naming the individual with special needs as a direct beneficiary in your will and life insurance policies.

4. Consider establishing a Special Needs Trust

If properly drafted and irrevocable, a Special Needs Trust can help maintain eligibility for public programs. These assets are considered separate from those of the family member with special needs. The trust also provides professional money management of assets and funds for your loved one's care.

5. Select guardianship carefully

Your family member's future guardian will be selected for a number of qualities — financial discretion, knowledge of care, likes and dislikes, as well as a genuine interest in the person's future. The guardian should be able to make decisions as needed and according to the Letter of Intent.

6. Arrange funding

A Special Needs Trust is of no value without funding. Since assets cannot be removed from the trust, it is often recommended that minimal funding take place during the parent's lifetime. Instead, many people purchase life insurance on the parent, naming the trust as beneficiary. It's also possible to make the trust the beneficiary of wills, annuities and qualified plan assets. Other family members and friends who want to help out can be encouraged to put money directly into the trust.

7. Draft detailed written instructions in a Letter of Intent

A letter of intent should include general information and background about your loved one, medical history, present and future housing arrangements, daily living skills, favorite leisure activities, rights and values you want to preserve, legal papers and their location, circle of friends and professionals, final arrangements and whatever else will help caregivers enable your loved one.

8. Don't forget other family members, such as other heirs, especially other children

Provide for them in your will and with life insurance. This is vital because assets in a Special Needs Trust cannot be removed except for the benefit of the special needs individual.

9. Be aware of differences in state laws

Medicaid, for instance, is a federal program regulated and managed by the states. Guardianship laws and eligibility guidelines used to qualify for benefits differ across states' borders.

10. Seek professional advice

Many people will want to help, but few are qualified in this complex field. Find specialists with an expertise in special needs planning, including attorneys who specialize in special needs situations.

The bottom line:

Creating a financial strategy for a family member with special needs can be demanding, time-consuming and frustrating. But your effort will be worth it down the road, both for you and other family members. Above all, the preparations you make now can help assure your loved one with special needs will be financially secure when you are no longer able to provide for them.

Life insurance products usually assist you in coordinating all the work that has to be done with your attorney and CPA. There are specialists that can assist you with the creation of trusts and estates. One of the advantages of life insurance is that a cash surrender value builds up that can be used for any expense approved by the trustee.

An annuity is a long-term, tax deferred investment vehicle designed for retirement. Earnings are taxable as ordinary income when distributed, and if withdrawn before age 59½, may be subject to a 10% federal tax penalty. If the annuity will fund an IRA or other tax qualified plan, the tax-deferral feature offers no additional value. Not FDIC/NCUA insured. Not bank guaranteed. Not insured by any Federal Government Agency. There are charges and expenses associated with annuities, such as deferred sales charges for early withdrawals.

Friday Focus



Once a month, adults who are out of high school are invited to participate in an activity sponsored by FHF. In June we had pizza and played games at Chuck E Cheese and in July we were treated to the annual watermelon/ice cream event. The Chennault Aviation Military Museum was our host for a tour in August.

In September, Deanne Groves discussed her Creative Memories program. Several participants chose to individually have their life stories recorded. Each participant was given a copy of their own DVD.

Mini-golf was the activity in October. November was the month for BINGO. There were many prizes and early Christmas gifts. We were invited to the FHF Open House in December.

In January “Scotty the Magnificent” will perform his magic tricks. In February, we may go to the mall for a Dutch treat lunch and movie. We are also working on having a mini health fair sometime in the spring. Other possible activities include Roller skating and a trip to Black Bayou.

If you are interested in attending one of our events, just call 318-361-0487 and ask to put your name on the mailing list.



Beginning on October 1, EarlySteps will implement Family Cost Participation (FCP) for services provided through EarlySteps in an effort to support the EarlySteps budget. Cost participation allows families to share in the cost for some early intervention services. Any funds received from families will only be used for EarlySteps services.

Families are beginning to meet for explanation of the cost participation process and to gather all necessary financial information either at intake for new families or at the annual IFSP review for currently enrolled families. A Frequently Asked Questions (FAQ) document has been prepared to answer some questions families may have and will be posted to the parent page of the EarlySteps website.

How much will families be required to contribute? The schedule below gives shows hourly service rates, maximum monthly caps, and gives an example of an average cost per month across several income levels. Only families who are above 300% FPL will contribute to the cost of some services.

	300%	350%	400%	450%	500%
Sample Income - Family of 4	\$70,668	\$82,446	\$94,224	\$106,002	\$117,780
Per Hour Service Cost	\$18	\$21	\$23	\$27	\$30
Maximum monthly cost	\$176	\$206	\$235	\$265	\$294
Sample: Average monthly cost to a family based on 4 hours per month of services	\$72	\$84	\$92	\$108	\$120

For questions:

- Families in EarlySteps may contact their Intake Coordinator or Family Support Coordinator.
- Others may contact the EarlySteps Regional Coordinator or Community Outreach Specialist for their region.

Prepping for pregnancy

by Dr. Jeanne Conry



Pregnancy is an exciting time for expectant parents, but before you become a glowing mother-to-be there are a number of steps you can take to help ensure your baby's future health. Putting together a health plan before you become pregnant can set you up for a healthy and successful nine months.

The first step is to schedule a preconception visit with your OB-GYN, which is critical for assessing your overall health, helping you set goals for a pregnancy and checking for pre-existing risks. It is also a time to make any needed lifestyle changes—like quitting smoking—to improve your health and the health of your infant. Research clearly shows that a woman's health and the outcome of her pregnancy improve when she is free of alcohol, tobacco and drugs. This time period is especially important in terms of catching up on vaccinations, taking a daily prenatal vitamin with folic acid to help prevent birth defects, and exercising and achieving an ideal body weight.

Getting existing chronic health conditions, such as diabetes and obesity, under control should also start early. Both conditions are related to an increased risk of birth defects, cesarean deliveries and poor newborn outcomes. A family history of certain health conditions such as sickle cell disease can also impact a pregnancy. Discuss with your OB-GYN about any medications you are taking. Sometimes it is safer for women and their babies to continue taking necessary medications during pregnancy than to have a condition such as a seizure disorder, hypertension or depression that is poorly controlled.

Talk with your doctor about which immunizations you need to have before trying to become pregnant. Vaccines are vital in protecting you and your baby from harmful infections. An annual flu vaccine shot is safe to receive during pregnancy, regardless of trimester, although the nasal spray flu vaccine should not be given to pregnant women.

Consuming a diet high in fiber, fruits and vegetables, and attaining an ideal body weight are crucial for a healthy pregnancy. Gaining too much weight during pregnancy, and failing to lose weight afterward, can set some women on the path toward lifelong obesity. Embrace the postpartum time as a period to attain a healthy weight.

When you're preparing for a pregnancy, eliminating as much uncertainty as possible and establishing healthy habits can create needed reassurances for both your physical and mental wellness. From a woman's point of view, it's never too early to focus on managing the healthiest pregnancy possible.



A Salute To Our Faithful Community Partners

By Evelyn Jackson

Every second Tuesday of the month, the patients and families who attend the Children's Special Health Services (CSHS) Cardiology Clinic in Region 8 receive a double blessing. Not only do they get excellent medical services, but also healthy/delicious food items and kind gestures through the services provided by the Vera Jordan Circle of the First United Methodist Church of West Monroe, LA. This benevolent act originated about 15 years ago by Dr. Terry King, the pediatric cardiologist of CSHS, Region 8. At that time, the "Cardiology Clinic Experience" was usually an all day event, so he asked his church family, the First United Methodist Church of West Monroe, to provide food and drinks for the Clinic attendees. And, indeed, they did.

During the first years of this Project, Mrs. Pat McClendon lovingly served the patients and their families. Upon her retirement, Mrs. Linda Jans, Mrs. Frances Allen, and Mrs. Becky Ham and others faithfully continued her legendary work. At the present time, Mrs. Kathi Reeves and Mrs. Frances Allen are the two members of the Vera Jordan Circle who grace the Clinic with their cheerful personalities, delicious food, and compassionate ministry. Mrs. Reeves says, "I love to see patients of all ages and to hear how each is doing. Also, I like to make them feel comfortable and not to be afraid, when they go in to see the nurses and the doctors." Both ladies are held in high esteem by the Clinic attendees and the CSHS Region 8 Staff.

So on Tuesday, December 10, 2013, CSHS Region 8 Staff, patients, and families of the Cardiology Clinic saluted and gave recognition to Mrs. Reeves, Mrs. Allen and the entire membership of the Vera Jordan United Methodist Women Circle of the First United Methodist Church of West Monroe, LA. Congratulations and many thanks for a job well done!



Disability Awareness: 10 Things Parents Should Teach Their Kids About Disabilities

By Tiffany Carlson, The Mobility Resource

Parents are all over the board when it comes to how they teach their kids about disabilities. Some scold their kids when they ask what's wrong when a [person with a disability](#) passes by, and other parents are totally cool with letting their kids run around and approach us at will. No two parenting techniques are alike.

But there are a few things that are repeated. From telling their child to always look away or giving them a generic viewpoint of people with disabilities, mistakes on how to talk about us are abound. Since even the most well-meaning parent can accidentally flub up, here are 10 ways to help give your kid a leg up on how to think differently about disabilities.

1) Answering "Why can't they walk?"

One of the most common questions kids ask when they see someone who uses a wheelchair is this, "Why can't they walk?" Kids are naturally curious and have no filter, which are without question one of their best and worst qualities. If your child is younger, saying, "They just have an owie," can be enough.

If they're older however, just be honest. "I don't know, baby, but most likely it's because their nerves," is all you need to say. My 6-year-old niece is a great example. She's still too young to understand the concept of a [spinal cord injury](#), so I just tell her my legs just don't listen to me anymore, and she understand it completely.

But what's great is once they fully understand, fear is erased.

2) Don't get mad when they get curious.

While it's great so many parents want to make sure their kids don't offend us, which for some kids is a legitimate concern when it comes to sensitive people with disabilities, getting angry with your child when they ask questions about our disability should be avoided. Fear, shame or embarrassment is not what you want your kids to feel in the presence of disability. I hear kids ask their moms about me all the time. Cutest thing ever.

3) Being different isn't a negative thing.

Instead of putting a "sad story" spin on disability whenever they inquire about someone, saying something along the lines of, "But it's ok." "The world is full of people who are different," is vital. We all get around in our own ways. As long as we get there is the important part.

4) Always ask before helping.

A lot of well-meaning parents like to teach their kids to help us whenever possible. But it's just as important to teach them to ask before helping so they can appreciate our autonomy, and respect us as such. Teaching your child to automatically jump to our aid is kind, but it can make it harder for them to see us as a person apart from the chair. Letting them know we can do many things on our own is a huge lesson for kids.

5) Our wheelchairs aren't oversized strollers.

Seeing a wheelchair as our "legs" is another big lesson to drive home. Kids can come up with some hysterical words when referring to a wheelchair – a mini car, a wagon, a "what's that" (my personal favorite), but don't let them go on thinking of our wheelchair as a stroller. Kids like to, but driving home the notion of a wheelchair as being an empowering object, not one that symbolizes helplessness, can make a huge impact.

6) Be careful how you react yourself.

It's no secret kids are sponges and instantly sense whatever mom or dad is feeling. Feeling nervous, awkward or afraid around people with disabilities will only make your kids feel exactly the same way. Try to put those feelings aside in the best interest of your kids. Respond positively and calmly when [encountering a person with a disability](#) and they'll do the same (and hopefully into adulthood too).

7) A 10-second stare is ok. I promise.

When it comes to staring, kids get a "Get of Jail Free" card. At least that's how I feel about things. As long as it's not a long drawn out stare that is, which in that case you should tell them, "Looking is ok, but not too long." I say this because it always saddens my heart whenever I see a parent scold their children for looking at a person with a disability for a brief moment. Kids are shiny new people learning about the world. Their innocent glances are 100 percent ok.

8) We aren't in pain.

When I told my niece, "My neck has an owie. That's why Auntie Tiffy can't walk," her first response was, "Well does it hurt?" Kids are just learning about the human body and the double-meaning of words too. By saying "I hurt my neck," she heard "hurt" and equated "pain." While some of us do have some awful chronic pain, letting your kids know a disability doesn't necessarily equate to physical pain can take a definite load off their mind.

9) We can be awesome too.

Whenever possible, showing your child a movie, book or play with a positive portrayal of disability can make a huge difference. Sad movies about skiers who break their necks, then fall in love with a pilot who ends up dying in a crash is not such a good movie to show. They need to see us involved, having fun, even dare I say cool.

While it can be hard finding children's books with a positive disability spin, they're out there. Arlen, [Marvelous Mercer](#), Saddle Sore, [Cinderella's Magical Wheelchair](#) and Mama Zooms are some good reads. And a few good kids movies or shows to check out in the same vein include Miracle in Lane 2, a movie with a young adult in a wheelchair who dreams of winning trophies like his brother, Dragon Tales, a cartoon with a character who uses a wheelchair and Pinky Dinky Doo, an animated series with one of the main characters having a friend with a disability. ** (Win one of these books by sharing this article on Facebook, google + or twitter, but make sure you tag or mention us so we know it's you).

10) Our chairs aren't glued to our butts.

I've always felt every child needs to see someone in a wheelchair get out of their wheelchair just once. Maybe onto a couch, or even better – into a pool or onto a motorcycle – leaving their wheelchair behind, just so they can see we are a person first, wheelchair-user second.

The first time my niece saw me get out of my chair and onto the couch was at Christmas when she was 2-years-old. Her eyes widened and she was deliriously happy when she saw me get out. I think she saw it as breaking free (I don't think she thought it was even possible until that point).

Parenting is a huge responsibility, and molding your kids into hopefully soon-to-be awesome adults is the end goal. I've met a handful of these adults who were raised in a disability-positive environment and they have been some of the most amazing people I've ever met. If your child ends up being one of these very people, you've done a parenting job well done. And remember, the above tips are mine alone. Not all people with disabilities may agree on these recommendations. Whenever possible, ask people with disabilities in your life for any input or tips. There's knowledge to be learned from everyone.

Five Ways to Make Your Church More Inclusive

By Terri Mauro, About.com Guide

Chances are, if you've ever [brought your child with special needs to your house of worship](#), you've had the experience of feeling excluded. Maybe it's the stares of fellow congregants making it clear that fellowship does not extend to your child. Maybe it's the polite assertion that a volunteer Sunday school teacher isn't really equipped to deal with your child's challenges. Maybe it's the lack of zeal in recruiting your child for religious education, or the realization that no one in a position of leadership has made any effort to get to know your family.



It's easy to feel [angry and hurt](#), and resign yourself to a diminished spiritual experience. Yet just as parents of children with disabilities are called to advocate for their children at school, they can do the same -- in a positive and faith-filled way -- in their houses of worship. I asked [Amy Fenton Lee](#), who blogs about special-needs ministry at [The Inclusive Church](#), to suggest some things parents can do to make a difference. "With the more Americans impacted by disability than ever before, churches are making commendable efforts to better include individuals with special needs," she points out. "Yet many parents still run into roadblocks when trying to integrate their child with differences into church programming. Parents are on the front lines, they know what is needed to accomplish inclusion, and they know from their networks that there are more families like them who can benefit from a community of faith." Here are her five steps to get started:

1. Share statistics. "Help churches see the opportunity is bigger than one child and one family," Lee suggests. "Most churches are not aware of just how prevalent disabilities are in our society. The numbers tell an incredibly compelling story." To get started: Lee's blog post "[Just the Facts: Special-Needs Statistics](#)" is written for churches and includes a variety of diagnoses. Use it as a conversation starter.

2. Provide role models. "Share examples of what other churches are doing for special needs inclusion," Lee advises. "In this case, peer pressure can be a good thing. Especially among high-profile and progressive faith communities, the trend in children's and student programming is to add a special-needs component to the ministry menu. Many churches post helpful information on their website about their special-needs accommodations. Take notes about your findings and prepare to share this information with key influencers in your church." To get started: Visit these websites recommended by Lee:

+ [Grace Church, Greenville, SC](#)

+ [Woodmen Valley Chapel, Colorado Springs, CO](#)

+ [Capital Christian Center, Sacramento, CA](#)

+ [Montgomery Community Church, Cincinnati, OH](#)

3. Help church leaders network. "Many communities have local networking groups just for special-needs ministry leaders," Lee explains. "San Diego, California, and Birmingham, Alabama, both have active nondenominational co-ops where church volunteers and paid staff members meet regularly to address issues unique to special needs ministry. These churches essentially equip each other, and they are always excited to welcome a new church to the group. These seasoned special-needs ministry leaders often mentor and partner with newer churches as they develop their own inclusion programming." To get started: If there's no such network in your neighborhood, "connect your church leaders with other local churches already doing special needs ministry," suggests Lee. "Do some research for what nearby churches are doing to promote disability inclusion. You may have to email or call a few other children's ministry leaders around town, but typically one contact will have a good idea of what other local churches are doing in the way of special-needs accommodation."

4. Narrow your focus. While ideally you'd like your faith community to open up to your family in every area of ministry, starting small and building on success is the best strategy, says Lee. "Give the church an opportunity to experience success one step at a time. Be careful not to overwhelm the church leadership with too many requests or ideas for better inclusion. Recognize that the learning curve may be steep for a team of volunteers unfamiliar with the nuances of special-needs accommodation. And allow for a few mistakes in the growth process before expressing frustration and potentially burning bridges. Grace and gratitude are two of the best motivators for church leaders inching toward better inclusion." To get started: "Identify the one change that would make the biggest impact on families with special needs," Lee advises. "For most families, this high-impact time is on Sunday mornings. If the church can accommodate a child during one hour of Sunday morning programming, then siblings and parents are enabled to learn and spiritually grow in their own respective settings. Approach the appropriate ministry leader with ideas for achieving inclusion for this particular church setting. Start with the goal of achieving accommodation for just one hour."

5. Suggest helpful resources. Lee recommends two tools worth sharing, both published by [CLC Network: G.L.U.E. Training Manual](#), "a very affordable resource that includes reproducible forms and walks a church through the processes to start a special-needs ministry," and [Church Welcome Story](#), which is "tremendously helpful for children who struggle with transitions and change. The book provides very specific and important instructions to follow when choosing words for a child's 'church story.' Parents or children's ministry leaders can go to a website where they may personalize a child's story by putting in pictures of the environment and of the child's new teachers. They can also fill in provided blanks to provide details unique to that child." To get started: Humans can be good resources to bring in, too. "Introduce the church children's pastor to a special education teacher or pediatric therapist who has helped your family. These experts can often

provide ideas for creative and easy ways to modify a ministry environment or adapt a Bible lesson so to better engage children with special needs. They may even be willing to lead a one-time training event for children's ministry volunteers."

Governor Bobby Jindal Defends Vouchers in Ad

by Shawn Fleming, Deputy Director of the Louisiana Developmental Disabilities Council

Some issues are more controversial than others. Below is an opinion of someone we respect. Your opinion may differ, however; I am sure there are many who will agree. Read and form your own opinion.

Since services for students with disabilities who accept vouchers are not guaranteed a voucher isn't a real option for parents of students with more significant disabilities. So the question is: What is the impact of the voucher program on students with significant disabilities served by traditional public schools?

Accountability – since students with disabilities are defined by having an adverse impact on their academic performance due to their disability, they will always be the least likely to score well on standardized tests. So as more students without disabilities leave a school (i.e., take a voucher for private or go to a Charter) it raises the percentage of students with disabilities in the traditional public school and this tends to lower that schools performance score. Schools that consistently have lower performance scores are taken over by RSD and turned over to a Charter operator. Unfortunately, because everyone realizes the negative impact on the school performance score of serving students with disabilities, it seems that one surefire strategy for a Charter operator (or traditional school) to reach performance expectations and stay out of the 'failing' schools is to serve less kids with disabilities. In addition, schools are pressured to raise those scores and direct all resources possible to be above average. Directing resources to many special education and related services is not consistent with this goal. As this progresses parents of kids with disabilities will find themselves with increasing resistance to be welcomed and/or served in schools that are fighting for survival.

Funding is no longer a direct education issue since vouchers were taken out of the MFP. However, since the maximum voucher amount is based on an average amount that had weighted students with disabilities, and there are proportionally less students with disabilities receiving vouchers, there is a disproportionate amount of state resources being used to support the students in private schools. Since no local funds are used for this effort this is actually requiring more state general funds to support this effort. So this is reducing the amount of state funds available to provide supports and services to students with disabilities across all sectors.



**LaCAN - Louisiana Citizens for Action Now . . .
it can change the world**

LaCAN is a network of families and interested parties, advocating for individuals with disabilities. The group was spearheaded and is now coordinated and maintained through the efforts of the La. Developmental Disabilities Council and all individuals and families who participate.

LaCAN is an effort to connect us with our lawmakers. It is probably one of the most important things you can participate in. You can make a difference in the lives of those you advocate for. It cost nothing to join, just the desire to change the world for those with disabilities.....well, at least Louisiana.

LaCAN membership is free for the taking, free to help give others freedom!! Allowing freedom from segregation, living, working and playing in the community, in their neighborhood schools, the freedom that comes with your own home and friends you choose.

Please join LaCAN!! If you choose to change lives, sign up. It will only require that you receive email with legislative information, make a few telephone calls and share your opinion on the issues that assure freedom for those we love, those with disabilities who may not be afforded the voice you have.

Please get involved!!

www.lacanadvocates.org or call 1-800-450-8108