

# Family Connections

THE NEMASKET GROUP

NEWSLETTER # 56

MAY - JUNE 2011

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As of the writing of this newsletter:

## **STATE BUDGET IN CONFERENCE; DISABILITY SERVICES STILL IN DANGER**

From: Arc Mass Website [www.arcmass.org](http://www.arcmass.org)

Senate debate having come to a close, the state budget is in Conference Committee to resolve the differences between the House and Senate budgets. With that in mind, the disability community has been reflecting on the progress in both chambers over the past two months:

In the **House**, representatives demonstrated support for disability services by recommending:

- A \$1M increase over the Governor's budget for Day/Employment programs for total funding of \$124M
- A \$9M increase over the Governor's budget for Family Support/Respite programs for total funding of \$41M
- A \$500,000 increase over the Governor's budget for the DDS Autism Division for total funding of \$4.6M

\$6.5M for the DESE/DDS Residential Placement Prevention Program and language in 7061-0012 that reserves those funds for the program We also received considerable support in the **Senate**, which recommended:

- An additional \$4M to fund Day Habilitation programs through MassHealth, with the chance of greater funding through a supplemental budget or reallocation from other MassHealth accounts

...Continued on Page 2

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....Continued from Page 1

- \$6.5M for the DESE/DDS Residential Placement Prevention Program—the same amount recommended by the House

Now we ask that the conference committee work together to fund critical DDS and MassHealth services. In light of the effective decrease in funding over the past five years, the restoration of funds will not constitute a boon to these programs. Rather it will provide sufficient funding for these programs to serve only a portion of worthy and eligible individuals and families.

**Family Support is still under funded by at least \$5 million.** Family Support/Respite services are for adults and children. In recent years most children have lost use of this program due to cuts. For those with loved ones at home it is an essential support and very cost-effective. In addition to respite or in-home assistance, staff at family support centers provide training, help with planning and give referrals for community resources that can complement public services. **Thousands** of people are at risk of losing family support services and day supports this year. A reduction of more than **30%** on top of the **\$10 million** cut in 2010 mean that families who have an adult son or daughter living at home or those with children who need assistance will have little if any help.

**The Day/Employment** account is utilized by adults who continue to live at home or transitioned through Community First. For those at home, services funded through this line are the main supports an adult receives from the state. It typically gives parents a break for the day or allows them to work. An additional **\$1.7 million** is needed for FY'11 Turning 22 students.

Stay tuned as the Conference Committee continues to reconcile the budget. As always, the advocacy community will have continued work to do to ensure services for individuals with disabilities.

The Nemasket Group's

# 2011 Summer Sizzler



DATE: August 18, 2011

(rain or shine)

TIME: 4:00 - 7:00 pm

LOCATION: The Nemasket Group

56 Bridge Street, Fairhaven, MA 02719

Come celebrate summer with the staff and families of The Nemasket Group and Family Connections. Join us for a cook-out and lots of fun!



Food and drinks will be provided by The Nemasket Group. Families are asked to bring dessert and lawn chairs.



# Food for *Thought*

## Ask-Don't Assume

From the [www.disabilityisnatural.com](http://www.disabilityisnatural.com) E-Newsletter by Kathie Snow

A hallmark of childhood is curiosity; many children spend many years asking many questions. They want to know "how" and "why" and "when" and more because *they don't know and they want to know*. As children grow and mature, however, many lose this curiosity. Perhaps this happens because their parents and teachers have shushed them too often; adults may easily tire of children's curiosity. Or perhaps as children grow, they think asking questions makes them look stupid, so they *pretend* to know even when they don't. This is very sad. If the flame of curiosity has been extinguished, opportunities to learn are lost, whether one is a child or an adult.

When adults assume a position of authority (at home, as a parent or in a job, as a professional), we may assume a mantle of arrogance; we think we "know" things. The curious child asks questions because she *doesn't know and she wants to know*, but adults may ask few questions because we think we already know the answers! This is also very sad.

In my article, "Creating Change Through Effective Communication," I referenced author Wendell Johnson and his recommendation to ask three questions: (1) what do you mean, (2) how do you know, and (3) what next. In this article, I'll focus on the importance of the first question.

When my son, Benjamin, was very young, he received many pediatric therapies. The physical therapist had spent a great deal of time trying to teach my 18-month-old son to sit up, but it wasn't happening. At the end of on therapy session, "Cindy" said, "I'm very concerned--if children with cerebral palsy [CP] don't sit up by the age of two, they never will." As I carried my son to the car, I was in a panic, thinking; "*Oh, no--this is terrible!*"

*What are we going to do?*" But during the drive home, my natural skepticism and common sense kicked in and I wondered how Cindy could *know* his. She had been a PT for less than two years, so she couldn't know this from her own personal experience. Had a professor told her this? Had someone studied *all* children with CP *from the beginning of time*? I thought not. And what if my son wasn't *able* to sit up until he was three; should we then tell him, "No way, buddy--you missed the deadline, so we won't *let* you sit up!" I began to question the validity of her statement. At the time, I didn't know to ask, "What do you mean," or the other questions Johnson

recommends. But this experience reinforced the value of skepticism and I *did* begin to question more. (See my article, "The Value of Being a Skeptic.") If I *had* asked Cindy, "What do you mean," she may have admitted she was sharing her opinion or something a teacher told her, but that it wasn't the truth with a capital T.

A couple of years later, I had the incredible experience of being a participant in Partners in Policymaking, an extraordinary leadership development program

([www.partnersinpolicymaking.com](http://www.partnersinpolicymaking.com)), where I learned life-changing lessons from the instructors *and* the adults with disabilities who were my classmates. They helped me learn to really listen and to not assume I knew what someone meant. I needed to ask, "What do you mean," in order to truly understand. (Herb Lovett's book, *Learning to Listen*, was also very helpful.)

Several years passed, and my son entered kindergarten. He was in a general ed classroom, just like all the other students with disabilities, at a wonderful, inclusive school. Benj was using a manual wheelchair, a walker, and other assistive

This is very  
**Ask questions from your heart  
and you will be answered from  
the heart.**

*Proverb of the Omaha Tribe*

**Courage is what it takes to  
stand up and speak.  
Courage is also what it  
takes to sit down and listen.**

*Winston Churchill*

devices. Our “rule” for Benjamin (with support from the principal and staff) was that other children should be Benj’s first source of assistance; adults should help only if the task was something a child could not do. Thus, classmates helped push him up the ramp, picked things up that he dropped, and much more. It worked out great for everyone, and Benj has so many “helpers” that he almost needed to beat them off with a stick!

One day, he came from school and said he wished there was someone else at school who used a wheelchair. What was my first reaction? Probably the same as yours: that my son must be feeling bad about himself, being the only child in the school who used a mobility device. My knee-jerk reaction was to give him a hug and talk about it. But by now I was more in the habit of asking, “What do you mean,” and that’s what I did. When you ask this question, the person doesn’t parrot the exact words; he rephrases it, helping you better understand.

In this case, I needed to ask, “What do you mean,” several times before I felt sure I understood. Each time I asked, Benjamin’s answers became more detailed. After our back-and-forth, Benjamin’s meaning was clear as a bell, and I was astounded at how wrong my initial assumption was!

Here’s what my son explained: he saw how much joy the other children experienced when helping him (because he used a wheelchair), so Benj wished there was another child who used a wheelchair so *he* could help that child. My initial assumption was wrong, wrong, wasn’t it? And what a terrible, awful, no-good mistake I would have made if I had a talk with him based on my erroneous, initial assumption: I would have put ideas in his head that could have caused him great harm! (FYI, the next day, Benj and I talked to his teacher about ways he could help other kids in his class: reciprocity is important to ensure people with disabilities are not just recipients of help.)

Consider the following tale you’ve probably heard, but may have forgotten or haven’t realized its importance in your everyday interactions. A young child asks his mom, “Where did I come from?” The mom takes a deep breath, asks her child to sit down, and delivers the “birds-and-the-bees” talk. At the end of the mother’s spiel, I, the child looks perplexed. The mom asks if her

child has any questions, and the child says, “Not really. It’s just that Tommy said he came from Chicago, so I was wondering where I came from.” Badda-bing, badda-boom!

If the mom had *first* asked, “What do you mean,” her son would have provided the information he ultimately gave, and the mom could have said, “Oh, you came from Los Angeles.” And that would have been the end of it, for the time being.

Asking, instead of assuming, is important in *all* areas of our life. How many times have two people (husband and wife, parent and child, boss and employee, etc.) had an argument (including anger, tears, accusations, and more) because one person misunderstood the other? Within the disability arena, the same could be true

between parents and educators in the IEP process, between a staff member and a person with a disability, and so on. How many problems have been *created*, how many relationships have soured, etc., because of miscommunication?

Being using the What-Do-You-Mean technique, asking questions--instead of assuming--can help reduce the risk of children and/or adults with disabilities acquiring “learned helplessness.” With the best of intentions, too many of us do too much for people with disabilities. We may assume a person can’t do this-or-that, or think we can do it faster or better. These actions can reflect paternalism and prejudice--we’re *presuming incompetence*, instead of competence. Instead of assuming a person with a disability automatically needs help with this-or-that, let’s ask, first.

Asking, not assuming, could make all the difference within the world of services--special ed, adult services, voc-rehab, and more--and when writing plans/programs. For example, do we ask a student and/or her parents about the student’s abilities and interests, what goals she wants to achieve, and more, before writing the IEP? Do we ask similar questions of an adult with a disability before writing his plan/program? Think of other situations...

Asking demonstrates a desire to learn and reflects a genuine interest in the person. If we ask and then listen (*really listen*), imagine what we might discover, and imagine the possibilities for positive outcomes!

**You seldom listen to me, and when you do you don’t hear, and when you do hear you hear wrong, and even when you hear right you change it so fast that it’s never the same.**

*Marjorie Kellogg*

**Be a good listener. Your ears will never get you in trouble.**

*Frank Tyger*

# Information to *Share*



## Mobilize to Fight Cuts to Medicaid

### What is at stake?

- Assistance with living in the community, respite services, help with daily living, and all of the other services available from the state developmental disabilities agency. (Nationwide state and federal Medicaid together provide 78% of the funding for these services.)
- Health care services such as hospital care, physician services, laboratory and x-ray services, prescription drugs, dental, physical therapy, speech therapy, prosthetic devices and others for eligible people.

### What is a Medicaid “block grant?”

A Medicaid block grant would be a fixed amount of money from the federal government to the states to spend on health care for people who are poor, elderly, or have disabilities. It would have only general rules and there would be very little oversight about the way it is spent. We expect that a Medicaid block grant would:

- Radically cut the federal share of Medicaid.
- Cap the amount the federal government spent on Medicaid
- NOT increase this amount to keep up with health care inflation.

### What might happen to people with intellectual and developmental disabilities if Medicaid is block granted?

Block grants could force bad choices and cause substantial conflict as groups with diverse needs compete for scarce dollars. Since the services to people with disabilities and the elderly are significantly more costly than health care coverage for children, states could decide to serve fewer people with disabilities and older people and focus scarce health care dollars on children. However, there is no way to know what states would do at this point. We know they would either need to spend much more money or people with disabilities will face real life consequences, such as:

- **Losing home and community-based services and supports.** Waiting lists would quickly grow and it could create a crisis for the 730,000 people with I/DD living with aging caregivers.
- **Losing other critical services such as personal care, prescription drugs, and rehabilitative services.** If funds become scarcer, states may decide to stop providing these services altogether.
- **Being forced into unnecessary institutionalization.** We could return to the days when states “warehoused” people with disabilities in institutions to save money. Federal quality standards would either be diminished or eliminated and states might once again see this as an acceptable policy option.

- **Losing health care coverage.** States could restrict health care services to only the very, very poor. People with I/DD have less access to employer health insurance (because so many do not work full time) and other health insurance (because there is so much discrimination against people with health conditions). Without coverage people could see a serious decline in their health and ability to function in the community. This would lead to more doctor or hospital visits and more costs and hardship for the individual.
- **Shifting the costs to Individuals or family members to make up for the federal cuts.** States may decide that families should take care of their family members who are elderly, ill, or have disabilities. States might decide that sons and daughters should care for their parents when they become frail or ill without any public dollars. Since people on Medicaid are poor to start with, requiring them to pay for their long term services and supports could be an insurmountable barrier.
- **Losing access to their doctors or service providers.** If states slash the amounts they pay to doctors and other providers, many will have to drop out of the program. Finding a dentist or a specialist, such as a neurologist, is impossible in some communities.
- **Losing their entitlement to Medicaid.** Currently if a person meets the eligibility requirements (generally poverty, age and/or disability), he or she is entitled to the services available under the state Medicaid program.

### **Our Message to Congress:**

DO **NOT** BLOCK GRANT OR CAP MEDICAID

DO **NOT** SLASH FUNDING FOR HOME AND COMMUNITY BASED SERVICES THAT HELP PEOPLE LIVE AND WORK IN THE COMMUNITY

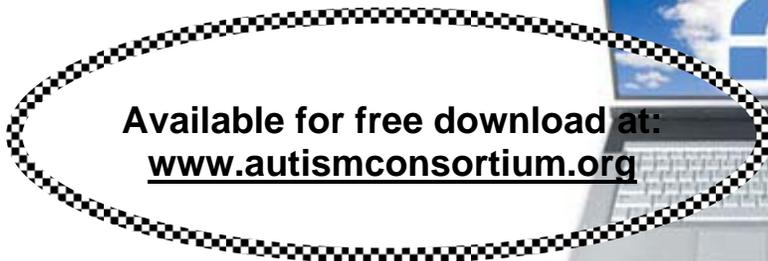
DO **NOT** PUT THE HEALTH AND SAFETY OF PEOPLE WITH I/DD AT RISK BY BLOCK GRANTING AND RADICALLY REDUCING FUNDING FOR MEDICAID.



The Autism Consortium is pleased to share a new resource:

***Transitioning Teens with Disorders: Resources and for Adult Living***

***Autism Spectrum Timeline Planning***



Available for free download at:  
[www.autismconsortium.org](http://www.autismconsortium.org)

# HOME MODIFICATION LOAN PROGRAM

Funds Available – Seeking Applicants!

This is a state loan program that could help you or a loved one live more independently at home. The state-funded Home Modification Loan Program provides loans to make modifications to the primary, permanent residence of elders, adults with disabilities, and families with children with disabilities. The modifications to be made to the residence must be necessary to allow the beneficiary to remain in the home and must specifically relate to their ability to function on a daily basis.

Any homeowner who is a frail elder, has a disability or has a household member who is an elder or has a disability is eligible. Landlords with fewer than 10 units may be eligible for a 3% loan for a tenant. The proposed modifications must relate to the functional limitation of the beneficiary as documented by a professional with whom there is a client history. This program is not a home repair program. Some examples of projects funded through this program include ramps, hardwired alarm systems and other safety modifications, as well as accessible bathrooms and kitchens.

Based on the income guidelines, you may qualify for a loan of \$1,000 up to \$30,000 which is secured by a promissory note and a mortgage lien. This program offers 0% or 3% deferred payment loans and 3% amortizing loans depending on the total gross household income. Please see the Frequently Asked Questions sheet for the income limits.

Homeowners eligible for a 0% loan do not make any monthly payments and no interest accrues, repayment is required when the property is sold or has its title transferred. 3% loans require monthly payments and must be paid back in 5–15 years, depending on the total amount borrowed. The program only allows for one loan per property, making it important to think about all necessary home modifications, present and future.

If you think you might be eligible, contact the provider agency below to start the application process. More information can be found on MRC's website, [www.mass.gov/mrc/hmlp](http://www.mass.gov/mrc/hmlp) or contact MRC directly, Susan Gillam 617-204-3739 or [susan.gillam@state.ma.us](mailto:susan.gillam@state.ma.us) for more information.

## CONTACT:

### Southeastern MA/Cape/Islands

South Middlesex Opportunity Council, Inc.

Mary Ann Walsh [mwalsh@smoc.org](mailto:mwalsh@smoc.org)

Tel: 508-202-5919

TTY/TDD: 508-872-4853

[www.smoc.org](http://www.smoc.org)



national down syndrome society

**ndss****Joshua O'Neill and  
Zeshan Tabani Enrichment Fund**

The National Down Syndrome Society has information about grants for people ages 18 and older who have Down syndrome, to fund postsecondary and enrichment programs.

The mission of the Joshua O'Neill and Zeshan Tabani Enrichment Fund is to offer financial assistance to young adults with Down syndrome who wish to continue to enrich their lives by enrolling in postsecondary programs or taking classes. The fund was established in January 2005 by Zeshan Tabani to honor his friend Joshua O'Neill. Joshua is an inspirational young man who happens to have Down syndrome. Joshua and Zeshan grew up in the same neighborhood in Fort Wayne, Indiana.

Joshua was fortunate to participate in a postsecondary education experience and he benefited greatly from this opportunity. Joshua now lives independently, with supports, in New Haven, Connecticut. He works part-time and leads a productive and happy life. Zeshan was inspired by Joshua's drive to enrich himself with postsecondary education and he wanted to help others who might not have the same opportunity.

As more individuals with Down syndrome are being included K-12 and graduating with their peers, the next step for many young adults with Down syndrome includes pursuing postsecondary education, which may include participation in a postsecondary program or simply taking enrichment courses. Financial aid is rarely available to these individuals.

The Joshua O'Neill and Zeshan Tabani Enrichment Fund seeks to offer financial assistance to young adults with Down syndrome who are 18 years old or older, who wish to continue to participate in postsecondary education programs or enrichment courses to gain employment and other important life skills contributing to their independence. Grants of up to \$2,000 are available by completing an extensive application process.

**Frequently Asked Questions****If I have autism or another developmental or intellectual disability, can I apply for this grant?**

No, currently this grant is only available to individuals with Down syndrome.

**What do I need to include in my application package?**

You need to include the following: application; questions about me; something to help us get to know you better; one page essay; parent/guardian information; two (2) letters of recommendation; and your high school transcript or equivalent. All of these materials must be included for your application to be reviewed. If any of these sections are missing, we will be unable to consider your application.

**Will this grant be awarded again next year?**

Yes! The Joshua O'Neill and Zeshan Tabani Enrichment Fund will award grants on a yearly basis.

**When will the 2012 application become available?**

The application for the 2011 Joshua O'Neill and Zeshan Tabani Enrichment Fund will be posted in the spring of 2012.

<http://www.ndss.org>

# **Practical Solutions for Addressing the Behavior Needs of Individuals with Asperger Syndrome Conference**

AANE's Third Annual Cape Cod Summer  
Conference for Educators, Professionals, and Parents  
with Brenda Smith Myles, Ph.D.

Asperger's Association of New England  
Changing Perspectives - Changing Lives

**When:** Thursday, August 11, 2011

**Where:** Cape Codder Resort & Spa  
1225 Iyanough Road (Route 132 & Bears's Way)  
Hyannis, MA

## **Morning Program: Hidden Curriculum - Unstated Social Rules**

- Define the Hidden Curriculum
- Explain the Hidden Curriculum's applicability to school, community, and home.
- Identify Hidden Curriculum areas and items across preschool, middle school, and high school

## **Afternoon Program: Behavior Interventions**

- Describe the cycle of tantrums, rage, and meltdowns.
- Identify interventions that can be used at each stage of the cycle.
- Discuss ways to prevent the cycle from occurring.

Conference Fee, Per Person: AANE member \$110; Non-member \$160

Register Online & Save @ [aane.org](http://aane.org)

Continuing education fees additional and available for educators, social workers, SLP's and psychologists. You are a member of AANE if you have a current paid membership on file. Registration not accepted without correct fees enclosed. Conference fee includes coffee/continental breakfast at check-in and deli style lunch buffet.

**Registration Deadline:** Advance registration with payment is required by August 4, 2011.

Please contact Robin Lurie-Meyerkopf for more information

[robin.lurie-meyerkopf@aane.org](mailto:robin.lurie-meyerkopf@aane.org)

617-393-3824 x11

## Easter Seals presents 2011 Spring/Summer Assistive Technology Workshops

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### **Kurzweil 3000 Version 12**

Format: Hands on

Cost: \$75

Presenter: Kristi Voelkerding

June 28, 2011 New Bedford, MA

9:30 am to 12:30 pm



This presentation will provide an overview of Kurzweil 3000's (vers. 12) reading, writing and study skills supports. All of the toolbars will be reviewed (Main, Reading, Study Skills and Writing). This is a hands-on opportunity to learn Kurzweil including such features as Translate, Brainstorm, Outline and Column Notes.

### **iDevices in the Schools: Communication and More!**

Format: Lecture

Presenters: Kristi Peak-Oliveira and Jamie Mobed

Date: July 11, 2011 New Bedford, MA

Time: 9:30 am to 12:30 pm

Cost: \$75



This workshop will take a look at iDevices and how they can be used to support students in their efforts to be successful communicators at school. We will discuss communication Apps as well as Apps that can be used to supplement the students' needs to promote successful interactions throughout the school day. We will talk about the importance of social closeness, and strategies for creating fun, meaningful exchanges between students and their communication partners. We will provide real-world examples, and there will be an opportunity for discussion, problem solving and idea sharing amongst the group.

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For a registration form: Please contact  
Family Connections at 508-999-0077



# Wheelchair Accessible Cape Cod!

*WELCOME to Everyone Outdoors!*

*This blog is a community resource for people with disabilities and their families, friends, and supporters who enjoy the outdoors, are looking for new recreation possibilities, or want to share their experience and expertise with others.*

*Here you'll find information about upcoming outdoor opportunities as well as features about people, places, programs, equipment and more.*

Visit:

<http://everyoneoutdoors.blogspot.com/2011/06/wheelchair-accessible-cape-cod.html>

## SAVE THE DATE

The Massachusetts Family-to-Family Health Information Center @ Federation is pleased to host a Topical Conference Call about the new Autism Law – An Act Relative to Insurance Coverage for Autism, also known as ARICA.

Presented by: Amy Weinstock, Director of the Autism Insurance Resource Center at New England INDEX

**Date: Thursday, July 14, 2011**

**Time 11 am – 12 noon**

Goal: Learn about ARICA, what it does and doesn't do, and the services that some private health insurers will now cover for individuals with autism spectrum disorders. In addition, Amy will discuss the services and supports provided by the Autism Insurance Resource Center at New England INDEX.

To RSVP: Send an e-mail to [massfv@fcsn.org](mailto:massfv@fcsn.org) or call the Family-to-Family Health Information Center at 1-800-331-0688, ext. 301. We will send you a toll-free dial in number and the handouts you will need to participate.

Please note: If you have questions about ARICA, please send them with your RSVP so we can pass your questions along to Amy in advance of the call.

Available

# Resources



**Sibshops** are scheduled workshops that provide an opportunity for brothers and sisters of children with special needs to obtain peer support and education within a highly recreational context.

## Registration Form

Our Sibshops are scheduled for the first Thursday of the month from 5pm-8pm. They are held at The Nemasket Group, 56 Bridge Street, Fairhaven, MA 02719

The first scheduled Sibshop is Thursday, July 7<sup>th</sup>, 5-8pm

Family Connections is a joint project of The Nemasket Group and DDS (Greater New Bedford Department of Developmental Services)

This Sibshop program is for children ages 8 to 13 who have siblings with special needs.

Please fill out one form per child (print)

Child's name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Has child ever attended a sibshop before?  No  Yes, where? \_\_\_\_\_

Parent/Guardian(s) name(s): \_\_\_\_\_

Home address:

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional Information:

Name of sibling with special needs: \_\_\_\_\_ Age of sib: \_\_\_\_\_

Describe sibling's disability: \_\_\_\_\_

Other siblings:  No  Yes, Names: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Does the enrolled child have any special needs (allergies, health restrictions, etc....)?

No  Yes, if so, please list? \_\_\_\_\_

Please provide us with any other information that could help us make this as fun and enjoyable as possible:

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I hereby give my child permission to participate in Sibshops. I give full permission for my child to be photographed during the program for education and promotion of the Sibshops program.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please return this form by July 1<sup>st</sup>.

Additional registration forms are available by calling Kathleen Amaral at 508-999-4436 ext. 133

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# *Save The Date*

## *Prader-Willi Syndrome: The Possibilities*



**A Conference for Families,  
Providers and Professionals**

Date: September 16-17, 2011

Keynote Speakers:

- \*Dr. Janice Forster
- \*Dr. Linda Gourash
- \*Dr. B.J. Goff

Location: Ocean Edge Resort & Golf Club,  
Brewster MA

For Questions: Call 508-628-6672

Conference Sponsored by:  
Latham Centers Inc., Advocates Inc., & PWSNE Association

In

# Save the Date

the  
nemasket  
group



## Golf 10th Annual Charity Tournament

Monday  
August 29, 2011



For more information, please call 508-999-4436 x 122 or E-mail [Golf@nemasketgroup.org](mailto:Golf@nemasketgroup.org)

the  
nemasket  
group

NON PROFIT  
ORGANIZATION  
US POSTAGE PAID  
FAIRHAVEN, MA  
PERMIT NO. 51

### Family Connections

Joint Project of The Nemasket Group and  
DDS (*Greater New Bedford Department of Developmental Services*)  
56 Bridge Street  
Fairhaven, MA 02719  
Phone: 508-999-0077  
Fax: 508-997-9239



United Way  
of Greater New Bedford

Creating a network of family support  
For individuals with developmental  
disabilities and their families