

Family Connections Center

INSIDE THIS ISSUE

- Social Security Updates it's Language Too.....1
- How the Affordable Care Act Helps People with Disabilities.....2-3
- Employment Initiative.....4
- Disability Caregivers Get Pay, Overtime Protections.....5

FOOD FOR THOUGHT

- Ordinary Needs.....6-7

AVAILABLE RESOURCES

- Understanding Housing Rights with New App.8
- Epi-pen Users, Save \$\$.....8
- Disney Reportedly Altering Special Needs Access at Parks.....9
- An Important Message to Mass Families.....10-11

INFORMATION TO SHARE

- Emergency Smarts Mini Conference.....12
- Interdependence & Inclusion with AI Condeluci.....13
- Save the Date: The Nemasket Group's Holiday Bazaar.....14
- A Full Life Ahead Workshop Series Schedule.....15
- Save the Date: Introduction to Friends.....16
- Save the Date: Post Secondary Possibilities.....17



SOCIAL SECURITY UPDATES ITS LANGUAGE TOO!

A couple of weeks ago during The Arc national convention in Seattle we marked a "great victory for people with disabilities across the United States. The Social Security Administration (SSA) announced that it will no longer use the term "mental retardation" and will instead use "intellectual disability" in its official Listing of Impairments and other regulations. This decision is consistent with "Rosa's law" which President Obama signed in 2010 and which requires changing language in most federal programs.

We know how powerful words are. As Rosa Marcellino's brother Nick said, "What you call people is how you treat them." Words represent you and your viewpoint, and we can all be happy that SSA is taking a step to change the words being used in their official documents to better promote the civil rights of individuals with I/DD. The R-word isn't just a word, it is a stigmatizing term that the disability community has been fighting against for years, and this week we are a step closer to banishing it from our government and our society."

How the Affordable Care Act Helps People with Disabilities

Reforms Health Insurance Practices

- ❖ Eliminates pre-existing condition exclusions
- ❖ Bans annual and lifetime limits
- ❖ Ends insurance companies retroactively denying coverage
- ❖ Improves the appeals process when a person is denied coverage of a treatment or service
- ❖ Requires that at least 80% of health insurance premium dollars are paying for health care
- ❖ Helps states to limit unfair increases in insurance rates
- ❖ Prohibits considering health status in calculating premiums (starting in 2014)
- ❖ Requires guaranteed issue and renewals of insurance plans (starting in 2014)
- ❖ Prohibits discrimination based on health status (starting in 2014)

Expands and Improves Long Term Services & Supports

- ❖ Establishes the Community First Choice Option for states to cover comprehensive community attendant services under the state's Medicaid optional service plan and avoid more costly nursing home and other institutional care
- ❖ Improves the existing Medicaid Section 1915(i) option for home and community based services by making it easier for individuals to qualify for services, allow states to target specific populations, and avoid more costly nursing home and other institutional care
- ❖ Reduces Medicaid's institutional bias by creating new financial incentives for states to rebalance their services from more costly institutional settings toward home and community based services
- ❖ Extends Money Follow the Person Demonstration program that provides additional federal payments to help people transition from more costly institutions to home and community based services

Expands Access to Health Insurance Coverage

- ❖ Establishes temporary high risk pools to cover those who are currently uninsured (until 2014)
- ❖ Allows coverage for dependents until age 26

....continued from page 2

- ❖ Creates private health insurance exchanges for individuals and small employers to purchase insurance (starting in 2014)
- ❖ Provides significant subsidies to assist low income individuals to purchase coverage in the exchanges and tax credits to help small employers provide insurance to their employees
- ❖ Includes coverage of dental and vision care for children in health insurance plans sold in the exchanges
- ❖ Includes mental health services, rehabilitative and habilitative services and devices, and other critical disability services in the health plans sold in the exchanges

Improves Medicaid and Medicare

- ❖ Gives states the option to expand Medicaid eligibility to childless adults with incomes up to 133% of the federal poverty level. Federal government pays 100% of the cost until 2016 (phases down to 90% in 2020)
- ❖ Creates an option to provide health homes for Medicaid enrollees with chronic conditions. Health homes are intended to be person-centered systems of care that integrate primary, acute, behavioral health, and long term services
- ❖ Allows a free annual Medicare well visit with assessments and individualized prevention plan
- ❖ Eliminates Medicare Part D (drug coverage) co-pays for persons who are dually eligible for Medicaid and Medicare, and receiving Medicaid waiver services
- ❖ Expands Medicare Part D coverage of anti-seizure, anti-anxiety, and anti-spasm medications
- ❖ Allows states in partnership with the federal government to try new models of care to provide better health care at lower costs to people with complex health care needs who are eligible for both Medicare and Medicaid

Expands Access to Prevention Services and Other Improvements

- ❖ Eliminates co-pays for critical prevention services
- ❖ Creates the Prevention and Public Health Fund to greatly expand wellness, disease prevention, and other public health priorities
- ❖ Increases opportunities for training of health care providers (including dentists) on the needs of persons with developmental and other disabilities
- ❖ Improves data collection on health care access for people with disabilities
- ❖ Requires the establishment of criteria for accessible medical diagnostic equipment

Employment Initiative

from the Association of Developmental Disabilities Providers



A 2005 Wall Street Journal headline trumpeted, “The Next Great Hiring Frontier,” referring to people with disabilities. The 2004 NOD – Harris Survey had just been released which “found that only about 35% of the working-age people with disabilities are indeed working, compared with 78% of those without disabilities.” The report went on to cite that the two biggest reasons mentioned as the cause of this problem were employer misconceptions that “people with disabilities can’t effectively perform the required job tasks” or “fear of costly accommodations.”

A flurry of positive activity followed the press reports and national survey and it included “Employment First” as a slogan. Massachusetts adopted it as a priority. Soon after the arrival of Commissioner Howe, the Department of Developmental Services (DDS) and the Massachusetts Rehabilitation Commission (MRC) developed an interagency agreement to insure that students leaving high school, who already were working, would continue to do so through the partnership. The national recession hit and further efforts were put on hold as states waited for funding to bounce back.

This year we have begun anew the conversations about employment in Massachusetts. A national discussion has been renewed as reported in a 2012 issue of “Impact,” a publication at the University of Minnesota’s Institute on Community Integration.* “In the United States we are in the midst of a national conversation about employment. That conversation includes discussion of employment of people with intellectual and developmental disabilities, and their changing role in the American workforce. There have frequently been low expectations about what they can contribute as workers.”

This past week, Commissioner Howe of DDS reached out to stakeholders specifically in relation to developing a strategic plan which will increase employment outcomes and restructure employment and day services. The initiative builds upon the “Employment First” policy released by DDS in the recent past.

Representatives of the ADDP, The Arc and others met at the offices of the Department of Developmental Services to discuss the first steps of the planning process last week. Commissioner Howe has directed DDS Deputy Commissioner Larry Tummino to convene the stakeholder workgroup to offer affirmative recommendations, including resource needs, on how DDS and providers can move forward with changes in current disability employment and day programs. We positively acknowledge Commissioner’s Howe’s decision to initiate this planning process.

In the backdrop of this discussion are recent developments in Rhode Island and Oregon. In Rhode Island, state and local authorizes agreed to a settlement on employment services where it was discovered that a local provider not only unnecessarily segregated adults with disabilities in a sheltered workshop program but also improperly applied sub-minimum (or commensurate) wage standards. In Oregon, the Department of Justice is participating as an interested party to insure that the ADA’s (Americans with Disabilities Act) integration mandate is applied to employment services (the mandate applies to all government services.)

The Massachusetts strategic plan will focus on changes that the state, providers, advocates and other partners can implement through best practices. Partners can’t control all factors but they can take the steps to soften the negative impact of external events as they build upon best practices.

DISABILITY CAREGIVERS GET PAY, OVERTIME PROTECTIONS

By Michelle Diament, Disability Scoop

For the first time, in-home care workers who assist people with disabilities will soon be entitled to federal minimum wage and overtime protections.

The Obama administration announced Tuesday that it is approving a new rule ensuring that most home care workers are paid at least minimum wage.

The move updates a law dating back to 1974, which treats those who provide in-home assistance as “companions” — much like baby sitters — and does not grant such workers the same rights as other types of employees.

“For almost 40 years, direct care workers have been denied basic employment rights,” said U.S. Secretary of Labor Thomas Perez. “A fair wage will further stabilize and professionalize this critical line of work, which of course will lead to better quality care.”

“This rule will present a win-win solution for both home care workers and the people for whom they are caring,” Perez said.

The change is estimated to affect nearly two million home care workers, an estimated 40 percent of whom currently rely on public assistance like Medicaid and food stamps because of the profession’s low pay.

The new rule is expected to be published in the Federal Register in early October, but won’t take effect until Jan. 1, 2015, officials said. Though rules are typically enacted within 60 days, they said the delay is intended to give states, families and other stakeholders time to adjust.

Once implemented, most home care workers must be paid minimum wage and compensated at time-and-a-half for working more than 40 hours per

week. The federal minimum wage is currently \$7.25 per hour.

The rule applies to home care workers employed by agencies or other third-parties as well as those who perform medically-related services that require training. However, workers who are paid by an individual or their family to provide fellowship and protection — keeping a person company or spending time engaging in hobbies, for example — will not be granted the new protections.

Labor Department officials said the change is a step in the right direction by professionalizing and giving dignity to a group of workers who are increasingly in demand as the population ages. What’s more, they said 15 states already provide wage and overtime protections of their own to these workers.

Critics from some disability advocacy groups, however, have argued that the change, which was initially proposed in 2011, could compromise home-based care, especially for people with disabilities who use Medicaid dollars to pay family members to assist them.

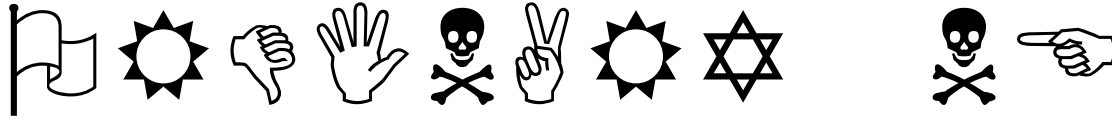
“We’re very concerned that this will mess with the continuity of care,” said Kelly Buckland, executive director of the National Council on Independent Living. “Medicaid isn’t going to pay for overtime. That’s going to mean people will have to bring a stranger into their house.”

However, Henry Claypool of the American Association of People With Disabilities said the new requirements will help chip away at Medicaid’s “institutional bias” by giving in-home care workers the same protections already enjoyed by those employed in institutional settings to perform similar tasks.

“It’s really just a simple matter of fairness,” Claypool said.

Food for *Thought*

No, Not “Special”...They Are



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

To create this article, I needed a computer with the software that meets my needs. To learn to write and read, my son, Benjamin – since the age of four – has also needed a computer with the right software.

To get to work every day, Richard needs a good set of wheels on his car. Holly also needs a good set of wheels to get from class to class on campus.

Miranda needs a clip-on wireless microphone before she can successfully deliver her keynote presentations. Jose needs a communication device before he can successfully express himself at home, at school, and in other environments.

Daniel, a doctor, needs voice recognition (VR) computer software to effectively dictate his daily notes. Samantha, an eight-year-old, needs VR software so she can write stories and book reports in third grade.

Kate spends 50+ hours at her desk, but couldn't do so without her ergonomic chair and curved desk that holds her multiple terminals. Amelia also needs a desk that meets her work needs – a height adjustable, curved desk with desktop cubbys so everything is within arm's reach.

Acme Widget Company has risen to the top of its field because the individual differences – including some behavioral eccentricities – of all employees are supported and valued. Mrs. Dahl's classroom is viewed as a model of success and all students are learning, because she's created a caring environment where all students – including those with significant differences and needs – are valued and supported.

Tyrone is a great “honey-do” hubby at home. But he can't do *everything* for himself, so he

occasionally hires a plumber or an electrician. Oscar is thrilled to have his own apartment, but he can't do everything for himself – including getting dressed and undressed – so his family and neighbors pitch in, and he pays for other assistance.

Maria cannot sit through the Sunday morning sermon without rhythmically shaking her right leg as it's crossed over her left, and she also doodles on the Sunday program. Tony cannot sit through church without occasionally flapping his arms and rocking back and forth in the pew.

To be successful at home, school, work, and in other environments, to achieve our hopes and dreams, and/or to simply get through each day, everyone needs assistive technology (AT), accommodations, and supports. The examples above describe these ordinary needs of a variety of different people. And as you might have figured out by now, the second example in each description represents people with disabilities.

Too often, however, we say children and adults with disabilities have “special needs.” In another article (The Case Against “Special Needs”), I describe the dangers of using this term to describe individuals with disabilities, as in, “She has special needs.” This descriptor generates pity, segregation and worse.

But we need to take an even closer look at the consequences of the “special needs” mentality. For it seems that identifying the needs of a person with a disability as “special” and using the term “special needs” leads to the perception that these needs are different, extraordinary, expensive, and/or abnormal. This perception, in turn, may result in these needs not being met, and the negative chain of events ends with

...continued from page 6

exclusion and segregation, loss of opportunities, the presumption of incompetence, and more!

For example, Julia, a child with a disability, is not talking and cannot write with a pencil. Based on formal assessments, she's said to have an IQ of 50 (and is presumed incompetent). As a result, her teachers and parents believe she must be in the special ed room where her "special needs" can be met. Speech and occupational therapists will attempt to help Julia learn to talk and write. Based on her IQ, it's believed she can't learn academics, so she'll be taught life-skills. (But are we sure the assessment is correct? If one doesn't talk or write, how can a traditional assessment provide an accurate picture of the one's abilities?)

Would Julia's parents and teachers go without their computers for writing, along with their cell phones which they use to communicate with others? No! So, why should they deny these tools to Julia?

It's time to recognize that the needs of children and adults with disabilities are ordinary – just as ordinary as the needs of the people without disabilities. Furthermore, AT, supports, and accommodations are the pillars upon which inclusion and success are built!

Because when Julia is provided with a speech output device and a computer for writing, she can demonstrate her competence and abilities; be included in an age-appropriate general ed classroom, as well as in typical community activities; make friends; and live a self-determined life of her dreams.

Stephen had been denied opportunities to get a real job because of "inappropriate behaviors." But when he was provided with behavior supports and the environment was modified to meet his needs, his "inappropriate behaviors" magically disappeared. There are certain work activities Stephen performs best with a co-worker, and others he does best alone. He needs the freedom to take frequent short breaks when stress builds up, and he needs only one "go-to" person when he needs help, instead of the multiple layers of staff used by co-workers. His employer is willing to do what it takes to ensure all his employees are successful – for that's what makes his company successful. Similarly, teachers in inclusive classrooms are doing the same for students

who need behavior supports and other accommodations.

Assistive technology devices can be defined as anything that makes life easier or better – and they come in all shapes and sizes, and are used by everyone. A carpenter needs a good hammer; a busier carpenter needs a high-tech nail gun. A doctor needs the best and newest equipment – or would you prefer one who diagnoses with just a stethoscope? Look around your home and office. Could you get by without your computer, printer, cell phone, microwave oven, garage, door opener, and ...Make a list to see how dependent you are on all the AT devices in your life!

Supports – including behavior supports – come in many forms. Tobacco, caffeine, chocolate, shopping, daydreaming, whisker-pulling, crotch-rubbing, sports betting, hugs, sex, a comforting word, exercise, calling in sick when you're not, and many, many, many other

things or activities help us get through the daily grind. Which of your supports would you be willing to go without? And haven't most of us exhibited "inappropriate behavior" when our needs weren't met?

Accommodations also come in a variety of shapes and sizes, including flex-time, a personalized workspace,

music playing softly at bedtime, a boss or teacher who really listens and cares, an atmosphere that supports creativity, and much, much more. What type and how many accommodations do you use at home, work, or in other environments? And which would you be willing to go without?

Examine your own life with regard to needs that are ordinary, but crucial to your success. Now look at the individuals with disabilities in your life. Are inclusion and success in any environment being denied to them because their needs aren't being met? Can we continue to put the burden of failure on their shoulders? Isn't it time we took responsibility for our beliefs and actions, and our refusal to recognize that their needs are just as ordinary and important as ours?

It's time for shift and positive change to ensure children and adults with disabilities have the same opportunities and experiences most of us take for granted. And this will happen when their ordinary needs for assistive technology, supports, and accommodations are met. Can we afford to do anything less?

We can believe what we choose.
We are answerable for what we choose to believe.

John Henry Newman

Available *Resources*

Understanding Housing Rights with New App

The U.S. Department of Housing and Urban Development (HUD) unveiled the first housing discrimination mobile application for iPhone and iPad. Developed by HUD's Office of Fair Housing and Equal Opportunity (FHEO) and Hewlett Packard (HP), the app uses the latest technology to provide the public with a quick and easy way to learn about their housing rights and to file housing discrimination complaints, and inform the housing industry about its responsibilities under the [Fair Housing Act](#). The app will also be an important tool to assist advocacy organizations. In addition to facilitating real-time delivery of housing discrimination complaints to HUD, the app can be used by individuals researching their housing rights after a natural disaster, when power outages make the iPhone/iPad one of the few ways to access the Internet. The app also provides information about the fair housing complaint process, and allows the public to access HUD's toll-free discrimination hotline and link to HUD's fair housing website: www.hud.gov/fairhousing.



To get the app, visit the [Apple App store](#)

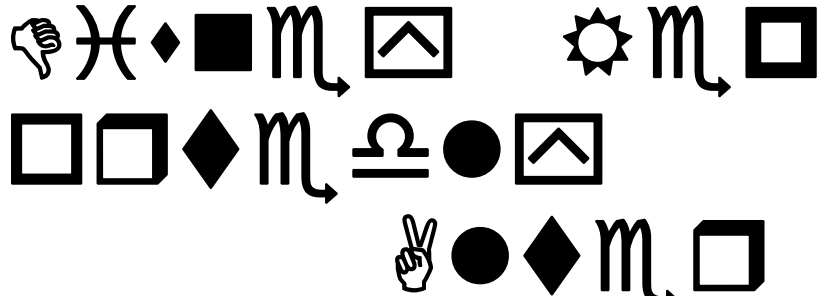
Epi-Pen Users - Save \$\$



Fantastic savings for those of you who have loved ones with prescriptions for Epi-Pens.
<https://activatemysavings.com/epipen>

If you go to www.epipen.com you can enroll in their co-pay card program that reduces your copay to zero (up to \$100.00 per Epi-Pen two pack).

It's simple to fill out the questionnaire and you can print the savings card immediately. Great to have, especially for those filling prescriptions for back to school!!



By [Michelle Diament](#), [Disability Scoop](#)

Big changes may be in store for a Disney program that has allowed theme-park guests with disabilities to skip to the front of the line for many rides.

Disney is doing away with its current Guest Assistance Card program, according to a report on the website [MiceChat](#). Instead, the company’s parks will reportedly implement a new program known as the Disabled Assistance System.

Rather than bypass wait times, under the new system guests with disabilities will be able to request access to a ride at special kiosks at the company’s Florida and California parks and then return to the ride at a specified time. While individuals would not be required to wait in a line, they could only request access to one ride at a time, the website reports.

Word of the possible change comes just months after [reports](#) that wealthy families were paying people with disabilities \$130 per hour to serve as “guides” so that they could avoid long lines during visits to Disney World.

The new system will officially roll out on Oct. 9, according to MiceChat. At that point, passes issued to individuals with disabilities will reportedly include a photo in an effort to prevent abuse.

A Disney spokeswoman, who did not want to be named, declined to comment on the record and would only tell Disability Scoop that the company is “looking at” its current program.



**Stay Connected with
The Nemasket Group
on Facebook!**



**An Important Message to Massachusetts Families
With Children under Age 9
Diagnosed with an Autism Spectrum Disorder –
Open Enrollment October 7, 2013 to October 18th**

The Autism Division of the Department of Developmental Services (DDS) runs a Autism Waiver Program that provides one-to-one interventions to help children with autism who exhibit severe behavior, social and communication problems through a service called **Expanded Habilitation, Education** (intensive in-home services and supports, such as Applied Behavioral Analysis, Floor Time and Communication models). This service occurs in the child's home or other natural settings under the supervision of trained clinical staff and is available for a total of three years. The waiver also provides related support services such as community integration activities and respite. At the conclusion of the three years of the intensive in-home services, a child may access ongoing supplemental services (respite and goods and services, etc.) that meet the child's needs and help with the transition out of the intensive Autism Waiver Program—until the child's 9th birthday.

The Waiver is now able to serve over 300 children in a calendar year and while the Autism Waiver Program is near capacity at this time, there are always children who leave the Program because they turn 9 or for other reasons. Therefore, we want a current applicant pool to draw from when these spots become available for the Program. The Autism Division is offering an opportunity to apply for the waiver through an open application period. The Autism Division held its last open enrollment in April 2012. **The open enrollment period runs from October 7th - October 18th. Please be sure to MAIL the application between October 7th and October 18th the Autism Division will discard submissions outside of this timeframe.**

The Autism Program maintains reserved capacity for children who are age 3 and transitioning out of Early Intervention. This means that the Autism Division reserves 20 statewide slots for children who are age 3. These children will still need to meet all relevant financial and clinical eligibility standards required for entry into the

Program. The Autism Waiver serves children up until their 9th birthday, with an autism spectrum disorder who meet the eligibility criteria for the Waiver Program. All waiver services require that the child continues to meet the financial and clinical eligibility requirements for the Waiver Program.

Eligibility: the following requirements are necessary for participation in this program:

1. The child must have a **confirmed diagnosis** of an Autism Spectrum Disorder, subject to verification by the Department of Developmental Services.
2. The child has not yet reached his/her 9th birthday. Children birth through age 8 may participate.
3. The child is a resident of Massachusetts.
4. The child meets the level of care required for services in an Intermediate Care Facility for persons with an Intellectual Disability (ICF/ID) as assessed by DEPARTMENT OF DEVELOPMENTAL SERVICES.
5. The family chooses to have the child receive services in the home and community.
6. The child must be able to be safely served in the community.
7. The child must have a legally responsible representative able to direct the services and supports of the Waiver.

....continued from page 10

8. The child must be found by the MassHealth agency to be eligible for MassHealth Standard coverage, based on family income. For families who have not yet applied for MassHealth, this must be done at the time of the filing of the Waiver Program Eligibility Request Form. *If your child is under age one or has a specialized medical condition such as blindness, deafness or a debilitating chronic medical illness the standards are different from those listed above; please contact the Autism Division for clarification in these cases.

How to Participate in the Eligibility Process:

1. **Get a copy of the Autism Program Request Form**
 - a. Please contact your local Autism Support Center (listed below) to request the Application Form.
 - b. The Autism Support Centers are available to help you complete Application Form.

c. The Autism Division will post all forms on the DDS website:

- www.mass.gov/DDS under 'Autism Spectrum Services'

2. Complete the Autism Program Application Form

To complete this Form you will need:

1. your child's date of birth
2. your child's social security number
3. your child's MassHealth ID number

3. Submit the Autism Program Eligibility Application Form

- All Applications Must have a Postmark or Date Stamp between **October 7, 2013 and October 18, 2013**
- The Autism Division will discard forms outside of this designated time period.
- Please complete the form in Pen and Print Clearly.
- Please Sign the Form in Pen.
- **ONLY ONE APPLICATION PER CHILD**—The Autism Division will discard multiple forms
- Please Mail Form (The Autism Division is not accepting hand delivered forms) to:

AUTISM DIVISION of DDS

Att. Autism Program Application Form

500 Harrison Avenue, Boston, MA 02118

It is a priority of the Autism Division of DDS to ensure that the process for requesting eligibility for the Autism Waiver Program is fully accessible to families and children with autism who are from linguistically and culturally diverse backgrounds.

The Autism Division of DDS has the family related Autism Program Application Forms available in multiple languages. Please go to the DDS website or call one of the seven DDS funded Autism Support Centers for a copy in Spanish, Haitian-Creole, Khmer, Russian, Portuguese, Albanian, Vietnamese and Chinese/Mandarin.

SE Region Autism Support Center:

Community Autism Resources (CAR):

33 James Reynolds Rd, Unit C

Swansea, MA 02777

#508-379-0371: Serving Southeastern, MA

Information to *Share*



Be Prepared for an Emergency

Plus!

Using Smartphones & Social Media For Emergency Help

Presentations by:

Nathaniel Trull, Self-Advocate,

Consultant to the E.K. Shriver Center, University of MA Medical School

Barbara Oliver

Online Media Consultant, Safer-Social.com

Thursday, October 17, 2013

1:00 p.m. to 4:00 p.m.

Cardinal Cushing Centers Auditorium

405 Washington St., Hanover, Massachusetts

Who should attend: Consumers . Providers . Family Members

Please RSVP to: Goretti.moitoso@state.ma.us

For more information, please call: (781) 642-0275

*This program is presented by E.K. Shriver Center, University of MA Medical School
Funded by a grant from
The Commonwealth of Massachusetts DDS, Southeastern Regional Training Council*

Family Connections Center Newsletter

Information to Share

SOUTHEAST REGION TRAINING COUNCIL IN PARTNERSHIP WITH
THE NEMASKET GROUP INVITES ALL TO A DAY LONG WORKSHOP

**“INTERDEPENDENCE & INCLUSION”
WITH
AL CONDELUCI**

WEDNESDAY OCTOBER 30, 2013
MASSASOIT CONFERENCE CENTER
770 CRESCENT STREET (Route 27)
BROCKTON, MA
9AM-4PM

Coffee, Danish, & Lunch provided

Intended Audience: This workshop is open to all: people who receive supports, family members, direct support professionals, supervisors, managers, and the community at large. The workshop encourages people to attend who are interested and committed to supporting people with intellectual disabilities to be active lifetime members of their community. Al will discuss key inclusion principles, concepts, terms, and strategies.

Cost of the workshop: \$17.00 Check payable to: The Nemasket Group

The Louis Nisenbaum Memorial Scholarship Fund will sponsor families and individuals to attend. Simply write LN Scholarship on the Amount Enclosed line below.

Registration sent to: The Nemasket Group
Attn: Jessica Marcotte Reilly
56 Bridge Street
Fairhaven, MA 02719
T: 508 999-4436
Jessicareilly@nemasketgroup.org

REGISTRATION FORM

Name: _____ Agency: _____

Phone #: _____ Email: _____

Amount Enclosed: _____ Check payable to: The Nemasket Group

Please do not send cash.

Register by: October 25, 2013

Family Connections Center Newsletter

Information to Share

The Nemasket Group's 22nd Annual



H*O*L*I*D* A*Y* B*A*Z*A*A* R*

Saturday
November 16th
9:00am to 4:00pm at
The Nemasket Group
56 Bridge Street in Fairhaven

Textiles
Jewelry
Gift Baskets
Ornaments

Our Chance Auction has over 100 Prizes!! Visit us for Breakfast & Lunch!!

For more information please call 508-999-4436
or e-mail HolidayBazaar@NemasketGroup.org

Family Connections Center Newsletter

Information to Share



A Full Life Ahead ~ Workshop Series

Massachusetts Families Organizing for Change (MFOFC) in partnership with Building Futures and the Family Connections Center of the Nemasket Group is sponsoring "A Full Life Ahead" ~ a series of monthly workshops for parents and guardians of young adults with a disability. The series focuses on transition, employment, housing, friendships and other topics that will lead to interdependent, full lives in the community for young people with disabilities.

All training is 6 – 8 PM at the Nemasket Group, 56 Bridge St., Fairhaven, MA 02719

Workshop Schedule:

Planning for Life after Special Education in Massachusetts (held June 13, 2013)

This workshop will identify specific suggestions on how to develop comprehensive post-secondary vision statements, IEPs and transition plans, developing appropriate transition services for students, knowing various diploma options, best practices for family involvement and more.

Person Centered Planning – (held September 25, 2013)

Vision shapes Reality when it is based on dreams, shared with others and made concrete. Learn how Person Centered Planning is an effective tool to help your loved one identify and create a full and rich life. Speakers will give examples of how this process has worked for them.

Friendships -- October 23, 2013

Building and keeping relationships is an important part of a REAL LIFE. Happiness can come from knowing we have friends, people who care for us. Building relationships between individuals with or without disabilities should be

encouraged wherever you live, learn, work and play. The Real Friends Project Coordinator will lead a discussion with a focus on ways to build relationships between individuals with and without disabilities.

Post Secondary Possibilities -- November 20, 2013

Providing opportunities for students to explore different jobs, obtain paid employment and to think about post-secondary education is a key component to having a successful transition. This workshop will discuss different college resources and activities your child should be participating in to ensure they are fully prepared for when they leave the school system.

The Big Picture: Creating Housing Options and Financing the Vision -- January 15, 2014

- How much will it cost?
- Transitioning to Independence
- Maximizing Government Benefits
- Personal Cash Flow Management
- Special Needs Planning Timeline
- Residential Planning Process

Special Needs Trusts & Legal Concerns -- February 26, 2014

Learn how to plan for and preserve the government benefits that are essential to the long term services and supports of your family member; what is a special needs trust; what is guardianship and what are the different types of guardianship.

The Alphabet Soup of Resources: SSI, SSDI, PCA -- March 19, 2014

Come learn about Social Security programs; who is eligible, how and when to apply and general rules. Speakers will also explain the Personal Care Attendant (PCA) program – eligibility criteria and how hours are allotted based on need and the Section 8 program.



A Full Life Ahead



Discussing Ways to Help Establish and Sustain Relationships Between People With and Without Disabilities

Building and keeping relationships is an important part of a REAL LIFE. Happiness can come from knowing we have friends, people who care for us. Building relationships between individuals with or without disabilities should be encouraged wherever you live, learn, work and play. Jim Ross, the Real Friends Project Coordinator will lead a

Please join us... Wednesday, October 23, 2013

6 – 8 PM

The Nemasket Group

56 Bridge St.

Fairhaven, MA 02719

**Massachusetts Families Organizing for Change (MFOFC)
in partnership with the Family Connections Center and the
Building Futures Project of the Nemasket Group**

A Full Life Ahead is a series of monthly workshops for parents and guardians of young adults with a disability. The series focuses on transition, employment, friendships, housing and other topics that will lead to interdependent, full lives in the community for young people with disabilities.

Please RSVP by October 21 to:

Amy Cornell @ amycornell@nemasketgroup.org or 508-999-4436

www.nemasketgroup.org

Family Connections Center Newsletter

www.mfofc.org

Information to Share



A Full Life Ahead

~ Post Secondary Possibilities ~

For many students their vision after they leave High School includes going to College and getting a job. Maria Paiewonsky from the Institute for Community Inclusion will discuss some of the statewide initiatives that promote students with disabilities going to College and what options and resources are available in Southeastern Massachusetts.

Ross Hooley from the Nemasket Group will share ideas as to what should be done by the High School to prepare a student for work.

Please join us... Wednesday, November 20, 2013

**6 – 8 PM
The Nemasket Group
56 Bridge St.
Fairhaven, MA 02719**

**Massachusetts Families Organizing for Change (MFOFC)
in partnership with the Family Connections Center and the
Building Futures Project of the Nemasket Group**

A Full Life Ahead is a series of monthly workshops for parents and guardians of young adults with a disability. The series focuses on transition, employment, friendships, housing and other topics that will lead to interdependent, full lives in the community for young people with disabilities.

Please RSVP by November 18 to:

Amy Cornell @ amycornell@nemasketgroup.org or 508-999-4436

www.nemasketgroup.org

www.mfofc.org

the
nemasket

group

**NON PROFIT
ORGANIZATION
US POSTAGE PAID
NEW BEDFORD, MA
PERMIT NO. 651**

Family Connections Center

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



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



Join us for our 16th Annual Self-Advocacy Conference

*Celebrating our theme for the day **"Fighting For YOUR Life"***

Saturday, October 19, 2013

Go to www.mass-advocates.org for details and registration form.

*Speakers, Workshops, Awards, Resource Tables,
Meet New and Old Friends, Door Prizes...*