

TxP2P Update

TxP2P Staff

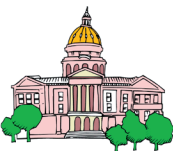
6th Annual TxP2P Conference

We are pleased to announce that even with the move to San Marcos and the lackluster economy, our number of attendees at this year’s conference was almost the same as last year’s. With our newest format of mini-sessions (several speakers at individual tables - attendees select which ones they want to spend 30 minutes with) raising the number of speakers at the conference and additional exhibitors, we had 550+ people this year.

We were very pleased that Friday, June 25th, 2010 was declared Texas Parent to Parent Day by the City of San Marcos. Thank you to John & Debbie Roppolo for working with the city on that proclamation. The conference was opened with a welcome from the Hays County District Attorney, Sherri Tibbe, and we were then off and running for two days of educational seminars and fun. Sara Hickman, Texas Musician of the Year, entertained us at our Friday night Family Gathering and got both kids and dads on stage – the dads joked and sang pirate songs and are now known as the Plaid Dads!

The Teen Summit was expanded to a two-day event this year and was again a

Continued on page 2



State Budget update...

Colleen Horton, Program Officer, Hogg Foundation for Mental Health, U.T. at Austin

It’s always amazing how fast the summer passes. While back to school is occupying many TxP2P families’ time and energy, the Texas state agencies continue to develop their respective budget recommendations for the coming biennium. You can’t escape all the news stories about the projected \$18 billion deficit Texas is facing for the coming two year budget cycle. State leadership (the Governor, Lt. Governor, and Speaker of the House) have sounded the alarm. Directions to the state agencies on how to develop their *initial* budget requests (called Legislative Appropriations Requests or LAR) will have agencies starting with less than they are spending this biennium. *The “baseline budget” for health and human services will not be sufficient to support programs and services that will be in place at the end of the current biennium.* Of course the baseline is their starting point, but the deficit is real and the work will be tough. The agencies have already been directed to implement most of the

5% budget reductions identified for this biennium. Unfortunately, the Governor has directed state agencies to identify an additional 10% reduction for the coming biennium. This has the potential to impact current programs and services and significantly reduces the opportunity for funding additional waiver slots or any new initiatives.

Another reason for concern is the reality that most long term services and supports, including the waivers, are “optional services” for “optional populations.” Basically, this means that many of the services and programs for people with disabilities aren’t mandated by the federal government and therefore are a target when budget reductions are being considered. Medicaid waiver programs and other long term services and supports are not entitlements.

While reducing spending (thereby reducing services) is one way to make up the deficit, and often the first thing considered, there are

other avenues the state can explore. This is extremely important as Texas ranks 50th in revenues collected per capita so any reduction in funding will directly impact Texans who need assistance. This obviously has the potential to result in fewer supports and services for Texans who need them. What’s the good news you ask? The good news is that individuals with disabilities and their families make a significant constituency. If family voices carry the same message, it will be hard to ignore. Texas has options – we can use the \$9 billion rainy day fund that would cover about 50% of the state’s projected deficit. We can close loopholes that exist in the current business tax structure, we can look at reducing the use of outdated and expensive service models like state supported living centers (aka state schools). Reducing spending on services and supports should not be the only answer to the budget crisis.

The budget discussions have begun and will literally go on until the final

Continued on page 3

Volume 10, Issue 2
🍁🍁🍁🍁🍁 Fall 2010 🍁🍁🍁🍁🍁
Inside this issue:
♥ TxP2P Updates: page 1 - 2
♥ Around the State: Music & Hippotherapy - page 3 SSI to SSDI - page 4 Heat Precautions - page 5 Health Reform Implementation - page 6 DARS offers Distance Learning - page 7
♥ From Our Families: Family Story & a Poem - Page 7
♥ Conference Calendar: Page 8
Help TxP2P by using our Randall’s Good Neighbor Remarkable Card Number 10043!

TxP2P Update

6th Annual TxP2P Conference

continued from page 1

big success with 33 teens and young adults attending. They created a video on a skit they performed about creating a law in the Texas legislature and showed it at the Closing Session of the conference, toured the hotel with hotel staff with an eye toward employment, and had speakers from within their peers and others.



We want to thank our sponsors for their help in making this conference possible: Texas Children's Health Plan, Texas Children's Hospital, Superior Health Plan, Evercare of Texas, Dell Children's Medical Center, In-Home Attendants, St. Louis Medical Supply, Circle of Care Pediatric Home Health Services, Amerigroup Community Care and the Rulon-Miller family. We especially want to thank the Texas

Council for Developmental Disabilities, Partners Resource Network/PATH, and Early Childhood Intervention at Texas Department of Assistive and Rehabilitative Services for providing funding to help parents attend the conference this year.

Mark your calendars for next year's conference: June 24 & 25, 2011.

We have a 3 year contract with the Embassy Suites, Spa and Convention Center in San Marcos so we will remain there in 2012 as well.



TxP2P Coastal Bend Resource Fair: October 16th, 2010

If you live in the Coastal Bend area, be sure to mark your calendar for Saturday, October 16th!

Our Coastal Bend Parent Leader Team has been working hard to put together our first ever Texas Parent to Parent Resource Fair in Corpus Christi!

The Resource Fair will be held at the First Baptist Church, 3115 Ocean Drive, in Corpus Christi, from 9 a.m. until 3 p.m.

Our Coastal Bend Parent Leader Team is busy signing up organizations and agencies that provide helpful resources and support to families of children with disabilities, chronic illness and other special health care needs; child care will be provided during the event.

It's a great opportunity to connect with the information your family needs, so make plans to join us! Look for additional information soon about this upcoming event at www.txp2p.org.

Upcoming Volunteer Training

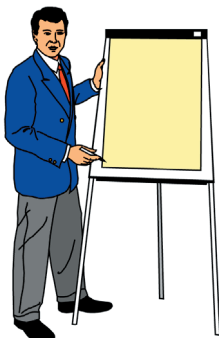
We're having our first ever Volunteer Training Extravanza in Dallas on Saturday September 25th, at Scottish Rite Hospital. We will be training volunteers for our parent matching program (Supporting Parent Volunteers and NICU Network Volunteers), our MEd. Program Family Faculty to train Pediatric and Family Practice residents, and our new Speaker and Outreach Network.

For more information, contact:

Erika Goyer: Erika@txp2p.org

Patty Geisinger: Patty@txp2p.org

Susan Prior: susan.prior@txp2p.org



New Website Now Complete

We are pleased to announce that our website has been rebuilt by a professional website designer and her team of helpers! Amy Hufford of Stellar Communications in Austin along with Amy Carr, independent consultant for PR & Marketing have worked with us for over a year to create a clean new site that is now available for your viewing pleasure.

2010 Vine to Wine

This year's 6th Annual Vine to Wine Fundraiser will be held on Friday, October 8th, at the Texas Federation of Women's Clubs Mansion at 2312 San Gabriel Street in Austin. This is the annual fundraiser for TxP2P and you can find additional information on our website.

Music Therapy and Hippotherapy (Horseback Riding)

Music Therapy

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation. Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings.

If you are interested in locating a music therapist, you can email AMTA (American Music Therapy Association) at: findMT@musictherapy.org – the AMTA office staff can provide you with a current list of qualified music therapists in your local area free of charge. Just give them the location in which you are looking and be sure to include your postal or email address with your request.

Hippotherapy and Therapeutic Horseback Riding As a Treatment Strategy

Hippotherapy is a physical, occupational, and speech-language therapy treatment strategy that utilizes equine (horse) movement as part of an integrated intervention program to achieve functional outcomes. The therapist uses the characteristic movements of a horse to provide carefully graded motor and sensory input. A foundation is established to improve neurological function and sensory processing, which can be generalized to a wide range of daily activities. Unlike in therapeutic horseback riding, where specific riding skills are taught, the movement of the horse is a means to a treatment goal when utilizing hippotherapy as a treatment strategy.

Equine movement provides multidimensional movement, which is variable, rhythmic and repetitive. The horse provides a dynamic base of support, making it an excellent tool for increasing trunk strength and control, balance, building overall postural strength and endurance, addressing weight bearing, and. motor planning. Equine movement offers well-modulated sensory input to vestibular, proprioceptive, tactile and visual channels. During gait transitions, the patient must perform subtle adjustments in the trunk to maintain a stable position. When a patient is sitting forward astride the horse, the horse’s walking gait imparts movement responses remarkably similar to normal human gait. The effects of equine movement on postural control, sensory systems, and motor planning can be used to facilitate coordination and timing, grading of responses, respiratory control, sensory integration skills and attentional skills. Equine movement can be used to facilitate the neurophysiologic systems that support all of our functional daily living skills.



To find a hippotherapist, you can access the website of The American Hippotherapy Association at: www.americanhippotherapyassociation.org/aha_hpot_therapist.htm

To find a therapeutic horseback riding center, go to the NARHA (North American Riding for the Handicapped Association) website: www.narha.org/narha-centers/find-center

Though NARHA began with a focus on horseback riding as a form of physical and mental therapy, the organization and its dedicated members have since developed a multitude of different equine-related activities for therapeutic purposes, collectively known as equine-assisted activities and therapies (or EAAT). Besides horseback riding, EAAT also includes therapeutic carriage driving; interactive vaulting, which is similar to gymnastics on horseback; equine-facilitated learning and mental health, which use the horse as a partner in cognitive and behavioral therapy, usually with the participation of a licensed therapist; ground work and stable management; and NARHA Horses for Heroes, a new program that uses a variety of EAAT disciplines specifically to help war veterans and military personnel.

State Budget update...

continued from page 1

days of the 82nd legislative session which runs from January through the end of May. The competition for the limited resources is substantial. If protecting services and supports for individuals with disabilities is important to you, building a relationship with your state legislators is a big first step. There are five months left before the start of the next session. That gives you five months to make appointments to meet with your legislators and staff and help them understand the importance of community services. Policymakers often don’t understand that these services enable families to provide what their child needs in their home and community and avoid costly institutionalization.

I hope your summer has been fun, and as always, feel free to contact me at: colleen.horton@austin.utexas.edu if you have any questions.

Moving from SSI to SSDI When a Parent Retires

Colleen Horton, Program Officer, Hogg Foundation for Mental Health, The University of Texas at Austin, Rosemary Alexander, TxP2P Staff, and Debbie Luzzo, TxP2P Parent and Realtor

I have received a number of calls over the past year from families who have been told that their adult child is no longer eligible for Medicaid when they go from receiving SSI to SSDI. SSI is the Supplemental Security Income for folks with disabilities with low income. Many individuals with disabilities access Medicaid through their SSI eligibility. As parents begin to retire, their “adult child with a disability” often becomes eligible for Social Security Disability Income (SSDI) which typically has a higher monthly stipend than SSI. When they lose SSI (can’t receive both SSI and SSDI) they are sometimes told that their family member is no longer eligible for Medicaid because their income is now too high. The fear of losing Medicaid eligibility can cause a family significant stress as there is a two-year wait to receive Medicare services (health coverage available through SSDI).

This is not true. There is a provision in federal law referred to as the “Pickle Amendment” – named after our own Congressman Jake Pickle. This amendment states that if an individual’s monthly income is over the SSI limit simply because they went from receiving the SSI stipend to the higher SSDI stipend, they maintain their eligibility for Medicaid. This is extremely important to know because, as stated earlier, the Medicare coverage under SSDI has a two year waiting period. Read the two stories below of two parents’ experiences with this important process.

Alexander Family:

When my husband began taking Social Security (SS) after retirement, my son was aged 26 and receiving SSI, Medicaid and the CLASS program. So I needed to learn how a parent’s SS benefits influence an adult child’s eligibility for state funding. Here’s what I learned:

Your child will move to SSDI (Social Security Disability insurance) when you disclose having an adult child with disabilities during the process of applying for your own SS. Note that SSI eligibility is based on disability and income/financial

assets. SSDI is based on earning history, either a parent’s or the person’s who has a disability. SSDI will be half of the parent’s SS monthly payment, and that’s in addition to the full payment the parent will receive. So if the parent receives \$2000 per month based on his or her earning history, SSDI for the adult disabled child will be \$1000. If the SSDI amount is higher than SSI benefits, your child might become ineligible for Medicaid, which automatically comes with SSI. It is important to stay Medicaid eligible.

There is another door into Medicaid called the Disabled Adult Children Program that solves this problem. It coordinates SSI and Medicaid so that someone can receive SSDI and stay eligible for Medicaid. It is federally mandated for people 18 and over, onset of disability before age 22 and denied SSI because of SSDI. It provides for Medicaid coverage by excluding increases it disregards the amount of the benefit to keep Medicaid.

When a parent anticipates starting to draw down Social Security benefits, you should talk to someone in the SS office nearest you to resolve the problem. My own experience was that I started several months before the date when my husband would start receiving SS. I called people at DADS to check my facts then the Social Security office and started a process of alternately acting and waiting. It takes coordination between DADS and SS. We got the application ready but then had to wait for my husband’s record to be set up, the trigger to start the process. On the designated day, I got a letter denying SSI and a letter starting SSDI and Medicaid through the new program. I wanted NO TIME to pass, not a moment, when my son was not eligible for Medicaid! It did work. He continued the CLASS benefits without a pause. Furthermore, he has just become eligible for Medicare, which kicks in 2 years after starting to get SSDI.

I hope this helps parents to be aware of the changes that might affect your child’s benefits and

how to keep your child eligible for benefits.

Rosemary Alexander.

Luzzo Family:

I started the process of applying for Disabled Adult Child benefits several months before Jenna’s 18th birthday, knowing the process would take time. I too called SS and made a face to face appointment. In the meantime, I told the representative what my intentions were and I was sent a packet of information that was needed in order to start the process. If the child is over 18, you can start this process on-line at the social security website (www.ssa.gov). The information they needed was letters from a doctor stating diagnosis, medical history, hospital stays, etc. We went prepared when we had our face to face appointment.

For a child to receive SSDI one of the parents must be retired and receiving benefits. In our case Ron retired while Jenna was still in high school, so she was already receiving benefits. These benefits stopped once Jenna reached 18 or graduated from high school. That is where the change came in and we started the process to apply for Disabled Adult Child benefits. Jenna now receives SSDI and will continue to receive this until her death. Benefits will not end after the parent’s death. She will also be eligible for Medicare once she turns 20. It is a 24 month waiting period once you have been approved for SSDI.

If a child is receiving SSI, it is not an automatic move over to SSDI. It is my understanding you have to apply for it. In our case, this was true; as Jenna’s benefits ended the month she graduated from high school. SSI is based on the person’s income and disability, where SSDI is based on the work history of the retiree. If a parent is retired, and the child/adult is within the age limits, I would recommend applying for SSDI, as the monthly income is much higher. Also, I have been told once

Continued on page 5

Moving from SSI to SSDI When a Parent Retires

Continued from page 4

a child/adult reaches 21, they are eligible for Food Stamps. Once the child reaches 21 they look at that person's income, until then they take into account the household income for food stamps. I know some might look at this, and say that is not necessary, but remember, we will not always be here to assist our children. We need to advocate for them now and get all that is available for them now, as in some cases, that won't even be enough. Debbie Luzzo, REALTOR®, Carolyn Ney, Realtors, 512-335-0174

Here are a couple of links to more information on the Pickle Amendment:

Pickle Amendment: http://dpaweb.hss.state.ak.us/manuals/adltc/531/531_deemed_under_the_pickle.htm
Directly from the SS website: <https://secure.ssa.gov/apps10/poms.nsf/lnx/0501715015>

If this happens to you, contact the regional manager of your Department on Aging and Disability Services local office. Each regional office should have a staff person who is familiar with the provision and can help get these straightened out. If that doesn't work, feel free to contact me at: colleen.horton@austin.utexas.edu.

What you need to know about...Heat Precautions

Texas Department of State Health Services
www.dshs.state.tx.us

Heat can create serious health problems. Usually the elderly, the very young, the sick and those without access to air conditioning are most severely affected by heat.

Symptoms of heat illness include heavy sweating, muscle cramps, weakness, dizziness, nausea, weak but rapid pulse, and headaches. People with these symptoms should find shade, drink water slowly and make sure there is good ventilation. If fluids are not replaced soon enough, heat stroke can follow causing extremely high body temperature, red and dry skin, rapid pulse, confusion, brain damage, loss of consciousness and death. To help a person showing severe symptoms, get the victim into shade, call for emergency medical services and start cooling the person immediately with cool water or by fanning.

Staying in an air-conditioned area, either at home or in a public place such as a mall, library or recreation center, is the most effective way to combat heat. If air conditioning is not available, pull the shades over the windows and use cross-ventilation and

fans to cool rooms.

A cool shower or bath also is an effective way to cool off. Limit the use of stoves and ovens to keep home temperatures lower. Children especially can quickly become dehydrated. They need to drink fluids frequently, especially water, and wear light-colored, loose-fitting clothes. Avoid drinks that are heavily sweetened or contain caffeine. Check on children often, especially if they are playing outside in high temperatures.

Other heat precautions include:

- Never leave anyone in a closed, parked vehicle during hot weather, even for a short time.
- Drink plenty of fluids but avoid drinks with alcohol, caffeine or a lot of sugar. Start drinking fluids before going out into the heat.
- Plan strenuous outdoor activity for early morning or evening when the temperature is lower.
- Take frequent breaks when working outside.
- Wear sun block, hats and light-colored, loose-fitting clothes.

- Stay indoors in air conditioning as much as possible.
- Eat more frequently, but be sure meals are well balanced and light.
- Don't dress infants in heavy clothing or wrap them in blankets.
- Check frequently on the elderly and those who are ill or may need help.
- Check with a doctor about the effects of sun and heat when taking prescription drugs, especially diuretics or antihistamines.
- At first signs of heat illness – dizziness, nausea, headaches, muscle cramps – move to a cooler place, rest a few minutes, then slowly drink a cool beverage. Seek medical attention immediately if conditions do not improve.

The best defense against heat-related illness is prevention. Staying cool, drinking plenty of fluids, wearing cool clothing and monitoring outdoor activities are keys to staying healthy in hot weather.



**Sterling's Printing
& Copying**

**435 Sterzing Street
Austin, TX 78704**

**512-477-6963 |
www.sterlingsprint.com**

**Thanks to:
Sterling's Printing & Copying
for printing this newsletter
at a reduced cost for TXP2P!**

Health Reform Implementation – Affordable Care Act: Information and Request for Stories

Compiled by TxP2P Staff

On March 23, 2010, President Obama signed into law the Affordable Care Act. The law puts into place comprehensive health insurance reforms that will hold insurance companies more accountable and will lower health care costs, guarantee more health care choices, and enhance the quality of health care for all Americans. The Act will not be implemented all at once. Portions of the law have already taken effect. Other changes will be implemented through 2014 and beyond.

You can find more information on the Health Care Reform Bill at: www.healthcare.gov/f/disabilities/index.html
Here are some of the provisions that are coming up as of September 23rd:

1. Many of the child health provisions within the Affordable Care Act will take effect. These include *Bright Futures* and other preventive services being covered for children with private insurance as an immediate benefit for no co-pay – for more information, go to : www.healthcare.gov/law/provisions/preventive/index.html,
2. Job-based and new individual plans won't be allowed to deny or exclude coverage to any child under age 19 based on a pre-existing condition, including a disability. Starting in 2014, these same plans won't be able to exclude anyone from coverage or charge a higher premium for a pre-existing condition including a disability.
3. Eliminates all lifetime limits on how much insurance companies cover if beneficiaries get sick and bans insurance companies from dropping people from coverage when they get sick. The Act also restricts the use of annual limits in all new plans and existing employer plans this year, until 2014, when all annual limits are prohibited.
4. Young adults will be able to remain on their parents' health insurance up to age 26.
5. Medicaid covers many people with disabilities now, and in the future it will provide insurance to even more Americans. Starting in 2014, most adults under age 65 with incomes up to about \$15,000 per year for single individual (higher income for couples/families with children) will qualify for Medicaid in every state. State Medicaid programs will also be able to offer additional services to help those who need long-term care at home and in the community.
6. You may be able to join and get benefits from a voluntary, enrollment-based insurance program that will be available after October 2012 called the Community Living Assistance Services and Supports (CLASS) Program. It will provide assistance to people who need help with daily activities. Under this voluntary program, you'll get a cash allowance so you can get care and other supports to help you keep your independence.

The White House has asked the American Academy of Pediatrics (AAP) to help collect stories from families across the country on how the Affordable Care Act will improve their care. These stories may be used by the White House at national events, online, or in materials promoting the benefits of the law. Some of you may recall a similar request from the White House in June that was specific to stories around the provision banning pre-existing condition exclusions for children; this is a broader request for stories on any provision within the law.

If you would like to share your story, please email it to Laura at: Laura@txp2p.org or fax it to 512-451-3110 (please use a cover page to Texas Parent to Parent).

.....
• **The TxP2P Newsletter is not copyrighted.** Please feel free to use any of our articles in your newsletter, parent group meeting, or any other venue but remember to credit the author & TxP2P. If you would like an electronic copy, we can email it to you; please email the date of the newsletter & the article name to: Susan.Prior@txp2p.org and we'll email you the article.
• **Please remember to sign up for TxP2P Listservs.** Contact Susan: Susan.Prior@txp2p.org if you want to join the Advocacy, Autism, Bipolar, Homeschoolers, Transition, or local area Listservs (Austin, Bryan/College Station, Dallas/Ft. Worth, Houston, San Antonio, San Marcos, Rio Grande Valley & Waco/Temple). **We have three new Listservs - Medical Home, Coastal Bend/Corpus Christi, and the Dad's Listserv.** If you want to moderate a local listserv for your area, we'd love to set up more of these local groups. Contact Laura at: Laura@txp2p.org to discuss moderating one for us.
• **Save our trees and a little money - get the newsletter via email!** It prints out well or is easy to read as an email. If you are currently getting this by mail but would read it as an email or print it out, please contact Susan Prior (512-458-8600 or 866-896-6001 or susan.prior@txp2p.org) and ask to receive the TxP2P Newsletter via email. If you leave a voice mail, please remember to give us your email address. Thanks!!
• **Make a donation to TxP2P - we've added an envelope to make it easy for you!** Our annual direct mail campaign will be out in November but you don't have to wait until then. Or become a monthly donor - no amount is too small!
•

What TxP2P Means to My Family

Leslie Moccia, TxP2P Parent

What TxP2P means to my family. Boy now I have to ask myself how I can put this down on paper just using words. I do not think there are words that can express what they give us each and every day.

It is knowing they are there, another parent always ready to answer the phone or reply to an e-mail. Do they always have the answers to my question? No, but they will look high and low to find the answer or contact us with another family who has been there, done that and can lean that hand or voice. They are always there to listen and let you know you are not alone. They will add your name and your story to their list that never stops growing. They will help you heal by asking, “Hey, can you help this new young mom?” What does TxP2P mean to me? It means I am not alone. That in itself has helped me more than any words can express.

Leslie Moccia, mom to Zachariah Moccia, Dravets syndrome



DARS Teams Up with Hadley to Offer Free Distance Education

Department of Assistive and Rehabilitative Services
www.dars.state.tx.us

Thanks to a new partnership, The Hadley School for the Blind and the Department of Assistive and Rehabilitative Services are pleased to offer distance education courses at no cost to individuals who are blind or visually impaired, their families and Texas service providers.

Celebrating its 90th anniversary this year, The Hadley School for the Blind provides more than 100 courses in accessible formats including Braille, large print and audio. Many of the courses are also available online. Hadley’s curriculum is focused in four program areas: Adult Continuing Education, Family Education, High School and Professional Studies. Courses range from independent living skills to finding employment to academics and recreational activities.

Hadley provides award-winning Braille instruction too, including 10 Braille reading and writing courses for visually impaired students and three Braille courses for sighted professionals. In addition, Hadley offers a high school diploma program to qualified students and can help high school students transfer credits to their local school district for graduation. Hadley also offers free webinars called Seminars@Hadley. These popular online discussions provide “just in time” training and cover the most current topics such as GPS travel, self-employment, new technology and more.

Billy Brookshire, a longtime trainer for DARS, is the Hadley representative in Texas. He will be managing this exciting new initiative to benefit Texans concerned with visual impairment and blindness. For more information about The Hadley School for the Blind, visit www.hadley.edu call 800-323-4238 or send an email to: billy.brookshire@dars.state.tx.us.



My Sister, Elsa

By Jairo Sanchez

My sister is a troublesome person
Sometimes she is marvelous and gifted
Elsa is mysterious and open-minded
She has Down Syndrome, a disability

Elsa is very good at doing the splits
She takes gymnastics, ballet and tap
Elsa is a frog at swimming – excellent
She flies in the air, doing tricks at the pool

Elsa expects everything her way
She cries and gets us into trouble
Elsa has three brothers, and
Frequently she cries – in trouble – double

She has a hard time doing homework,
Reading, and being independent
She loves to read and falls asleep with books
She has Down syndrome, a disability

She has a hard time with lots of things,
She can handle them, that sister of ours
We, three brothers, love her very much
We will always be there for her

Texas Parent to Parent
3710 Cedar Street, Box 12
Austin, TX 78705-1450

Toll Free: 866-896-6001
Local: 512-458-8600
Fax: 512-451-3110
Website: www.txp2p.org
Email: txp2p.org



ADDRESS SERVICE REQUESTED

NONPROFIT ORG
US POSTAGE
PAID
AUSTIN TX
PERMIT NO. 657

Texas Parent to Parent is committed to improving the lives of Texas children who have disabilities, chronic conditions, and /or special health care needs. We accomplish this by empowering families to be strong advocates through parent to parent support, resource referral and education, and by educating professionals about the unique needs of our children.

Conference Schedule

Date	Name	Location	Information
Thursday through Saturday, Oct. 7 - 9, 2010	Texas State Autism Conference	American Bank Center, Corpus Christi, TX	For more information, go to this link: http://autism.esc2.net/conference/index.asp or contact Laura Cantu at 361-561-8524 or email her at: laura.cantu@esc2.us
Thursday through Saturday, Oct. 14 - 16, 2010	7th Annual Cinema Touching Disability Film Festival & Competition, Coalition of Texans with Disabilities	Goodwill Community Center & Alamo Drafthouse South Lamar, Austin, TX	For more information, go to this link: www.ctdfilmfest.org or call 512-478-3366
Saturday, Oct. 16, 2010	Annual InKidAble Possibilities Conference, Children’s Special Needs Network	University of Mary Hardin Baylor, Belton, TX	For more information, go to this link: www.special-children.org or call 254-933-7597
Wednesday through Friday, Oct. 20 - 22, 2010	“Our Voice, Our Vote” Coalition of Texans with Disabilities 32 nd Annual Convention	Camino Real Hotel, El Paso, TX	For more information, go to this link: www.cotwd.org or call 512-478-3366
Monday & Tuesday, Oct. 25 - 26, & Wednesday, Oct. 27-28, 2010	Person-Centered Thinking followed by Person-Centered Plan Facilitation, Institute for Person-Centered Practices	Pickle Research Center, Austin, TX	For more information, go to this link: http://pcpinstitute.org/about.htm or contact Shelley Dumas at 512-232-0744 or email her at: s.dumas@mail.utexas.edu
Thursday & Friday, Nov. 11 - 12, 2010	11 th Annual Chronic Illness & Disability: Transition from Pediatric to Adult-Based Care	Houston, TX	There are scholarships available for family members and youth with disabilities and for agencies who work with families. For information, contact Valerie Bowman at: tracs@texaschildrens.org
Thursday & Friday, Nov. 18- 19, 2010	Texas Guardianship Association’s Fall Conference	Hilton Houston NASA, Clear Lake, TX	For more information, go to this link: www.texasguardianship.org/index.html