

Monthly Communicator

New Jersey Department of Human Services
Division of the Deaf and Hard of Hearing



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JAMES E. MCGREEVEY
GOVERNOR

GWENDOLYN L. HARRIS
COMMISSIONER

BRIAN C. SHOMO
DIRECTOR

Commissioner Gwendolyn L. Harris Resigns

Statement from Commissioner Harris

It is with mixed feelings that I have resigned, effective February 15, 2004, from my position as Commissioner of the New Jersey Department of Human Services.

Serving as Commissioner has been an incredible challenge and a great opportunity. Every day there was an opportunity to make a difference in people's lives, and we did that. But it had been my goal and dream for some time to work in the academic realm, and that opportunity has become available.

In March 2004, I will begin working as Director of the New Jersey Urban Development Project at the Edward J. Bloustein School of Planning and Public Policy at Rutgers University, where I will help shape state and local urban development policy.

Managing a department the size and complexity Human Services has been both extraordinarily challenging and rewarding. Through it all, I have considered myself blessed to work for a Governor who places the interest of the state's most vulnerable citizens at the top of his agenda. I am also blessed to have worked with many dedicated and talented human services advocates, members of the legislature, employees of my fellow state departments and a good number of the 19,000 dedicated and talented employees of this department.

During these excruciatingly difficult fiscal times, when other state department budgets were slashed, Governor McGreevey increased my department's budget and maintained vital services to the most needy among us. Rather than requiring quick fixes to the state's ailing child welfare system, Governor McGreevey gave his full support to real and lasting changes that will benefit New Jersey's children for years to come. And instead of putting off reforms in the systems that serve people with disabilities, this administration bolstered staffing in our state psychiatric hospitals and developmental centers and set in motion historic innovations in our community care system.



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This Governor has always shown tremendous support for this department. That is why, when I sought to leave the department for the academic realm several months ago, and Governor McGreevey asked me to stay, I agreed. And it is why I have agreed stay until February, to ensure that a complete and comprehensive blueprint for reform of the child welfare system is forwarded to a federal judge early next year. This report is required as a result of the settlement of the Children's Rights lawsuit against the state's child welfare system.

With Governor McGreevey's support, we have accomplished much during the last nearly two years. I am particularly proud of the fact that the department has:

- ✓ regained and maintained federal certification for all of the state's large institutions for people with disabilities and received favorable feedback about the state's community services system following a recent sweeping federal review;
- ✓ advanced the plan to build a state-of-the-art hospital to replace the Greystone Psychiatric Hospital;
- ✓ improved the accuracy and efficiency of the child support and food stamp programs; the accuracy of the state's food stamp program went from the bottom nationally to the third best in the U.S. - attracting a \$14 million federal bonus
- ✓ increased the number of DYFS adoptions by more than 30 percent, attracting a \$1.9 million federal bonus;
- ✓ began to reform the department's massive contracting system
- ✓ began implementation a massive child welfare information system that was long overdue;
- ✓ implemented an internal program integrity unit at the department to ensure quality of care in all DHS programs and facilities; and
- ✓ implemented an innovative new program called, Real Life Choices, that makes it possible for more people with developmental disabilities to stay at home with their families and receive appropriate services.

Again, I thank the Governor and the residents of New Jersey from the bottom of my heart for entrusting me with this most important job and for giving me the opportunity to serve.

Access to Religious Events

Caldwell United Methodist Church, 8 Academy Road, Caldwell, NJ 07006, offers sign language interpretation for the Deaf and Hard of Hearing at our Worship Service every second Sunday of the month at 10:00 a.m. Additional interpreted services occur at different times during the year. Assistive listening devices available. Info: (973) 226-4410 Voice, (973) 226-1094 Fax, www.caldwellchurch.org.



Legislative Activity

SCR23 (Senate Concurrent Resolution) Memorializes Congress to provide Medicare coverage for hearing aids. Singer, Robert W., Primary Sponsor
12/15/2003 Passed by the Senate (39-0)
12/15/2003 Received in the Assembly, Referred to Assembly Health and Human Services Committee.

MONTHLY COMMUNICATOR

Director: Brian C. Shomo
Editor: Ira C. Hock

NJ Department of Human Services
Division of the Deaf
and Hard of Hearing
PO Box 074

Trenton, NJ 08625-0074
609-984-7281 V/TTY
800-792-8339 V/TTY
609-984-0390 Fax

ira.hock@dhs.state.nj.us

www.state.nj.us/humanservices/ddhh

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Deadline for submissions: First of the month for the following month's edition

On Hearing and Being Heard

A medical student and a resident speak out on a topic dear to their hearts

Jennifer Lee

I get curious stares and questions about my electronic stethoscope from time to time. People want to know what it is, what it does and how it works. The beige 5 by 3 inch box attached to a black, coiled cord with a diaphragm at the end certainly looks nothing like a typical stethoscope. Whenever I get an opportunity to explain it to other medical students, physicians and patients, I always start by proudly saying it's the same stethoscope that astronauts use in space and that Medevac personnel use in emergency operations. Then I describe how I hook my hearing aids into the stethoscope so I can hear magnified heart sounds. Sometimes I let them try my stethoscope using separate headphones. Many walk away saying, "Wow, that is powerful. You don't even have to strain to hear."



Electronic stethoscope

This is just one example of my experiences as a hard-of-hearing medical student. I was born with a bilateral, severe-to-profound hearing loss of -110 to -115 decibels. Hearing aids in both ears allow me to hear normal range conversation, and I use a combination of lip reading and hearing to understand what is being said. While I may not hear the sound of a faucet dripping or crickets chirping outside, I can hear normal noises. People often ask me what it is like to be hard of hearing. The best description I can come up with is that it's like being in a foreign country—you can hear people around you speaking, but you have no idea what is being said.

Although crushed when physicians first gave them the news when I was 8 months old, my parents were determined their child would live a full and normal life. They decided to teach me auditory verbal communication first, opting for American Sign Language (ASL) if no progress could be made.

Thus, from the age of 18 months until I entered kindergarten at 5, I made many long, three-hour trips with my mother to Easton, Pennsylvania, where I was taught at the Helen Beebe Speech and Hearing Center. There, I learned how to speak, repeat and recognize vowels and consonants. My communication abilities were honed and developed by my teachers often covering their mouths

and making me practice understanding what was being said by using my hearing. This early, rigorous training, combined with the unconditional love and endless teaching of a strong-willed mother, allowed me to fully mainstream into regular, public schools from kindergarten through high school. I have never learned ASL.

So what led me to pursue medicine? I've always had a love of biology and admired what physicians do. And as I grew older, I came to realize the powerful knowledge and authority physicians possess—knowledge about the human body and the ability to better it. However, during my undergraduate studies at Stanford University, I felt that perhaps

my inadequacies would hinder my aspirations. I was afraid to become a physician, because I did not know how a hard-of-hearing person could be entrusted with the lives of others. Consequently, after graduating with a biology degree, I spent several years conducting molecular biology research. While I learned a great deal from my experiences in the lab, I felt something lacking; I longed for personal contact with others.

Fortunately, at that time in my life, I came in contact with an online support group for hard-of-hearing health professionals. Here, I met hearing-impaired physicians, veterinarians, nurses and medical students. After learning about their experiences and how they coped on a daily basis, I became encouraged. This was the catalyst for my decision to apply to medical school, and it continues to be my inspiration today as I attend Drexel University College of Medicine. I am now beginning my third year.

While all medical students share similar stresses and difficulties, my hearing loss has forced me to think of ways—sometimes creative—to compensate. During my first two years at Drexel, I relied heavily on our student-run scribe service. Students who wish to receive typed lecture notes pay a fee each semester for scribe services. Scribes are typically other students who take turns writing lectures in return for pay.

I have also used Computer-Aided Realtime Translation (CART) captioning for one class. In this system, a CART

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reporter-similar to a specialized stenographer, who is trained in medical terminology-types what the lecturer is saying into a computer so that I can read along on a laptop. CART is an amazing and invaluable experience for hard-of-hearing people because it allows us to actually follow what is going on “live” instead of filling in the blanks later.

Since the ADA covers my hearing loss, the school provides for many of these services. The CART reporters are paid by Drexel’s disability center. A typical CART reporter fee is anywhere from \$100 to \$200 an hour. I paid for the scribes myself, costing about \$150 per semester. I’m sure Drexel would have paid for the scribes if I had wanted it to, but I felt that since other, nondisabled classmates were paying for them, I would too.

As my training moves onto the wards, I will be relying on many more resources and accommodations. Fortunately, more advanced equipment to assist hard-of-hearing health professionals is constantly being developed; in fact, I have recently switched from using the bulky electronic stethoscope to one that better resembles a typical stethoscope. CART will likely be used in the operating room since I will be unable to read lips hidden behind surgical masks. A paging system may have to be improvised, perhaps with numbers representing specific messages like “come to the nurses station,” so that I can be contacted easily. And an oral interpreter, a trained professional who helps repeat what others say-may assist me with patients, phone calls and rounds.

Ultimately, the clinical years will be more challenging because more is at stake. Things that hearing people often take for granted, like using the telephone, are frustrating for those of us who can’t hear as well. Without a doubt, I am anxious, and already I have met some challenges. Some surgeons have been resistant to CART, arguing for a microphone system instead. In this type of situation, it’s important for me to explain the nature of my hearing loss and to prove that a microphone system would only magnify sounds, not make them clearer. Documentation and letters on my behalf have been col-

lected from audiologists, physicians and others to show that special aid is necessary. I am so grateful for the support of Drexel’s disability directors who are tirelessly arguing on my behalf.

Often, overcoming challenges boils down to confidence. One of the greatest lessons I’ve learned is to be comfortable with my disability and with who I am. I have grown more confident telling others about my hearing loss and being honest from the beginning. Whenever I interview a patient, I always tell him my name, explain that I’m a medical student and that I’m hard of hearing. I tell him I

may need him to repeat things for me, that he may need to raise his voice slightly and that I may repeat things back to him to confirm what was said.

In the beginning, I was afraid this would be met with resistance. But I have yet to meet a patient who is unwilling to slow down for me. I have also received positive responses from my professors and peers. My professors have been willing to provide

assistance, and in small group settings, my peers try to remember to face me when they talk. And I know I can always ask friends for help if I miss something.

Still, there is a great deal that others need to understand about hard-of-hearing medical students. We want to be treated with respect and as equals. We are not any less intelligent or proficient than our peers and colleagues. We just require a little more consideration and awareness of our needs.

I believe that a hard-of-hearing medical student can succeed in medical school and in the medical profession with hard work, perseverance and faith in her abilities. While it is important to follow your aspirations, it is also important to know your limitations. Advancing technology has allowed us to cope in ways we never thought possible, but it falls short of having two perfect ears. Ultimately, one must have a healthy blend of idealism and practicality to abide by every day.

Jennifer Lee is a third-year medical student at Drexel University College of Medicine. This article originally



Medical Student Jennifer Lee

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appeared in the October 2003 issue of *The New Physician*, which is published by the American Medical Student Association.

Joanna Turner, M.D.

When thinking about a person with a hearing impairment, some may envision Sarah from “Children of a Lesser God.” Deaf since birth, Sarah communicates with the surrounding world through ASL. Others may think of an elderly grandparent who lost his hearing as part of growing old. What I’ve learned throughout my life is that hardly anyone envisions someone like me.

I am a recent graduate of Rush Medical College, and I was born with a mild hearing loss in my left ear, which worsened after I contracted meningitis at the age of 9. I have approximately a -60 decibel loss in my left ear and a -10 decibel loss in my right—nothing much in the world of the deaf and hard of hearing but enough to impact my life significantly. I wear a hearing aid and can speak and read lips thanks to undergoing rigorous speech therapy. In fact, I do this so well that most people forget I have difficulty hearing.

Some interesting encounters have resulted from this tendency to forget or not notice my hearing loss. Many people have asked, “Why do you wear a hearing aid?” (Didn’t you know it was the latest fashion statement?) Some, not recognizing my lisp, will try to guess where I was born. On one occasion, a guy I had just met asked, “Hey, baby, you got a tongue pierce?”

“No,” I replied sweetly. “I have a hearing aid.”

While people’s confusion about where I and my hearing loss fit in has created endless amusement for me, it has also created a significant amount of frustration. I politely tell everyone I meet that I am partially deaf, and they are

usually eager to accommodate me at first. Yet as time goes on, I am met with an increasing level of annoyance from anyone for whom I have to continuously remind to speak louder and to look directly at me. I have a difficult time with accents, mumblers and men with significant amounts of facial hair. I am terrible at tuning out background noise, and even in a moderately noisy environment, I am left to guess at what is being said.

In high school, I learned ASL and over time became involved in the deaf community. What I have learned from them has opened my eyes to challenges I never thought about. For someone like me, noisy environments are the real problem. Quiet situations such as the physician’s office are fairly easy to navigate. But those who are deaf or severely hard of hearing must rely on some assistance to communicate. And I discovered many of these individuals have

physicians who refuse to pay for interpreters, insisting the patient should read their lips or communicate by reading and writing.

There are two problems with this way of thinking. First, only 30 percent of spoken English is visible on the lips. Second, English is a second language for many in the deaf community. The average deaf person reads and writes at a fourth-grade reading level, while the average native English speaker does so at an eighth-grade level. Many barely write at all. When some members of the deaf community discovered I was studying to be a physician, they were overjoyed. “You want to be a doctor, and you know sign? Please don’t give up—we need you!”

With the deaf community, I knew I had found my calling in medicine. I have always believed in providing medical care to the underserved, and this was a group of medically underserved individuals that I related to in so many ways. My desire to create accessible health care for the

Premeds: Words of Advice

By Rebecca Sernett

Have a hearing loss? Don’t know how to find a medical institution that’s right for you? Dr. Joanna Turner and Jennifer Lee offer these tips:

Research schools thoroughly. “Ask if they have ever had a deaf or hard-of-hearing medical student. If so, how did they respond to that student’s needs?” Turner says.

Network. “Does anyone know of a deaf or hard-of-hearing medical student or doctor? If so, where did they go to school? Did they like it? Were their needs met?” Turner says.

Be honest about your hearing loss. “You may want to discuss [it] in your personal statement, especially if it is a more severe loss. Talk about it during medical school interviews,” Lee says. “[And] gauge the types of responses you receive. Are they negative, positive or neutral?”

Explain your needs. “As stressful and intimidating as applying to medical school can be, it is completely OK to be upfront with admissions officers about particular needs,” Turner says. “[For] many schools, an applicant who has overcome personal challenges and knows what he or she needs to do in order to succeed are actually looked upon very favorably.”

Stay in touch. Once you’re on campus, “Stay in contact with school administrators and disability services as your needs change,” Lee says. “Let faculty and fellow students know of your hearing loss and ask them to help you.”

Repeat this procedure. When it’s time to search for a residency, keep the above advice in mind. “Be upfront about your needs and how the program can help you to be the best resident possible,” Turner says.

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deaf has fueled my drive to become a physician. I was lucky to attend Rush. It paid for a classmate to take notes for me, using money from the student-tutoring fund so I would not have to pay myself. It already had an assistive listening system in place in each lecture hall in accordance with the ADA. During lectures, I wore a set of portable headphones that tapped directly into the speaker system via an FM radio wave.

My third and fourth years were more challenging, although technologically I did well. Rush provided a portable FM listening system for use in the operating room, and it allowed me to hear conversation I would otherwise

not catch because of the surgical masks. Surgeons didn't mind wearing a special microphone; on the contrary, I found they took a liking to their new toy.

I did encounter trouble on the floors, however, mostly at hospitals outside of Rush where I rotated. The first day of a rotation, I usually introduced myself and quickly explained that I need to read lips. It would be noted, and we would go about our business. But later, I would run into problems. I was more persistent than other medical students, because I wanted to ensure I was hearing and learning as much as I could. I butted heads with residents who thought I was too demanding of their time, when all I wanted was for them to have a little patience, look at me and speak clearly. Friends overheard attendings with heavy accents making fun of me and of my inability to understand them. It was a lot to handle, but what upset me most was that the physicians who made fun of me and didn't have time for me are the very same people who end up caring for patients who can't hear very well, do not know English, or have difficulty speaking and expressing themselves.

When I entered the Match process, I was nervous and excited. Like many of my classmates, I was eager to find a program I could fall in love with. At the same time, however, I needed a place that would meet my needs and

be supportive of my desire to provide health care to the deaf community. In this age of managed care, many hospitals are forced to stretch every dollar. Such facilities are often reluctant to take on new projects that cost extra money. I could see this in the eyes of many who interviewed me. Although I didn't encounter any direct discrimination, I do believe that some programs were hesitant to take me on because of this money crunch. Still, I was fortunate to have

been matched with a family practice program that has welcomed me and my ideas with open arms.

My connections with the deaf community and my own awareness of the importance of being able to communicate completely with my patients have become central to how I want to practice medicine. I have chosen family practice in part because I feel it is the one specialty in which I can do the most good for the deaf community and for all medically underserved. Family physicians rely on communication to do their jobs well, and communicating with patients is the most important part of being a physician. This requires having an open mind and not making assumptions about others. I know from experience how essential this is, and I hope others remember my story as a reminder to always keep an open mind when dealing with their patients.

Joanna Turner is a recent graduate of Rush Medical College. She is now in her first year of a family practice residency at Evanston Northwestern Healthcare, based in Glenview, Illinois. This article originally appeared in the October 2003 issue of The New Physician, which is published by the American Medical Student Association.

Working With the Deaf

By Rebecca Sernett

Whether they're patients or colleagues, Dr. Joanna Turner and Jennifer Lee say much of the advice is the same:

Treat the person as an equal. "Do not judge a student or patient to be dumb or inattentive because they missed something you said. To most, a hearing loss means that the world sounds like a garbled radio, and they have to put the pieces together as best they can," Turner says.

Face the individual. "Look at a deaf or hard-of-hearing medical student or patient, for that matter, while you are speaking so they can read your lips. If they use an ASL interpreter, make sure the interpreter has ample time to translate everything you are saying," Turner says. Also, don't cover your mouth.

Don't make assumptions. "Don't assume a deaf patient can read your lips. Medical terms are tough enough when they can be heard—lip reading is a lost cause in such cases," Turner says.

Don't rely on the written word. "Do not communicate solely by reading and writing as many deaf have poor skills in this area," Turner says.

Bottom line—get an interpreter. "Every hospital should have access to one. If they don't, you should contact the local deaf club and obtain names of certified medical ASL interpreters. A small minority of hard-of-hearing patients communicate in formats other than ASL, but the interpreter is qualified to assess the situation and [should] be allowed to do that," Turner says.

Feel free to be curious. "Do not be afraid to ask the individual about his or her hearing loss," Lee says.

Vision Loss Within the Deaf and Hard of Hearing Communities

Submitted by Michael Brennan

Opening up a dialogue among Deaf and Hard of Hearing consumers about vision loss is a delicate, sometimes sensitive undertaking. Very often, Deaf and Hard of Hearing people are too frightened to discuss this topic because it has a direct impact on communication and independence issues. There is also a pervasive attitude within the Deaf and Hard of Hearing population that vision loss also means loss of cognitive skills and ability to function at high levels of independence and autonomy.

This article will attempt to bring the topic of vision loss from out of the “closet” where it is hidden.

Labels used to identify Deaf and Hard of Hearing with significant vision loss lead to considerable misunderstandings and inaccurate information. This is especially true whenever the word “blind” is incorporated into the label. The most inaccurate concept arises with the use of the terminology “deaf-blind”. Deaf and Hard of Hearing people have strong emotional reactions to the word/label “blind” and will therefore avoid using any reference to their vision loss as “blindness” and will use varying terms such as “visually impaired” or “low vision”. Yet, we often find ourselves using the word “deaf-blind” as a handy way to identify and categorize people. The label/terminology “deaf-blind” does not always mean total deafness and total blindness. The definition of “deaf-blind” cited in the Federal Rehabilitation Act is a person:

1) who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral field is less than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;

and
2) who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and

3) for whom the combination of impairments causes extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.

The Federal definition clearly states the parameters of deaf-blindness - but fails to explicitly say that considerable residual vision and hearing may be present while

HK
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Helen Keller National Center
For Deaf-Blind Youths and Adults

still identifying the person as “deaf-blind”. A casual look at the deaf-blind community reveals many deaf-blind individuals have useable residual vision and/or hearing but the combination of both sensory deficits greatly impacts their ability to maintain their independence, safety and vocational pursuits.

Many Deaf and Hard of Hearing people have known peers who are deaf-blind and tend to shy away from communicating and socializing with them. Often times the discussion of their deaf-blind peers emphasizes what deaf-blind people can no longer do or the adaptations that the deaf-blind person has had to make in order to survive (i.e., using tactual sign language, asking peers to modify their signing to smaller space and slower, repeated requests to sign or voice for clarification, changing the lighting, discontinuing driving and asking for transportation assistance, the list goes on and on). For these reasons, many deaf-blind people lament the loss of friends and their old lifestyles.

Blindness is the result of many diverse causes. Frequently cited causes are Macular Degeneration, Retinitis Pigmentosa, Glaucoma, Diabetic Retinopathy, and optic nerve damage. The most common etiology of deaf-blindness among Deaf and Hard of Hearing adults is Usher Syndrome (US). About 50% of all adults identified as deaf-blind have Usher Syndrome. Usher Syndrome is a genetic condition that affects 6 - 9% of all persons born

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with a genetic hearing loss. Anyone born with a genetic hearing loss should have their vision checked by a retina specialist to see if there is an associated visual condition called Retinitis Pigmentosa (RP). Usher Syndrome is the combination of genetic hearing loss with Retinitis Pigmentosa. The symptoms of Retinitis Pigmentosa are narrowing of the peripheral fields (sometimes called tunnel vision), night blindness (unable to see clearly outside in the dark or in any environment that is not well lighted), and frequently cataracts.

The symptoms of Retinitis Pigmentosa show up either during childhood or later on in life depending upon which kind of Usher Syndrome is present:

- 1) **Type 1** - born profoundly deaf with balance problems usually means the symptoms of Retinitis Pigmentosa show up early during childhood;
- 2) **Type 2** - born Hard of Hearing, no balance problems usually means the symptoms of RP show up later on - during 20's and 30's;
- 3) **Type 3** - born with normal hearing and vision with hearing loss and Retinitis Pigmentosa both appearing later on in life (very rare). There is no known cure for Retinitis Pigmentosa. Retinitis Pigmentosa can lead to total blindness but not necessarily so. Many people with Retinitis Pigmentosa retain good useable vision for most of their lives.

The most common characteristics of people who are identified as deaf-blind who are in need of rehabilitative services are 1) their hearing loss has been present for a substantial amount of time (usually many years) prior to their vision loss, 2) the vision loss necessitates the learning of new skills to maintain independence, safety and communication with others and 3) the vision loss leads to a period of social and emotional adjustments.

The most common consequences associated with deaf-blindness are;

- ✓ Loss of understandable and preferred communication
- ✓ Social isolation and withdrawal
- ✓ Loss of employment and/or ability to find vocational opportunities

- ✓ Loss of psychological security and well-being
- ✓ Inability to maintain basic skills (reading mail, cooking, home management, running errands)
- ✓ Loss of appreciation for visual and auditory arts
- ✓ Loss of mobility - unable to move about in familiar or unfamiliar environments
- ✓ Loss of driving privileges
- ✓ Loss of independence & control

As you can see from the list above, vision loss can lead to losses in many areas that have a direct impact on communication, socialization and independence. Adjusting to vision loss often requires psychological and emotional adjustment through "grieving" - similar but not exactly like mourning the loss of loved ones. The author of this article is hopeful that a seed of compassion towards and understanding of vision loss and how it affects Deaf and Hard of Hearing people will result from the limited scope of this article. Please feel free to contact him at the address listed below.

Michael Brennan is the regional representative for the Helen Keller National Center. He has Usher Syndrome, Type 2. He works with individual consumers, family and consumer organizations, state and local service providers to insure adequate services and supports are being provided to deaf-blind consumers.

**Michael Brennan, MA, MFT,
Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050
516-883-6914 TTY
hknc2mb@msn.com**

DDHH Holiday Tea Brings Community Together

On December 5, 2003 the Division of the Deaf and Hard of Hearing celebrated its Holiday Tea in their Trenton office. Members of the community brought homemade foods to share. Children had their pictures taken with Santa and had it decoratively framed. Manny Hernandez, who is Deaf, signed several stories to the delighted audience. Five students from the Marie Katzenbach School for the Deaf were robed in chef's clothes and served food. DDHH staff Patricia Long, who coordinated the event, stated "my main focus was to do something special for children during the holidays." This was the Division's second event of its kind.



Eight year old Eric Sarnouski is all smiles wondering what Santa has in store for him.



MKSD students, from left, Danielle Patten, Tiffany Crawford, Wilson Giraldo, Catania Maxwell, and Tameish Garricks reveal the desserts.



DHS Deputy Commissioner Terri Wilson, flanked by aides Yolanda M. Mancari and Alan M. Levin, join the event by decorating door hangers.



Three year old Dahzier Long joins Santa in signing "I love you."



Manny Hernandez signs a story.



Santa poses with DDHH Director Brian C. Shomo and his family, from left, Donna, Inice, and Keith.

NJ Division on Civil Rights Visits the DDHH Demo Center

The Demo Center at the Kohn Center in New Brunswick recently welcomed three staff members from the New Jersey Division on Civil Rights (DCR) for a tour of the center. Chris Tester, Bear Atwood, and Waleska Lukas learned more about the technology advancements available for



Waleska Lukas and Chris Tester, who was recently hired by DCR, observe a hands-on demo of one of the devices.

those who have a hearing loss. In addition to visiting the center, the NJ DCR will provide two conferences in collaboration with the NJ Division of the Deaf and Hard of Hearing. One will take place in the north while another will be given in South Jersey. Be sure to browse the Monthly Communicator for more details.



DCR staff Waleska Lucas, (left), and Bear Atwood (center) receive a demonstration of an assistive listening device by DDHH Field Representative Traci Burton (right).

Heightened Independence and Progress (*hip*) Hires Outreach Specialist

Heightened Independence and Progress (HIP) with centers for independent living in Bergen and Hudson counties announces its newest staff member, Eileen Stewart, as the Deaf and Hard of Hearing Outreach Specialist. Growing up with a brother who is Deaf and then later attending college to learn more about Deaf culture, Eileen is fluent in ASL and offers communication and an understanding of many of the issues that may face the Deaf community. Eileen is coordinating a new program for HIP, and through this initiative, the full resources of the Centers for Independent Living will be made available to Bergen and Hudson County residents as well as linkage to other community resources.

Heightened Independence and Progress has many established programs including: information and referral offered on a wide variety of topics: advocacy, financial assistance for assistive devices, referral for peer support groups and leisure time activities.

There's always room to grow and learn with a new program and Eileen is looking forward to hearing from anyone with a concern or question. She is located at the Bergen HIP office, 131 Main Street, STE 120, Hackensack, on Mondays from 9:00 a.m. to 5:00 p.m. and Thursdays from 9:00 a.m. to 12:00 p.m. Please feel free to contact her with any questions or concerns during those hours at (201) 996-9424 TTY or (201) 996-9100 Voice, or estewart.ber@hipcil.org.

Available Jobs

School Psychologist or School Social Worker, SHIP and HIP Union Street, Hackensack, NJ.

Qualifications:

1. Possess NJ State Certification - School Psychologist or School Social Worker.
2. A Master's Degree in Psychology or Social Work from an institution approved by the State Department of Education.
3. Expertise with American Sign Language skills.
4. Two years school or a clinical related experience
5. Such alternatives to the above qualifications as the Board deems appropriate and acceptable under state law.

Submit a letter of interest with a current resume and copy of certification to: Thomas M. Klemm, Director of Human Resources, Bergen County Special Services, E. 64 Midland Avenue, Paramus, NJ 07652, 201-265-5785 Fax or e-mail: ermaus@bergen.org

Case Managers (2) - Milestones Community Healthcare, Inc. Deaf Services Center offers culturally competent, linguistically accessible treatment for individuals who are Deaf, Hard of Hearing and Deaf/Blind and in need of behavioral health services, including clinical and residential programming. This is an opportunity for a motivated individual to join a dedicated group of professionals who give new meaning to the term teamwork.

Responsibilities include: Assess service needs of consumers and ensure continuum of care, develop service plans, independent living skills instructions, advocate for access to public and private services and programs such as medical, vocational and other services.

Qualifications: Fluency in American Sign Language, familiarity with other visual communication modes, and knowledge of assistive listening devices; ability to relate to and be sensitive to Deaf and Hard of Hearing adults and children of diverse multi-ethnic backgrounds and widely varying communication skills and language levels; knowledge of laws governing the rights of Deaf and Hard of Hearing individuals including IDEA and American with Disabilities Act; detail oriented with strong organizational skills, bachelor's degree in a human services discipline, valid driver's license. See www.salisb.com for info.

Send, fax or e-mail a letter of interest and resume to: Deaf Services Center, c/o Milestones Community Healthcare, Inc., 614 N. Easton Road, Glenside, Pa. 19038, Attention: Meg Perillo, (215) 884-9770 V/TTY, (215) 884-9774 Fax, mperillo@salisb.com.

Sign Language Interpreters Needed - Passaic County Technical Institute is currently seeking Sign Language Interpreters to work in their Auditorily Impaired high school program. The position offers salary and full benefits. The school day is from 8:25 a.m. to 3:21 a.m. Send a resume to: Candice Chaleff, Supervisor, PCTI, 45 Reinhardt Road, Wayne, NJ 07470 or (973) 790-4727 Fax or cchaleff@pcti.tec.nj.us.



EDITOR'S NOTE: As you know, the DDHH published the tenth edition of Organizations Serving People With Hearing Loss in New Jersey. Everyone on the Monthly Communicator (MC) mailing list in November was sent a copy. We realize that this type of resource needs to be updated the moment it is printed. Rather than wait for a new edition, we decided to publish corrections and changes in the MC. These changes may appear periodically. You may wish to cut this page out and file with your copy of the booklet. The page number listed is where the information should be added.

Page 11 - Alfred E. Zampella School, 201 North St. Jersey City, NJ 07307, contact, Sandra J. Frierson, Principal at (201) 714-4350 Voice, (201) 936-0847 TTY, 201-420-9082 Fax, JCorbett@JCBOE.org. A public school that houses a program for the Deaf and Hard of Hearing. The program follows a total communication approach and has both self-contained and inclusion classrooms for grades pre-K to eight. Related services include speech therapy and counseling. Assistive listening devices are provided.

Page 11 - Moorestown Program for the Deaf and Hard of Hearing, Moorestown Twp. Public Schools, contact Darlene Dubois at (856) 778-6600 Voice. Moorestown Township has housed a Deaf and Hard of Hearing program for 35 years. It currently consists of classrooms K through Middle School. The philosophy is total communication with mainstreaming, as dictated by the IEP. Speech and language therapy & auditory training are included.

Page 18 - add Nancy Yarosh, MA, as counselor at Toms River DVR.

Page 27 - North Jersey Community Center of the Deaf, 26 Thomas Street, Clifton, New Jersey 07103 Tim Golden, President, (973) 881-9233 TTY, (973) 881-9235 Fax, Bevruth29@aol.com. Nonprofit organization, social gatherings, meeting friends, special events/affairs, everyone is welcome, etc.

Page 29 - Ministry With the Deaf, Camden Diocese, 631 Market Street, Camden, NJ 08102 (856) 756-7900 ext. 6111 Voice, 856-583-6111 TTY, (856) 756-0297 Fax, bmcmenamin@camdendiocese.org, www.stgregorynj.com Spiritual, sacramental and social needs of the Deaf or hard of hearing people and their families. Sign language interpretation for Eucharistic celebrations and all of the sacraments, religious education for children and adults. Retreat days and social activities are part of our yearly events. Pastoral care to sick and dying, visits to homebound and prisons. Deaf awareness workshops and basic sign language classes. Support for all those involved in Ministry With the Deaf.

Page 35 - Speech & Hearing Associates, founded in 1969, is a private practice providing Speech Language Pathology and Audiology services. Our professional services include diagnostic audiological evaluation of hearing loss and auditory processing disorders, dispensing of hearing aids and assistive listening devices, and evaluation and treatment of speech-language disorders in children and adults. Contact is Robert W. Woods, Ph.D., Director, (908) 232-2900 Voice. Check out Web site: Speechandhearingassoc.com. The main office is listed first, followed by others.

Speech & Hearing Associates, 121 South Euclid Ave., Westfield, NJ 07090-2129. (908) 232-2900 Voice, (908) 232-3583 Fax;

60 Notch Road, West Paterson, NJ 07424 (973) 785-0696 Voice, (973) 785-0725 Fax;

590 Anderson Ave., Cliffside Park, NJ 07010 (201) 313-5335 Voice, (201) 941-3353 Fax;

Forcina Hall-Pennington Road, Ewing, NJ 08628 (609) 771-2322 Voice;

477 Route 10 East, Suite 204, Randolph, NJ 07869 (973) 989-1515 Voice, (973) 989-4334 Fax;

15 Village Plaza, South Orange, NJ 07079 (973) 763-2841 Voice, (973) 763-7331 Fax;

1030 St. Georges Ave., Avenel, NJ 07001 (732) 750-4660 Voice;

242 East Main Street, Somerville, NJ 08876 (908) 575-0399 Voice, (908) 575-0440 Fax

Page 44 - Helen Keller National Center, 111 Middle Neck Rd., Sands Point NY 11050 Contact - Michael Brennan, (516) 944-8900 Voice, (516) 883-6914 TTY, (516) 767-1738 Fax hknc2mb@msn.com, www.hknc.org. Offers intensive and comprehensive rehabilitation training to individuals who are Deaf-Blind. The Rehabilitative Training Program provides evaluation and training in communication skills, adaptive technology, orientation and mobility, independent living, work experience, and other support services.

State of New Jersey
James E. McGreevey, Governor
Department of Human Services
Division of the Deaf and Hard of Hearing



Conference Registration Form

New Jersey and Hearing Loss . . . Are You in the Loop?

Name (print) _____

Address _____

Phone Number _____ (Voice, TTY, Both)

E-mail/Fax _____

Must pre-register before April 1, 2004. No registration at door.

Where: Marriott Conference Hotel
1 West Lafayette Street, Trenton, NJ

When: Thursday, April 29, 2004

Time: 9:00 a.m. - 3:00 p.m.

Cost: None for conference with continental breakfast and lunch.

Hotel parking will cost you about \$7 for the day.

The theme of this conference, "New Jersey and Hearing Loss, Are You in the Loop?" will focus on current issues affecting the quality of life for people who are Deaf, Deaf-Blind, Hard of Hearing, and Late-Deafened. During the last several years, technology has improved which has enabled more people with hearing loss communication access to programs and services. Several speakers will address this issue, followed by a question and answer period.

Sign Language Interpreters, Realtime Captioning, and Assistive Listening Devices will be provided. If you need other accommodations, please contact the Division before April 1, 2004.

**Mail or fax form before April 1 to: NJ Division of the Deaf and Hard of Hearing,
PO Box 074, Trenton, NJ 08625. Phone, (609) 984-7281 V/TTY, (609) 984-0390 Fax
Co-sponsored by NETAC (Northeast Technical Assistance Center)
of Camden County College**

Dear Editor;

If you are a parent of a child with hearing loss so great as to require hearing aids, do you realize that it can cost up to \$5,000 for them, and they need to be replaced every 3 to 5 years for the rest of the child's life? If you are an average parent with average means, how would you pay for them until your child acquires an education, and becomes self-sufficient so that he/she can pay for them for the rest of his/her life?

Do you know that New Jersey medical insurers mostly do NOT pay for hearing aids at all, and this causes considerable hardship for parents of children who cannot hear? If a child cannot hear, how will he/she acquire spoken language and progress linguistically until his/her education is complete? Do you realize that without hearing aids a child who cannot hear well in a classroom usually falls behind, may never catch up, and may cost the state of New Jersey many, many thousands of dollars for special education or remediation classes? Are you aware that in the long run, the coverage mandate will save the state considerable education or social services money? Did you know that there are now five states which have mandated legislation to cover the cost of hearing aids, and they are: Connecticut, Louisiana, Kentucky, Maryland, and Minnesota? You should know that the hearing aid insurance legislation (HAIL) bill A3387 which is "Grace's Law", provides for \$1,000 for each hearing aid every 24 months for children 15 and younger. This bill is still stuck in the Assembly Appropriations Committee. HAIL was first proposed by late Assemblyman Mel Cottrell in May 1998, and is way overdue to proceed to the governor's desk to be signed into law.



Please call Assembly Chairwoman Bonnie Watson-Coleman's office in Trenton, (609) 292-0500 Voice to tell her to post the bill and vote it out of committee and send it on its way to the governor's desk.

Carol Granaldi, Plumsted NJ

Mentoring for Success: "Students Helping Students"

By Beth Pincus

We advertised, "refreshments will be served" hoping that would be the extra motivation some students might need to attend the meeting. We really hoped the student leaders' encouragement and prompting would be enough to bring their classmates to the roundtable discussion that perhaps, could mean the difference between success and failure at school. Enough of the students arrived for the afternoon workshop to make this one of the most successful programs presented at Bergen Community College's Center for Collegiate Deaf Education. Steven Verdi, expected graduation date May 2004 along with two freshman classmates, Sal Orobello and Jeff Werner, lead a discussion describing the profile of a successful college student. The boys first made sure everyone understood what a mentor could and should do, and then created an outline. They simply stated, "A successful student..." and then proceeded to list and talk about the things they were doing at school that helped them pass classes and have a positive college experience.

The list they compiled explained that a successful student:

1. Manages time very well and can balance work, school and a social life.
2. Comes to school everyday and arrives on time.
3. Comes to school prepared with homework, books, a pen, a college I.D.

4. Accepts responsibility for her/his successes and failures.
5. Uses all support services available to him/her like notetakers and tutors.
6. Understands how to use an interpreter.
7. Understands how tutoring can help.
8. Has a positive attitude and can control her/his temper.
9. Knows when to ask for assistance.
10. Finds someone to act as his/her mentor.

Everyone agreed the college environment is so very different from high school. The students stated that the amount of responsibility they had to handle was more than they expected. Even students, who had talked about the college experience during high school transition classes, felt overwhelmed by the demands of college life. There is more work to do, more reading required, more deadlines to meet and no one to remind you to get things done. Students who adapted successfully to the rigors of college life are now assisting fellow students in making a successful transition. Mentoring for success is happening at BCC. Students helping students seems to be working.

Beth Pincus is the Senior Resource Accommodation Specialist at the Center for Collegiate Deaf Education, Bergen Community College, Paramus NJ. She may be contacted at 201-447-7844 Voice, 201-612-5325 TTY or bpincus@bergen.edu.

An Interview With Joaquin Deniz and Lila Taylor About the Dwelling Place

By Ira C. Hock, MC Editor

For many years there has been discussion about having a nursing home specifically for people who are Deaf. As we grow older, many of us contemplate and plan for ourselves, our spouses, or parents of how we will cope with the activities of daily living. Unfortunately, with the stress of medical issues and debilitating conditions, it may warrant a move from our homes to a facility. This can be a lonely time. Without communication access, it can only increase this feeling of isolation. People with hearing loss require a combination of sign language, assistive listening equipment, and/or captioning to bridge this communication gap. This interview involves two of the people who strive to develop a wing in The Dwelling Place at St. Clare's Hospital in Dover, NJ. Joaquin (Jack) Deniz is the administrator of the facility and Lila Taylor is a member of the Deaf community.

Questions for Lila

Q. Lila, How did this initiative get started?

A. While I was working with Disabled Advocates Working for Northwest, Inc. (DAWN), I learned that Carol Uckar, Director of ACCESS was establishing a committee for the needs for the Deaf community. I learned of the deaf community's needs back in 2001 and continue to be actively involved. I decided to participate in their monthly meetings. Their efforts were to give strength and support and act as advocates for the deaf community.



Lila Taylor and Joaquin Deniz meet at The Dwelling Place to discuss plans for the future.

One day, I decided to go to the Dwelling Place to inquire if they accepted deaf patients in their facility. I met with the administrator Jack Deniz and his staff and invited them to our 2002 Deaf Senior Citizens of Northwest Jersey holiday luncheon. It was an excellent opportunity for him to meet with our members and learn of their needs and concerns. He gave a brief overview of the Dwelling Place and how he would start a small pilot program to admit a deaf resident to their facility. Sheila Shuford, Deaf Advocate, Beverly Maline, DAWN Volunteer Deaf Outreach Assistant; Roberta Schwartz, DAWN Social Worker, who usually takes the minutes, and myself, established regular monthly meetings with the Dwelling Place administrators to keep each other informed of situations and resolve issues of concern.

I was past board member of NJAD (New Jersey Association

of the Deaf) for many years. Recently, I contacted Allan Karp, past president of NJAD, to ask what had happened in the past while we were making our efforts for the Deaf Nursing Home/Assisted Living. Allan related that he went to Newark for a meeting with the Secretary of Housing and Urban Development (HUD) Northeast Region. He was told that procedures are as follows:

- 1) own land (big enough for buildings and parking lots)
- 2) have blue prints of buildings and parking lots
- 3) fill out numerous applications and submit for competition along with Northeast annually.

Then HUD picks only one state to give financial assistance. Allan pointed out to the Board of Directors of NJAD his findings and naturally, the project of Deaf Seniors Housing was put on the shelf. The new president of NJAD, Eli Pogue, is pursuing the goals of this dream.

Together the NJAD, DDHH and Independent Living Centers have to come forward to support each other to meet the needs of the deaf community.

Q. What are the goals?

A. The goals of the Dwelling Place include:

1. Admit two or more deaf residents per unit.
2. Have two people who are pastoral care who can sign.
3. Recruit deaf volunteers who can sign and visit with deaf residents and assist them with recreational and craft activities.

If anyone is interested in becoming a volunteer, they should contact Lila Taylor at LTaylor09@aol.com. An application must be filled out and reviewed by the hospital Volunteer Coordinator. Once your application has been received, the Volunteer Coordinator will contact you for an interview and training session.

Q. Have many people with hearing loss have inquired about living there?

A. So far, only one deaf resident has been admitted. More than 80 people attended the Open House in April 2003. They were given a brief overview and a tour of the facility, which was arranged by Jack Deniz and myself. We need to

Newborn Hearing Evaluation Council Seeks Members

The New Jersey Department of Health and Senior Services' Early Hearing Detection and Intervention (NJ-EHDI) Program is looking for representatives from the following groups to volunteer as members of the Newborn Hearing Evaluation Council. New Jersey Public Law (P.L. 2001, Chapter 373, C.26:2-103.8*) mandates that "...a person who is profoundly Deaf, a person who is hearing-impaired, a hearing person of parents who are Deaf, and citizen of the State who is interested in the concerns and welfare of the Deaf" serve on the Hearing Evaluation Council. The Council will provide ongoing advice to the NJ-EHDI Program regarding implementation of our current newborn hearing screening law. The Council will be appointed by the Commissioner of Health and Senior Services. Each member shall hold office for a term of two years and until each member's successor is appointed and qualified. Council members shall receive no compensation but shall be reimbursed for actual expenses incurred in carrying out their duties as members of this council.

Any individual with an interest in New Jersey's Universal Newborn Hearing Screening Program and who may wish to apply for this position should send a letter of interest, along with a resume, CV or a description of relevant attributes and experiences to:

The New Jersey Early Hearing Detection and Intervention Program, New Jersey Department of Health and Senior Services, Division of Family Health Services Special Child, Adult and Early Intervention Services, PO Box 364, Trenton, New Jersey 08625-0364 or e-mail, Kathryn.Aveni@doh.state.nj.us or 609-633-7620 Fax.

The deadline for submission of letters of interest and supporting documents is February 29, 2004.

*For a copy of this law, refer to: http://www.njleg.state.nj.us/2000/Bills/PL01/373_.HTM

Continued from page 15

further publicize about the nursing home.

Q. How is The Dwelling Place accessible to people with hearing loss?

A. They have installed a TTY at the nurse's station for any inquiries about admission procedures or to speak to a deaf resident, and the visual fire alert systems are being installed and, of course, interpreters are provided as needed. Accommodations will be made in accordance with the ADA laws.

Questions for Jack

Q. Jack, exactly what type of facility is the Dwelling Place?

A. The Dwelling Place at Saint Clare's/Dover General is a long term skilled nursing facility located at The Dover campus of Saint Clare's Hospital. The facility is licensed for 141 skilled nursing beds. We have 106 beds dedicated to long term care, 17 beds dedicated for ventilator dependent residents and 18 beds dedicated to residents requiring short term sub acute services.

Q. What type of services do you provide?

A. We provide a wide variety of services. The emphasis is on a coordinated and comprehensive individualized care that addresses the physical, emotional and spiritual needs of each resident. Among the services offered are: around-the-clock nursing care; speech, hearing, physical and occupational therapy; nutritional support from dietitians who supervise diet and special feeding procedures; and social

workers who provide guidance and support during the residents tenure at the Dwelling Place. The social workers also provide assistance to residents and family members in planning for the resident's discharge to home or another level of service; an activities program to enrich and enhance the quality of residents' lives. As a nursing home that is physically located in a hospital we also provide many of the acute care services at the Dover Campus .

As a member of the Saint Clare's health system, we are dedicated to improving the health and well being of its community by providing high quality, compassionate care to those in need, with special concern for the vulnerable and the poor. The Dwelling Place embraces the values of human dignity, charity, excellence and compassion. The Dwelling Place was developed to provide a continuum of care to meet the full range of health needs for residents of northern New Jersey.

Q. How does a person plan, or "reserve" a bed? What is the capacity?

A. As a result of our meeting, the Dwelling Place has made a commitment to be accessible to the deaf and hard of hearing. Ideally, we would have two or more deaf residents on one nursing unit so that there would be less isolation. Unfortunately, because we have only 106 beds it is not easy to be admitted to the nursing home. We have an occupancy rate of 98%. Residents who wish to be admitted to the Dwelling Place must require nursing home care, complete an application and be placed on a waiting list. We accept residents who are private pay as well as residents eligible for Medicare and or Medicaid benefits.

Communicator Signboard

Trenton Deaf Bowler's League

Proudly presents

2nd Annual Moonlight/No-Tap Bowling Event

\$1,900 prize money given away based on 40 couples. 1:4 Prize Ratio

Saturday February 8, 2003

11 p.m. to 2 a.m.

Colonial Lanes on Business US Route 1 in Lawrenceville, NJ

Cost: \$70 per couple

Couple may be male/female or female/female.

Breakdown of entry fee:

\$23.75 Prize Fee, \$10 Lane Fee, \$1.25 Expense Fee

\$35 Per Person

(\$70 Per Couple)

Please be at the Colonial Lanes by 10 p.m. to enter the event!

Info; TrentonDeafBowl@AOL.COM, (609)-530-8281 TTY



Diverse Deaf Club of NJ General Meeting and Super Dingo Game

Saturday, February 7

6 p.m. for meeting, 8 p.m. for game

Donation: member - \$7, non member \$9

Our Lady of Peace Church
Parish Center,
1740 US Highway Route 130
No. Brunswick, NJ



Communicator Signboard

Metropolitan Asian Deaf Association

Ski/Snowboard

Come join the fun and enjoy the snow!
Saturday, February 28, 2004

Hunter Mountain, Route 23A West, Hunter, NY
**Beginner Ski or Snowboard (Lower Mountain Lifts,
Group Lesson, Rentals) All are welcome**

For costs and info, contact John Sala at jsala@tmail.com or
Candice Hsu at chasianj@yahoo.com

SORRY, NO REFUNDS!

Mail no later than Wednesday, February 18, 2004

Please make a money order to "MADA Fund" and write the memo:
"Ski/Snowboard on February 28" on it and mail to
MADA, attn: John Sala, 110 Radcliff Road, Staten Island, NY 10309



Deaf Ministry Gingo Night Saturday, March 13 6:00 p.m. - 12:00 a.m.

Game starts at 7:30 p.m.

\$7 per person if paid in advance, \$10 per person if paid at door (cash only at door)

First come, first served!

St. Gregory's Church (Basement), 340 E. Evesham Avenue, Magnolia, N.J. 08049
(corner of White Horse Pike/Rt. 30)

Proceeds benefit St. Gregory's.

No outside food or beverages allowed. Door will open at 6:00 p.m.-No early birds please!

Food on sale until 7:00 p.m. Desserts will be on sale during intermission.

Info; 856-627-0009 V/TTY, 856-482-5657 Fax, deafministrynj@yahoo.com

Make check payable to Deaf Ministry and mail to: 525 Doe Lane, Cherry Hill, NJ 08034

Adults only (21 yrs. old and up), No children and no refunds. Mail no later than March 6, 2004.

Communicator Signboard

“Protecting the Rights of People with Hearing Loss.”

Annual Disability Law Conference

Provided by the New Jersey Division on Civil Rights

Co-Sponsored by the New Jersey Division for the Deaf and Hard of Hearing
and the Mid-Atlantic Post-Secondary Center for the Deaf and Hard of Hearing, Camden County College

When: March 18th, 2004

**Where: Gabriel E. Danch CIM Center at
Camden County College in Blackwood, NJ**

Time: 6:00 p.m. - 9:00 p.m.

Conference is free of charge

RSVP by March 5th

to Chris Tester at chris.testers@lps.state.nj.us or (973) 643-2351 TTY.

ASL interpreters, assistive listening devices, and CART will be provided by DDHH

Additional accommodations provided as needed

Light refreshments will be provided.

“Protecting the Rights of People with Hearing Loss”

Annual Disability Law Conference

Provided by the New Jersey Division on Civil Rights

Co-Sponsored by the New Jersey Division for the Deaf and Hard of Hearing
and Montclair State University's Service to Students with Disabilities Department

When: Monday, March 22th, 2004

**Where: Student Center at Montclair State University
in Montclair, NJ**

Time: 6:00 p.m. - 9:00 p.m.

Conference is free of charge.

RSVP by March 12th

to Chris Tester at chris.testers@lps.state.nj.us or (973) 643-2351 TTY.

ASL interpreters, assistive listening devices, and CART will be provided by DDHH

Additional accommodations provided as needed

Light refreshments will be provided.

Calendar of Events 2004

April 3
UCC'S Annual ASL Festival
Details to be announced

DDHH Conference
"NJ and Hearing Loss . . .
Are You in the Loop?"
Thursday, April 29
9:00 a.m. - 3:00 p.m.
Marriott Hotel, Trenton NJ
(see registration form page 13)

NJRID Biennial Conference
April 30 - May 2

Saturday, June 12
DDHH 20th Annual Deaf and
Hard of Hearing Awareness Day
Six Flags Great Adventure
Jackson, NJ

DDHH Office Closed
February 12, February 16

NJ DEPARTMENT OF HUMAN SERVICES
DIVISION OF THE DEAF AND HARD OF HEARING
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TRENTON, NJ 08625-0074

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