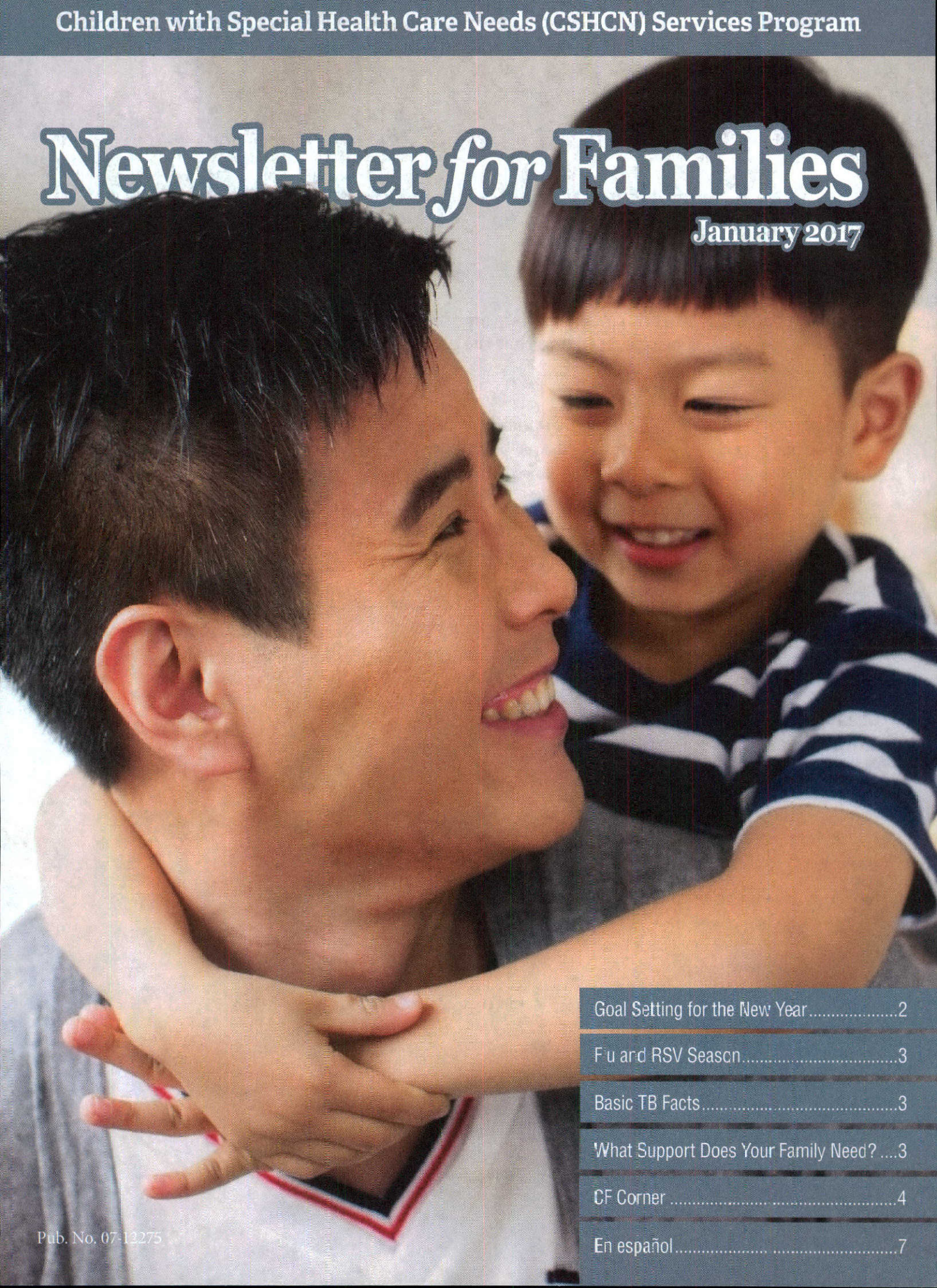


Newsletter for Families

January 2017



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Goal Setting for the New Year

For many people, the start of a new year is a time to reflect on the past year, look ahead, and set new goals. Here are some tips to ensure that the goals you set are meaningful and contribute to your child's vision for the future.

Take a person-centered approach.

Your child and family should be central to the goal planning process. Think about what is important for your child's health and safety, like doctor visits and taking medicines. But also consider what's important to your child (like toys, friends, or their favorite foods and TV shows) because it will help bring happiness and enhance overall well-being.

Create goals that can be reached.

Set specific step-by-step goals that are realistic and are right for your child's age group. Also, take into account your family's vision for a good life.

Narrow down the list.

Goal-setting shouldn't be overwhelming. Focusing on one or two goals at a time that are easy to manage is a good way to stay on track. Then, once a goal is completed or has become a habit, create new goals. Don't hesitate to call your case manager for help with this.

Be specific.

When creating goals, think about these specific questions:

- ▶ Who is responsible for specific activities?
- ▶ When will the goal be completed?
- ▶ How will you check your child's progress along the way?

It is important to be as clear as possible so that anyone involved with your child's care knows how best to help them.

Build on progress.

Completed goals can build on each other and can help your child become more responsible for their own health and well-being. Building on success and letting go over time may ease your worries as a parent. Recognizing each success can also contribute to your child's self-confidence and well-being.

We wish you a happy and healthy 2017!

Upcoming Dates of Interest

February 4: World Cancer Day

February 28: Rare Disease Day

March Developmental Disabilities Awareness Month

March 1: Spread the Word to End the R Word

March 4: World Tuberculosis (TB) Day

April is Water Safety Month and Autism Awareness Month

April 7: World Health Day

The last week of April is World Immunization Week

Flu and Respiratory Syncytial Virus (RSV) Season

Protect yourself during the winter months from infectious viruses, like the **influenza virus (flu)** and **Respiratory Syncytial Virus (RSV)**. These viruses spread easily and can cause serious health problems. Schedule a flu shot for your child and ask your doctor if your child should be immunized against RSV. Please remember that your doctor must submit a request to the Program before your child can get the shots. ■

Basic Tuberculosis (TB) Facts

Tuberculosis (TB) is an illness that attacks the lungs and is spread through the air. When infected people cough, sneeze, or speak, they release TB bacteria into the air. Then the bacteria spreads to nearby people who breathe them in. TB is not spread by sharing food and drinks, touching toilet seats, or by shaking hands.

Some people who are more likely to get sick include:

- ▶ Babies
- ▶ Young children
- ▶ People with weak immune systems
- ▶ People who have had TB in the past two years or were incorrectly treated

▶ People with certain medical conditions, like diabetes or cancer

▶ Elderly people

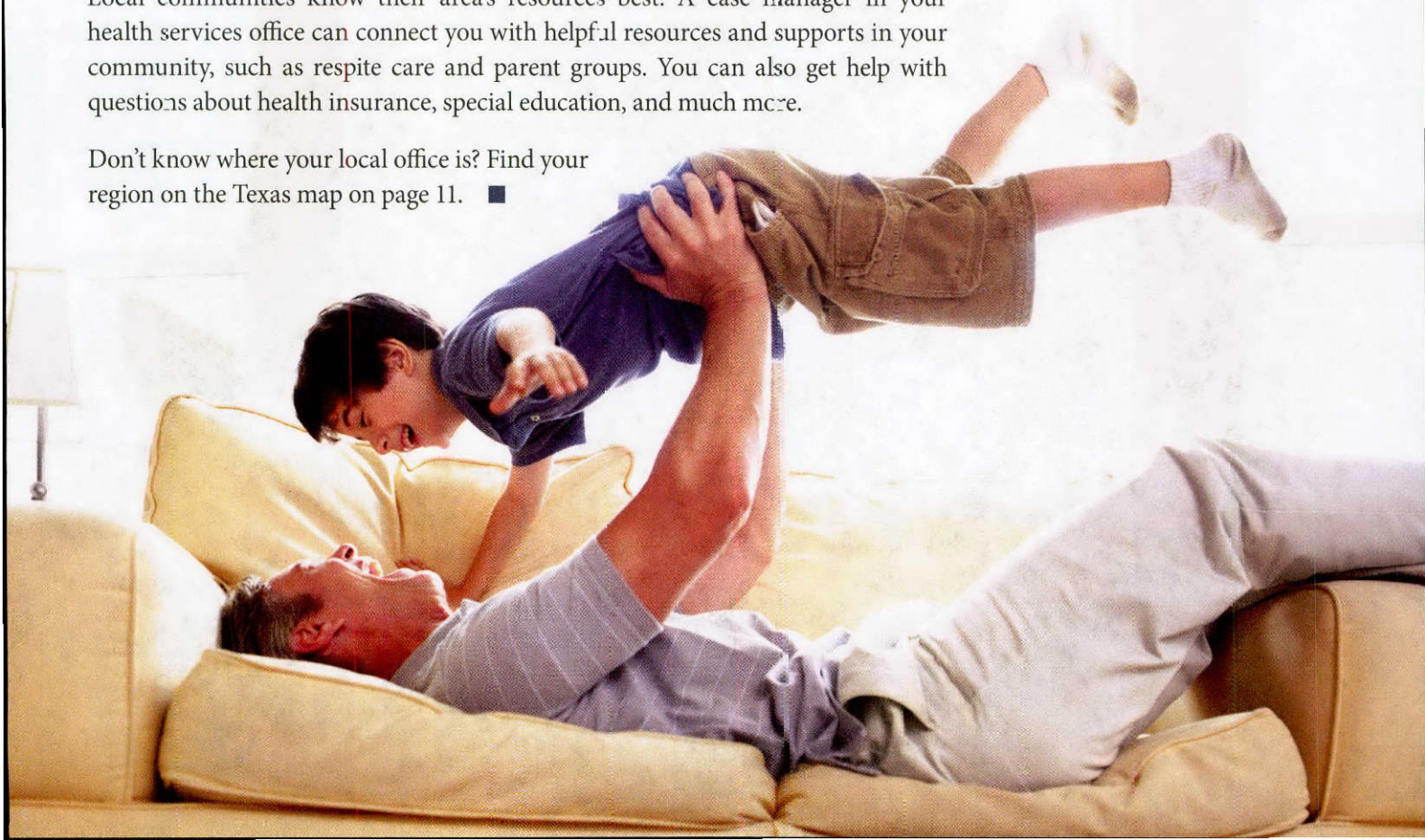
Common TB symptoms include chest pain, a bad cough lasting three or more weeks, and a cough with blood or phlegm. Not all people with TB will display symptoms. TB is treatable, but can be fatal if left untreated. ■

CASE MANAGEMENT

What Support Does Your Family Need?

Local communities know their area's resources best. A case manager in your health services office can connect you with helpful resources and supports in your community, such as respite care and parent groups. You can also get help with questions about health insurance, special education, and much more.

Don't know where your local office is? Find your region on the Texas map on page 11. ■



Peanut Butter and Jelly French Toast

A twist on an all-time breakfast favorite

People with cystic fibrosis (CF) have special nutritional needs. Most importantly, they may need a lot of calories and fat in their diet. Note that this recipe is high in calories and fat. Lighter version substitutions are also included below.



Ingredients*

- | | |
|-------------------------------|---|
| 4 slices of whole wheat bread | 1/4 cup of heavy cream |
| 1/4 cup of peanut butter | 3 tablespoons of butter |
| 2 tablespoons of jelly | Powdered sugar and maple syrup (optional for topping) |
| 2 eggs | |

Directions

1. Make two peanut butter and jelly sandwiches.
2. In a mixing bowl, beat eggs and cream together.
3. Melt butter in a frying pan.
4. Dip sandwiches in egg mixture and coat both sides.
5. Place them in a frying pan and brown on both sides.
6. Serve with syrup and powdered sugar.

For a lighter version, substitute **cooking spray** for the butter and **low-fat milk** for the cream. You can also use **low-fat peanut butter** and **jelly without added sugar**. (Or skip the jelly and use bananas or fresh strawberries.)

Easy to make and a yummy way to start the day!



* Makes 2 servings

Health Service Regional Offices*

The CSHCN Services Program has offices all over the state of Texas to provide case management services. Case management involves working one on one with a social worker to help you plan, coordinate, and access health care and related services for you and your family.

Call the region where you live to begin working with a case manager in an office near you.

Health Service Region 1 - Lubbock

6302 Lo.a Ave.

Lubbock, TX 79424-2721

Telephone: 1-806-744-3577

Fax: 1-806-783-6455

Health Service Region 2/3 - Arlington

1301 South Bowen Road, Suite 200

Arlington, TX 76013-2262

Telephone: 1-817-264-4624 or 1-817-264-4627

Fax: 1-817-264-4911

Health Service Region 4/5 North - Tyler

2521 West Front Street

Tyler, TX 75702-7822

Telephone: 1-903-533-5269

Toll-free: 1-877-340-8842

Fax: 1-903-535-7593 or 1-903-595-4706

Health Service Region 6/5 South - Houston

5425 Polk Avenue, Suite J

Houston, TX 77023-1497

Telephone: 1-713-767-3000

or 1-713-767-3111

Fax: 1-713-767-3223 or 1-713-767-3125

Oficinas regionales de servicios de salud*

El programa cuenta con oficinas en todo el estado de Texas para proporcionar servicios de administración de casos. En colaboración con un trabajador social, este servicio es útil para planificar y coordinar el cuidado de la salud y los servicios de apoyo a la familia.

Marque el número de la región que le corresponde para comenzar a utilizar este servicio en la oficina más cercana.

Health Service Region 7 - Temple

2408 South 37th Street

Temple, TX 75504-7168

Telephone: 1-254-771-6791

Toll-free: 1-800-789-2865

Fax: 1-254-778-5490

Health Service Region 8 - San Antonio

7430 Louis Pasteur Drive

San Antonio, TX 78229-4507

Telephone: 1-210-949-2000, 1-210-949-2142,
cr 1-210-949-2044

Fax: 1-210-949-2047

Health Service Region 9/10 - El Paso

401 East Franklin, Suite 210

El Paso, TX 79901-1206

Telephone: 1-915-834-7675

Fax: 1-915-834-7808

Health Service Region 11 - Harlingen

601 West Sesame Drive

Harlingen, TX 78550-4040

Telephone: 1-956-423-0130

Fax: 1-956-444-3293

* See the Texas Health Service Regional Map on page 11
Véase el mapa de las regiones de Texas en la página 11.

Address Change Form—*Formulario de cambio de domicilio*

If you have moved, please complete this form and attach a copy of the required documentation to update our records. Please print.

Si se mudó, rellene y mande este formulario con una copia del documento requerido para que actualicemos nuestros registros. Escriba en letra de molde.

CSHCN Client's Name/ <i>Nombre del cliente de CSHCN</i>		CSHCN Case No./ <i>N.o de caso de CSHCN</i> :	
Parent's/Guardian's Name/ <i>Nombre del padre, la madre o el tutor</i> :		Telephone No./ <i>Teléfono</i> :	
Street Address/ <i>Domicilio</i> :		Apartment No./ <i>N.o de apartamento</i> :	
City/ <i>Ciudad</i> :		State/ <i>Estado</i> :	ZIP Code/ <i>Código postal</i> :
Parent's/Guardian's Signature/ <i>Firma del Padre, la madre o el tutor</i> :			

Required documentation attached (a copy of one of the following forms of proof of residence is required). Please check the documentation you will send with this form:

Documento requerido adjunto (requerimos una copia de uno de los siguientes comprobantes de residencia). Marque abajo el documento que mandará con este formulario:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Current utility bill (electricity, water, telephone) <input type="checkbox"/> Current lease agreement (with landlord's name, address, and telephone number) <input type="checkbox"/> Current mortgage bill or payment <input type="checkbox"/> Current rent receipt (with landlord's name, address, and telephone number) <input type="checkbox"/> Current Texas Driver's License <input type="checkbox"/> Current Texas Motor Vehicle Registration <input type="checkbox"/> Current Texas Voter Registration <input type="checkbox"/> Current school records showing attendance in a Texas school <input type="checkbox"/> Current Texas medical care identification (Medicaid ID) | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Factura actual de servicios públicos (electricidad, agua, teléfono)</i> <input type="checkbox"/> <i>Acuerdo actual de renta (con el nombre, domicilio y teléfono de quien le renta)</i> <input type="checkbox"/> <i>Factura o pago actual de hipoteca</i> <input type="checkbox"/> <i>Recibo actual de renta (con el nombre, domicilio y teléfono de quien le renta)</i> <input type="checkbox"/> <i>Licencia actual de conducir de Texas</i> <input type="checkbox"/> <i>Registro actual de automóvil de Texas</i> <input type="checkbox"/> <i>Registro actual de votante de Texas</i> <input type="checkbox"/> <i>Registros escolares actuales que muestren la asistencia a una escuela de Texas</i> <input type="checkbox"/> <i>Identificación actual de atención médica (identificación de Medicaid) de Texas</i> |
|--|---|

Mail to/*Mándelos por correo postal a:*

CSHCN Services Program
MC 1938
Department of State Health Services
PO Box 149347
Austin TX 78714-9347
1-800-252-8023