



HOPE HELP & HEALING

TRAVELING FOR TREATMENT IN CHINA

STROKE ASSISTANCE – HELP AT HOME

TABLE OF CONTENTS

MESSAGE FROM RUTH	3
UNDERSTANDING THE PROBLEM	4

WHEN TO GET PROFESSIONAL HELP

FINDING PROFESSIONAL SERVICES	5
RESPIRE CARE	9
HOME HELPERS	12
ADULT DAY CARE	15
TRANSPORTATION	17
MEALS	20
NURSING SERVICES	22
PAYING EXPENSES	24
CARRYING OUT PLANS	27
PICTURES	31
CONTACT	32

MESSAGE FROM RUTH

I hope this booklet gives you the information that you seek regarding traveling for treatment in China. It was the summer of 2004 when I became the first American to travel to China to seek treatment for a devastating stroke I experienced in November of 2001. In my book, OUT of the Darkness & Into the Light, I describe in detail all that I had to overcome to get here and the hope, help & healing I found.



Since that time I have made it my goal and life's work to help other people experience the treatment options available in China. I established China Connection in order to offer you the best traditional Chinese medicine available in the world, cancer treatments, and the finest in surgery at lower costs, exceptional quality, and rapid availability.

China Connection Global Healthcare Inc. is your friend and family overseas and we will work diligently to make every aspect of your treatment, trip, and travel worry free. Let us help you in providing hope and access to healing today!

Ruth Pye

Getting Help from Community Agencies and Volunteer Groups

Understanding the Problem

Many stroke survivors and their families do not fully understand the services that are available to help them in their own communities. As a result, they struggle alone with their problems when there are people and organizations able and willing to help. Finding out about these services and how to qualify for and use them is important.

Even if you don't need to use these services right now, knowing that they are available can reassure you that there are resources and people available to help you with a variety of problems when you need them.

There are eight types of services that stroke survivors and their families sometimes need and that are available in most communities: (1) help in finding community services, (2) respite care, (3) home helpers, (4) adult day care, (5) transportation, (6) meals, (7) home nursing and/or hospice care, and (8) paying medical or hospital expenses.

It is best that you learn about available services before problems arise. You can do a more complete job of learning about available services when you are not under pressure to deal with a serious problem. If you need these services later, you will know what to do and where to go immediately. It is also a good idea to get help early, before problems become severe. Then you can reject unsatisfactory helpers and search until you find good ones. The stroke survivors will then get to know and trust the people who give help. The helpers can learn your caregiving routines before you become stressed and you will know that you can depend on them should home care become more difficult in the future. Furthermore, if you know that people are available to help, you are more likely to get help before taxing yourself too far.

When to Get Professional Help

1. Getting Help in Finding Community Services

There are many places you can go to for help in finding services in the community. It is suggested that you try all of these since one source of information may know about services that others do not. Depending upon your situation and income, the services may be provided by volunteers, may be paid for by the government, or you may have to pay from insurance or your own funds.

***Local Area Agency on Aging**

Even though you may not be old, many of the problems that you encounter after a stroke are similar to that which happens to older people.

Staff at the local Area Agency on Aging can be your best resource. You can locate the telephone number in the white pages of the telephone book under "Area Agency on Aging" (sometimes called Senior Center or Senior Services). It is often also listed in a blue pages section of the telephone book under the same name in the County Services section. If you cannot locate the number, call your state Office of Aging listed in the blue pages (see next page) under the State Services section. They will refer you to your local service. Most counties have their own offices. Smaller or rural counties sometimes share an office among two or three counties.

Sometimes you can find your local Area Agency on Aging by calling a toll free telephone number or "Long Term Care Helpline" that is sponsored by state government funds. This hotline is set up to help you connect with your local Area Agency on Aging office.

Call the Area Agency on Aging and ask for a caseworker to visit the home and listen to your concerns as well as the concerns of the person you are helping. This caseworker will make an appointment to visit the home and will ask both of you many questions. Then the caseworker will tell you about different sources of help, if they charge for services, and will refer you to different programs offered by their office as well as those available in the local community.

*Agencies that help you find services

Along with the Area Agency on Aging, most communities have other agencies that specialize in helping people find the services they need. They have different titles in different communities or parts of the country.

Some examples are the Office of Human Resources, United Way, Interagency Resource Network, religious agencies (such as Catholic Charities or the local Councils of Churches), and community mental health centers.

*The "Guide to Human Services" section of local telephone books

Most local telephone directories contain sections that list community agencies and the services they provide. Often this is in a separate section and is printed on colored paper (usually blue) to set it off from the rest of the directory. Look at the table of contents in the beginning of your local telephone book for the "Guide to Human Services," or a similar title.

*The "Guide to Community Resources" section at the Department of Aging computer website or on various stroke sites.

Most states have a website to help stroke survivors and their families find local community resources. The states locate these lists on their websites under the individual state's "Department of Aging" or "Medical Services" sites. The website contains sections that list community agencies in each county and describes the services provided. The website also links to the Area Agency on Aging and other service organizations.

*Social workers at hospitals or home health agencies

Social workers are professionals with knowledge and experience in finding community services to help stroke survivors and their families deal with problems living at home. They deal regularly with community

agencies and know what services are available as well as which agencies provide the best services. Social workers at local hospitals or home health agencies will usually be happy to talk to anyone living in their communities. You can usually call social workers directly without being referred. If you do need a referral from a doctor, tell the doctor who cares for the stroke survivor that you want to talk to a social worker and ask for a referral.

*Geriatric care managers

A new professional has emerged to assist families in assessing an older person's situation and referring or linking the family and the older person to local services. Called "geriatric care managers," these social workers provide case management and also oversee the care whether it is at home or in another setting. Insurance rarely pays the cost of this service. It is especially useful to families who do not live near the person receiving care. To find a care manager call the National Association of Professional Geriatric Care Managers at 520-881-8008. Many times these case managers will lend their services to stroke survivors as well.

*"Knowledgeable people" in your community

People in certain positions in a community know a lot about which local agencies, organizations, and churches provide services. Clergy are usually well informed on these matters as are local elected officials and officers of local community organizations, such as the United Way and staff workers in senior centers. If these people can't help you directly, they usually know whom to ask.

2. Respite Care

The word "respite" (pronounced res-pit) is new to many people. It means rest. In respite care, helpers are sent into the home to stay with an older person so the primary caregiver can leave, do errands, visit friends, go to church, and have some recreation or rest. It is often listed in the telephone book as "Respite Care Services."

Many respite helpers are trained and skilled in how to give basic nursing care and they are trained to be good listeners. While most respite workers are women, you can ask that a male respite worker be sent if that is the preference.

Respite workers can be employed by an agency, be self-employed, or be volunteers. When they work for an agency, the agency pays them and then bills you, an insurance company, or county and state programs that support the service. Most respite workers make a little bit more than minimum wage, but you will have to give the agency more money than this because you must also pay for the time that it takes to supervise and schedule their work. If respite workers are self-employed, they will bill you directly.

*Select respite helpers carefully

Make sure that respite helpers are reliable and honest. A good way to find this type of help is to ask staff at the Area Agency on Aging or a Medical Services Agency for a list of agencies that employ respite workers or for names of reliable self-employed respite workers. Avoid hiring someone out of the newspaper since there is a

chance that you'll get a worker with bad intentions, such as stealing money or abusing the situation in some way. Check at least two references before using a respite helper who is not employed by an agency.

If you know people who are satisfied with respite workers they've had in their homes, ask them for advice for how to find reliable workers. You may be able to use the same people since many respite workers work with more than one family at a time.

*Find out if you are eligible for government assistance with respite costs.

The government will pay the cost of extra help at home if the stroke survivor and family are financially eligible. To find out if you are eligible for government respite funds, ask a caseworker at the Area Agency on Aging. If the stroke survivor is a veteran, your local office of the Department of Veterans Affairs may be able to arrange to use their respite care units if you need a place for the older person to stay temporarily (for example, if you need to travel, have surgery, or just need a short break from caregiving). There may be a fee depending on whether the veteran has a service-connected disability and what his or her income is.

*Ask local churches and service organizations if they sponsor a Respite Program.

Some local organizations have home helpers who are available to visit and stay with older people. Sometimes these programs are coordinated by volunteer nurses.

*If the stroke survivor resists respite care

Not everyone welcomes extra help right away. Having strangers in the home is a big change. Following are some ideas on how to ease into respite care:

-Talk with the stroke survivor about why you need extra help. Be honest about your concerns and what you need. The older person may be more willing to try respite care if you say that you need help. That way, he or she realizes that respite help is very important to you and that accepting respite care helps you as the caregiver.

-Set a time limit on how long you'll try the extra help. Agree on how long you'll try the extra help to see if it works out. For example, you might suggest that the respite helpers visit twice a week for two weeks. Then you and the stroke survivor can talk over how things are going and decide whether you want to continue. If you don't like the hired helper, set a new time period to try someone else.

-Have the helper visit for a short time to talk about the tasks to be done and when to come. Meeting someone face to face takes away some of the worry about who this new person is. Usually, after the first visit, the stroke survivor will realize that the "stranger" is there to help and will be more willing to accept him or her.

Home Helpers

Many types of helpers are available to assist the stroke survivor in the home in which he or she lives. Helpers who are not licensed healthcare professionals sometimes are referred to as "home helpers." They deliver important services that help to keep stroke survivor safe and cared for in their own homes or the in the homes of their family members. The vast majority of home helpers spend a short time in the home, such as one to two hours, rather than staying for longer time periods, such as eight-twelve hour shifts. The cost of these helpers usually is assumed by the family or stroke survivor being assisted.

*Decide what type of help the stroke survivor thinks that he or she needs

Types of services provided by non-professional home helpers, who help on a limited time basis, can be divided into four categories of help. A helper may offer one or all four types of help:

*Personal care.

Personal care is the term used for help with bathing, hair washing, dressing, foot soaks, applying lotion, as well as lifting persons from the bed to a chair or wheelchair and helping them in and out of tubs and toilets. Personal care helpers usually will change beds and linens. They are trained to lift or assist stroke survivor safely.

*Light housekeeping.

People who do light housekeeping for stroke survivor may wash kitchens and bathrooms, change beds and linens, vacuum and sweep, and dust. Many helpers hired through the Area Agency do not offer heavy housekeeping such as yard work, cleaning drapes, or other tasks that are more demanding. However, one can negotiate to get these tasks done with other types of helpers found in newspaper ads or through church groups.

*Meal preparation.

Most personal care helpers also offer help with meals. They can prepare a light lunch and leave a light evening meal in the refrigerator.

*Errands.

Most home helpers offer errands. These include going to the grocery store and pharmacy. You will need to decide if the helpers can drive a car that belongs to you or the stroke survivor or if they must have their own transportation to run errands.

*Ask the older person and home helper what else they think might be useful to do to assist

Many home helpers have experience in home care and know what other tasks or activities can benefit the stroke survivor. He or she may see opportunities to get several things done that you did not think of, such as sorting out a desk, cleaning a closet, or taking the older person for a walk. Include all ideas and suggestions in your discussions and decisions with the older person.

*Hiring a home helper

Many times the home helpers through the Local Area Agencies help in all four ways listed above: personal care, light laundry, meal preparation, and errands or shopping. The Area Agency usually does not pay the helper directly but instead contracts with a local agency, which hires, trains, schedules, supervises, and basically employs the home helper. This agency also is responsible to certify that the home helper knows how to deliver safe and effective care. This agency pays the helper in full if the older person is eligible for full coverage or the agency asks the stroke survivor (or family) to pay partially or in full for the service.

*Consider asking for legal or professional certifications

If the home helper is not connected with the Area Agency, you may consider asking the home helpers for the following certification to show that they can provide safe and effective care in the home:

- Evidence of home care training course for nurses aides or attendants

- Photo identification such as a driver's license or other governmental card

- Recent verification from a doctor that the helper is free of infectious diseases and able to lift and transfer older people

-Driver's license (and proof of auto insurance if you are not providing it) if the helper will be using your car or that of the person receiving care

*Before you hire the helper, call a local Area Agency on Aging social worker

Ask what the agency would ask to see from a home helper who is employed privately by you.

Adult Day Care

Respite care is usually delivered by volunteers or paid employees who come to the stroke survivor's homes. Sometimes the stroke survivor can go to settings outside of the home that are designed for them to stay for several hours at a time. Consider using the adult day care services in your community or combining home respite care with adult day care on different days of the week. It is important to know what the day care program offers, who staffs the program, and what types of people use the day care. Two kinds of day care are predominant:

Medical Model Day Care.

This type of day care usually is supervised by health care staff. Stroke survivors who benefit have various medical needs, such as injections or oxygen. The day care includes social programs, recreation, and often meals. Stroke survivors can be taken to the day care setting for a few hours or for the entire day. Few care programs are offered in the evenings or nighttime.

Social Model Day Care.

This type of day care is designed for people with dementia, Alzheimer's disease, depression, or social withdrawal. Most programs require that the person be able to walk independently or with a walker, be continent, and require minimal medical care. The purpose of social day care is for stroke survivors to enjoy pleasant activities and the company of others. Examples of activities provided are games, music, arts and crafts, visits to safe parks, and visits with pets. Costs of this day care vary.

*Interview local social workers or the Area Agency on Aging caseworkers or staff about day care programs in your community

*Ask to talk with a family member of an older person who is going to the day care

*Find out if car pooling to the day care is possible

*Find out how stroke survivors are transported to and from the day care setting

*Drop into the daycare unannounced to watch the activities and assistance with meals

Adult Family Care Programs

Each state has an adult family care program that is basically foster care whereby people take adults with disabilities (stroke survivors), including frail older people, into their homes and provide care. These programs

have many names, such as Adult Foster Care, Adult Family Care, Board and Care, Rest Homes (Delaware), Shared Living (Massachusetts), Domiciliary Care (Pennsylvania), Community Care Homes (Virginia), or Community Residential Care Homes (nationwide). People or families who provide the care are screened for their ability to provide a safe, caring home and, if accepted, receive funding from the state to shelter and care for the adults who qualify for this care. These programs, often coordinated by a state's Department of Mental Retardation, are growing in numbers and use.

Hospital social workers or social workers at the Area Agency on Aging can connect you to local adult family care programs or homes in your community that can explain their programs to you. Some families use adult family care programs for extended respite care when it is not feasible or desirable to place the older person in a nursing home or assisted living setting. The National Adult Family Care Organization (NAFCO) promotes these programs and offers conferences and resources for the many states who now participate. Information on NAFCO can be found on the Internet at www.nafco-afc.org.

Transportation

Getting transportation to and from medical appointments and other places can be difficult for stroke survivors who don't drive and you may not always be available to do the driving. There are several things you can do to get help with transportation.

There are several things you can do to get help with transportation.

*Ask for help from family and friends.

Be very clear about the transportation help you need when asking family and friends for help. The more specific you are about what help you need, the easier it is for others to judge how much time and work is involved. Provide them with the following information:

- What days of the week you could use drivers
- How long the trip takes each way
- Whether the patient can be dropped off
- Whether someone will meet the patient at the door
- What is the cost of parking
- What is the time length of the usual appointment
- Whether the patient needs help getting in and out
- Whether a wheelchair or special equipment is involved

- Whether you will reimburse them for the cost of gasoline

If you as the caregiver don't want to ask for help, have someone else ask for you. Having someone else arrange transportation is especially helpful when the older person must go for frequent medical treatments, such as are needed for arthritis, dialysis, or cancer treatments. Church groups will often arrange transportation for members and may be willing to arrange drivers for non-church members as well.

*Ask the Area Agency on Aging if they have a transportation program.

Many offices of the Area Agency on Aging run transportation programs. Some offices have vans that carry several older persons at the same time and that also can carry wheelchairs. Sometimes these services are free.

In addition, many Area Agencies on Aging have volunteer drivers available. If your local office does not have such a program, ask if a county office near you has a transportation program.

*Use the county medical van.

If medical appointments are within the county, many counties have van services that can help you. If appointments are outside of the county, ask if the transportation service crosses county lines.

*Ask local service clubs to help.

Local service clubs, such as the Elks, Lions Club, Masons, American Legion, or Disabled American Veterans sometimes have transportation programs. If they do not, you could ask if members of these organizations or their auxiliaries could schedule drivers or help with transportation expenses. If a relative or friends belong to such a group in your community, ask them to explain your need to their club or organization.

*Ask a social worker, caseworker, or nurse to recommend paid drivers.

Do not try to get paid drivers on your own. Ask caseworkers at the Area Agency on Aging, or social workers, or nurses at your hospital for guidance in finding paid help. They understand the kind of help you need and they have had experience with different agencies and ways to get help.

*Ask if the medical treatment centers or medical clinics have their own transportation van service.

Some medical centers offer free transportation to and from medical appointments. Usually these go on a schedule and so riders must be prepared to spend half the day at the doctor's office, but many stroke survivors enjoy riding with others who are having similar experiences.

Meals

Stroke survivors living alone often have difficulty preparing nutritious meals. Here are ideas on how to get help with meal preparation.

*Ask about meal delivery programs.

Most cities and small towns have "meals on wheels" programs that deliver meals to the home. Many of these programs are for senior citizens and can be found by calling the Area Agency on Aging or looking under "meals" in the phone book. The cost of the meal service varies and some people are eligible for reduced rates. Usually, a hot lunch is delivered with a cold meal to be eaten later in the day. Meals are delivered five days per week and special diets are available, such as diabetic, low sodium, and low fat diets.

*Ask about agencies that help prepare meals in the home

Some home health agencies have programs where a worker or home health aide comes to the home a few times a week for one to two hours. They can prepare meals, shop for food and supplies, run errands, and do light housekeeping. Call the Area Agency on Aging or ask a social worker at your hospital for help in finding an agency that provides these services.

*Ask church groups or neighbors to organize a home helper group that brings meals.

Many churches are happy to do this and can do other chores, such as yard work or window washing. Sometimes they arrange for their youth groups to get involved in "Friendly Visitor Programs".

Home Nursing Services

There are four types of home nursing services: (1) visits from registered nurses and staff, (2) visits from private duty nurses, (3) visits from nurses aides, and (4) home hospice services for care near the end of life.

*Visits from Registered Nurses

A doctor can write a prescription for home visits by registered nurses to do skilled nursing procedures, such as teaching how to care for a wound or manage diseases. Registered nurses can also come to the home for short procedures, such as taking blood or urine samples to the laboratory, helping with dressing changes on a wound, and caring for ostomy openings or IV sites. Nurses can come once a week or, if necessary, every day to do these "skilled nursing procedures." They can teach you or the person you are helping how to give medicines correctly and to manage care at home. Their visits are often short (about an hour) and the cost is usually covered by insurance (medical and other) if approved by a doctor. They can also arrange for other kinds of services such as social workers, speech therapists, occupational therapists, physical therapists, or nurses aides to give baths. Ask at your medical clinic or hospital which home care agency they use and ask them to make a referral for visiting nurse services.

*Visits from Private Duty Nurses

You can arrange for private duty nurses to come to the home without a doctor's approval. Visits from private duty nurses can last as long as you want. For example, some families find it helpful to arrange for nurses to stay

eight hours overnight. The cost of this service is usually not covered by insurance but be sure to ask, in case it is.

*Visits from Nurses Aides

You can arrange for nurses aides (also called attendants) for personal care services, such as bathing, walking, shopping, cooking, and light household chores. Sometimes agencies have a sliding scale fee for this service because the state or county has given them money to provide "personal care services" in the home. These aides usually stay at least four hours.

*Home Hospice Care

Hospice teams help people with terminal illnesses when treatment is no longer to extend life but is primarily to keep the person comfortable and give the best possible quality of life prior to death. Their services are available in most communities. Hospices are often run by the local visiting nurse or home health agencies and their visits are covered by insurance or Medicare. Nurses and social workers at the hospital or clinics will know whom to call about hospice care and a hospice worker can talk with you about their many services, including managing pain, preparing for a natural death, helping family members understand what is happening, and keeping the older person comfortable and well cared for.

Hospice services are listed in the phone book, sometimes under Hospice and sometimes under Nursing Services. Ask for a referral from your doctor's office. Hospice staff will then visit you and explain what they can do for you, your family, and for the person with advanced illness.

Paying Medical Or Hospital Expenses

The first thing to do is collect information about the medical expenses that the older person has now and expects to have in the future as well as his or her financial resources, such as savings or trusts. You will need this information to decide what financial help you need and qualify for. If you do ask for help, you will be asked for this information.

*Collect the facts.

The first thing to do is collect information about the medical expenses that the stroke survivor has now and expects to have in the future as well as his or her financial resources, such as savings or trusts. You will need this information to decide what financial help you need and qualify for. If you do ask for help, you will be asked for this information.

*How much is owed now for medical expenses?

This is often difficult to know, especially with the confusing way that many hospitals and other health care organizations send their bills. However, most hospitals and doctors' offices have someone on their staffs who

understands the billing forms. These people can quickly go through a stack of bills and determine exactly what is owed at this time.

*What future medical expenses do you anticipate?

*How much has been paid recently for medical care?

This is very important information to have since it helps you to estimate future expenses and is necessary if you need financial assistance. If the older person has insurance, ask the insurance agent what has been paid out. Keep track of medical expenses that are not covered by insurance since they may be deductible from income taxes.

*What is the household income?

Household income is the total income of everyone living in the same household with the person you are helping. This information is often used to calculate if he or she is eligible for financial assistance.

*Investigate spacing out paying bills or paying in installments.

To help with spacing out paying hospital bills, contact the financial counselor or the business or credit office in the hospital. They can help you to set up a monthly payment plan. Some hospitals, doctors, and pharmacies will submit bills to the insurance company and then bill you for what the insurance won't pay. This saves you

from paying the bills and then waiting for reimbursement from the insurance company. Ask your hospital or doctor's office if they will do this.

*Investigate borrowing money.

Banks and other organizations that lend money will want to know about your financial situation and about money you expect to receive in the future. Collect this information before you talk to them. Shop around for the best terms and the most reasonable interest.

*Apply for financial help.

People on disability, veterans, and people receiving vocational rehabilitation services often qualify for financial assistance for medical treatments. Other sources of financial help include the American Red Cross, county boards of assistance, and United Way agencies. Sometimes they will help with past expenses as well as future expenses. These agencies are listed in the white and blue pages of your telephone book. Hospital social workers will often help you apply for help from community organizations. You can either call the social work department yourself or ask the doctor or nurse to refer you to them.

Social workers are usually the best source of information about how to get help with medical expenses and who qualifies for help. Most hospitals employ social workers and, if the older person is a patient there, you can make an appointment with a social worker.

*Ask family, friends, or community groups and churches for financial help.

Family, friends, and community groups often help people in financial need because of illness. Some community groups have funds to help group members, but others, especially religious groups, have funds to help anyone in need. Talk to members of community organizations and churches about your needs.

Carrying Out and Adjusting Your Plan

Problems You Might Have Carrying Out Your Plan

Problem:

"I'm embarrassed to ask for help. We've always taken care of ourselves."

Response:

Things have changed for you. Sharing the work will help you to handle the emotional and physical strain of caregiving and you will be able to give better care than if you tried to do it all alone. Try getting outside help and see how you like it.

Problem:

"When you apply for help they ask personal questions that are none of their business."

Response:

If you don't want to answer a question, you don't have to. Generally speaking, this will not affect whether you get the services or not. Sometimes people wonder why agencies ask questions that are already in their records. The reason usually is that this information is not shared across agencies or departments. Be patient and give them the information they need.

Problem:

"I feel embarrassed and humiliated not to be able to pay all of these bills."

Response:

Many people have been in the same situation. Medical expenses are so large today that it is common for many people to have problems paying them. No one should feel embarrassed since the problem is not anyone's fault. You will find that others will be very understanding.

Problem:

"I didn't handle money in our family; other people did, so I don't know what to do."

Response:

If handling bills and money matters is new to you, then get help from someone who is familiar with budgets and paying bills. Don't let things drift because then they can get out of hand or you may have a financial crisis.

Problem:

"I can't pay for help because I'm saving for a rainy day."

Response:

That rainy day is here. You deserve to get the care and help you need, but you have to pay for it.

Think of Other Problems You Might Have Carrying Out Your Plan

What other problems could get in the way of doing the things suggested here? For example, will the stroke survivor cooperate? Will other people help? How will you explain your needs to other people? Do you have the time and energy to carry out this plan?

You need to make plans for solving these problems.

Checking on Progress

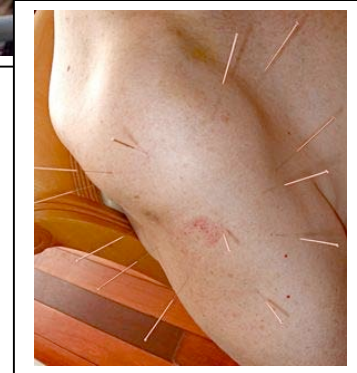
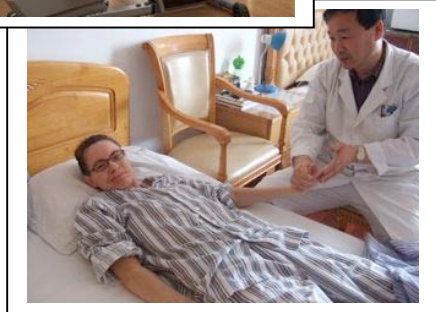
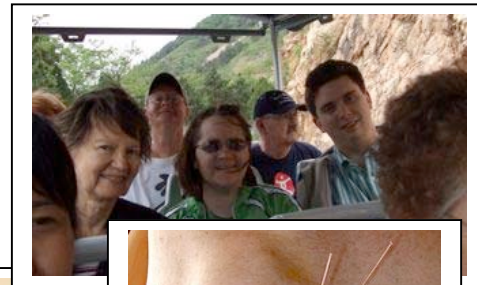
If you have trouble getting the information you need, ask someone to help you. Talk to social workers at the hospital. They have had a great deal of experience with these problems and can often be creative in helping you to get the help you need.

What to Do If Your Plan Isn't Working

If you are having some success but not as much as you would like, you may be expecting too much progress too soon. Be patient and keep trying. It often takes time to learn how to use community agencies and volunteer groups.

If you are feeling discouraged about finding the help you need, ask someone else to help you. Sometimes people who are not directly involved can see new ways to deal with the problem. Social workers are the professionals who have the most experience with these problems. If the social worker whom you talked to was not helpful, ask to talk to another one.

STAFF & PATIENT'S PICTURES



CONTACT

Main Office

1825 Wallace Avenue
Marshalltown, Iowa 50158
USA

641-485-9667
FAX 641-474-2459

Email: info@chinaconnection.cc

International Office

Tianjin Electronic & Technology Center Suite 606
186# Bai Di Road, Nankai District
Tianjin, China, 300193

011 86 22 8369 8116
011 86 22 8369 8126 FAX

Website:
chinaconnection.cc