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SAVE THE DATE:

MARCH

- 10 Bregman Dance For Young
Adults/ www.bregman.org
(DSAA Sponsor)
- 11 Bregman Educational
Conference
- 17 Shop For A Cause
Fundraiser At Macy's
- 21 World Down Syndrome Day
[www.worlddownsyndrome
day.org](http://www.worlddownsyndrome
day.org)
- 24 DSAA Spring Educational
Conference On Medicaid
Waivers

APRIL

- 23 DSAA Golf Tournament
And Silent Auction
- 25 DSAA Board Meeting

MAY

- 19 DSAA Annual Spring Luau
At Lake Lanier Islands

What's Lost In Prenatal Testing — Why Encourage Testing For Down Syndrome

by Patricia E. Bauer for the Washington Post, Sunday, January 14, 2007

She was a fresh-faced young woman with a couple of adorable kids, whiling away an hour in the sandbox at the park near my home. So was I, or so I thought. New in town, I had come to the park in hopes of finding some friends for myself and my little ones.

Her eyes flicked over to where my daughter sat, shovel gripped in a tiny fist, and then traveled quickly away. The remark that followed was directed to the woman next to her, but her voice carried clearly across the playground. "Isn't it a shame," she said, an eyebrow cocked in Margaret's direction, "that everyone doesn't get amnio?"

It's been more than 20 years, but I saw the face of that woman again when I read about the recommendation from the American College of Obstetricians and Gynecologists (ACOG) this month that all pregnant women get prenatal screening for Down syndrome. I worry that universal screening brings us all closer to being like that woman at the sandbox—uninformed, judgmental and unable to entertain the possibility that people with disabilities have something to offer.

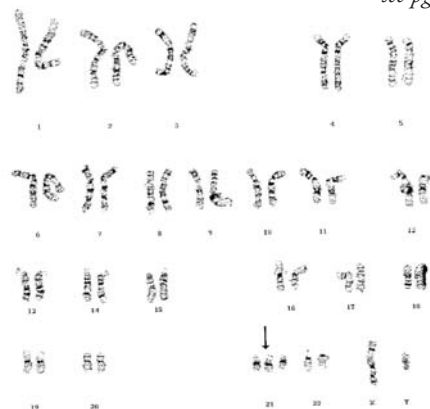
The ACOG news release notes that the recommendations are based on consistent scientific evidence and will allow obstetricians and gynecologists to best meet their patients' needs. Until now, women 35 or older were automatically offered genetic testing for Down syndrome; under the new guidelines, less invasive and earlier screening options will be extended much more broadly.

What's gone undiscussed in the news coverage of the guidelines seems to be a general assumption that reasonable people would want to screen for Down syndrome. And since nothing can be done to mitigate the effects of an extra 21st chromosome in utero, the further assumption is that people would be reasonable to terminate pregnancies that are so diagnosed.

Certainly, these recommendations will have the effect of accelerating a weeding out of fetuses with Down syndrome that is well underway. There's an estimated 85 to 90 percent termination rate among prenatally diagnosed cases of Down syndrome in this country. With universal screening, the number of terminations will rise. Early screening will allow people to terminate earlier in their pregnancies when it's safer and when their medical status may be unapparent to friends and colleagues.

I understand that some people very much want this, but I have to ask: Why? Among the reasons, I believe, is a fundamental societal misperception that the lives of people with intellectual disabilities have no value—that less able somehow equates to less worthy. Like the woman in the park, we're assigning one trait more importance than all the others and making critical decisions based on that judgment.

—see pg. 3



FOR IMMEDIATE RELEASE January 23, 2007

After careful review of ACOG Practice Bulletin 77, the NDSC has issued the following statement:

ATLANTA — The National Down Syndrome Congress (NDSC) condemns recent recommendations by the American College of Obstetricians and Gynecologists (ACOG) that convey tacit approval for terminating pregnancies where the fetus has Down syndrome.

—see pg. 3

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Letter from the Executive Director: Parents of Children with Special Needs



As the Executive Director of the DSAA and parent myself to 3 children, one of whom has Down syndrome, I have had the opportunity to see things not only from the parent's viewpoint, but from the advantage point of helping others via an organization that supports parents of children with Down syndrome. Parenting a child with Down syndrome can enrich our lives and bring abundant joy. It can also pose challenges and unanticipated stress. Dealing with the day to day of a child with special needs can also mean the following:

- Accessing, advocating, coordinating services, attending appointments
- Juggling the care of a special needs child with other life demands (e.g. work, siblings, extended family)
- Finding inclusive childcare
- Dealing with extended family, friends, professionals or employers who may be unsupportive or insensitive
- Taking on multiple roles (e.g. therapist, playmate, teacher, advocate etc.)
- Dealing with medical emergencies
- Attending IEP meetings and navigating the Education system
- Dealing with related stress (e.g. financial, marital, physical fatigue, loss of job, etc.)

As parents, I encourage each of you to give yourselves everything that you give to your children. By this, I mean, practice what you preach. From the day they are born we affirm our children a great deal. We believe in them and give them lots of positive feedback. We express confidence in them and their potential. We try not to compare them with others and we see them for their unique, special qualities. When was the last time you did all that for yourself? I know it is not always easy to practice this, but for one moment quietly each day, (ok, maybe once a week) remind yourself that as a parent to a child with Down syndrome, you are to be commended and applauded for all that you do. We shouldn't wait until Mother's Day or Father's Day to remind ourselves that we are special too.

- For new parents especially: Give yourselves time to adjust. It may feel like an emotional roller coaster for a while.
- Accept that other people (e.g. spouse, other children) need time too and may react differently
- Get as much information as you can about caring for a child with special needs (E.g. library, conferences, www.AtlantaDSAA.org, etc.)
- Keep in touch with organizations that specialize in your child's disability: DSAA, NDSC, NDSS
- Remember you are not alone. Talk to other parents. Join a DSAA Parent Network Group, start a Parent Network group, or a play group in your area
- Ask for help from professionals, extended family and friends
- Take care of yourself. Take time off, go out for the evening, spend time with your spouse, siblings, and friends, exercise, and eat well.
- Find out what financial assistance is available
- Take time to enjoy your child.

Stay positive about your child. Love them for who they are and the gifts they bring. Children with special needs can overcome incredible obstacles. Why, you may ask, because you, as their parents already have. Know that if you are reading this, you are already a member of a terrific organization that supports you and understands. Take advantage of your membership by attending the activities and parent network groups that the DSAA offers. Down Syndrome Association of Atlanta: Inspiring Strength, Understanding and Success.

Sincerely, Michelle Norweck

If you are interested in starting a Parent Network Group in your area, please let us know at: contactus@AtlantaDSAA.org

What's Lost In Prenatal Testing — Why Encourage Testing For Down Syndrome

In so doing, we're causing a broad social effect. We're embarking on the elimination of an entire class of people who have a history of oppression, discrimination and exclusion.

Much of what people think they know about intellectual disabilities is inaccurate and remains rooted in stigma and opinions that were formed when institutionalization was routine. In fact, this wave of terminations and recommendations comes as people with Down syndrome and other intellectual disabilities are better educated and leading longer, healthier and more productive lives than ever.

Nowhere in the fine print of the ACOG recommendations are these misconceptions or the advances of recent years recognized. Perhaps this is not surprising: OB-GYNs concern themselves primarily with mothers and well babies, not people with intellectual disabilities. But it's frightening, too, when you consider the millions of lives affected by their guidance, explicit or otherwise.

Federally funded research has found that physicians have lower expectations for people with intellectual disabilities than do other professionals. Some 81 percent of medical students polled by Special Olympics in 2005 said that they are "not getting any clinical training" about people with intellectual disabilities. The Hastings Center found that 80 percent of genetics professionals polled said they personally would terminate a pregnancy involving Down syndrome. These are the people advising pregnant women in the harried days when the clock is ticking.

Here's my fervent hope: that calls for universal prenatal screening will be joined by an equally strong call for providing comprehensive information to prospective parents, not just about the tests but also about the rich and rewarding lives that are possible with disabilities. If physicians and genetics professionals are willing to learn from people with disabilities and their families, they can disseminate the nuanced, compassionate message at the core of diversity and human rights: All people have value and dignity and are worthy of celebration.

Plastic shovels no longer captivate Margaret. She's more interested in her school roommates, her part-time job, the Red Sox and, at least recently, wrestling on TV. She knows how to hold an audience and how to bring down the house with a one-liner. And, like most of my relatives, she knows how to be an absolute pill some of the time. Such is life.

That day in the sandbox, I went home and cried. I didn't know what to say. I didn't know whether the woman was right. Today, I know. She was wrong.

For more bioethical news issues, see:

<http://www.aapd.com/News/bioethics/index/bioethics.php>

The recommendation for first trimester screening of all pregnant women is a change from the current practice of primarily screening women over age 35 who have a higher probability of having a baby with Down syndrome. Women under age 35 are also being screened, often without their full knowledge or consent.

Among the concerns cited by the medical doctors comprising NDSC's Professional Advisory Committee:

- The primary medical reason for first trimester screening is to encourage earlier diagnostic testing in "at risk" pregnancies, in order to facilitate early terminations. Other reasons for prenatal diagnosis, such as hospital selection and delivery management, do not require first trimester testing.
- Based on ACOG's figures, the recommended screenings will produce numerous false positives, potentially leading to unnecessary patient distress and possible termination of pregnancies where medical concerns do not exist.
- All screening or diagnostic tests need to be fully explained to patients, who should be provided the opportunity to decline or give their informed consent for testing. If patients decline certain tests, physicians and other medical personnel should respect the individual's wishes and not overtly or covertly pressure patients to undergo undesired screenings.
- Recent studies by Dr. Brian Skotko, published in the American Journal of Obstetrics and Gynecology (2005) and Pediatrics (2005) note that many doctors are inadequately prepared to deliver a diagnosis of Down syndrome, and often use negative language or out-of-date information. ACOG's recommendations do not address this situation, nor how it will be corrected.
- Studies have shown that parents and siblings of children with Down syndrome overwhelmingly report that having a family member with that diagnosis has been a good situation. Early intervention and inclusive education have led to largely positive outcomes for children with Down syndrome. It is unacceptable that many obstetricians present negatives—and seem to emphasize pregnancy termination—rather than reporting the facts, which paint a much more positive picture.
- Parents who receive a diagnosis that their fetus has Down syndrome should have the opportunity to meet a family that includes a person with the syndrome, a move in keeping with the spirit of the Kennedy-Brownback bill.

NDSC Executive Director David Tolleson notes that "Down syndrome is a serious diagnosis; however we have seen families thrive." "We empathize with obstetricians who fear 'wrongful life' lawsuits," Tolleson adds, "but the cure for that problem is tort reform, not preventing the births of a whole class of people."

Jeff Mattson, a man with Down syndrome, agrees: "People with Down syndrome want to live life to the fullest."

According to Tolleson, "the NDSC is here to support doctors in delivering a diagnosis and parents through the pregnancy, birth and life of their child."

Contact:

David Tolleson

770/604-9500

The National Down Syndrome Congress (NDSC)

The Emory Connection

The Emory Down Syndrome Clinic Celebrates its Fourth Anniversary!

January 2007 marked the fourth anniversary of the Down Syndrome Clinic at Emory University. Now is a good time to look back at what we've accomplished and forward to our plans for the future.

Over 250 families have visited the clinic since its beginning in 2003. In addition to these first-time appointments, an increasing number of families are returning on a regular basis for follow-up assessment. The table gives a profile of the children we have seen.

Emory University Down Syndrome Clinic Demographics.

Age at First Appointment (year 2006)	Race/Ethnicity	Percentages of Families by County of Residence
0-3 months 55%	White 50%	Gwinnett 15%
4-6 months 14%	Black 25%	DeKalb 12%
7-12 months 14%	Hispanic 19%	Cobb 12%
13-24 months 5%	Other 7%	Fulton 16%
> 25 months 11%		Clayton 4%
		Forsyth 3%
		Hall 3%
		Fayette 3%
		34 other counties with 1-5 families each 32%

One of our goals in establishing a specialty clinic for families of children with Down syndrome was to be able to reach the families quickly to offer our services as soon as possible after their child's birth. From the table, you can see our success in that regard. The majority of those coming to clinic for the first time are being seen within three months of birth.

Another goal was to be available to all segments of the population and to attract families from the entire metropolitan Atlanta area and beyond. Again, the table shows that all major racial/ethnic groups are represented and that families travel from the five-county Atlanta area and beyond to come to clinic.

As we begin our fifth year, we have several new objectives. In keeping with our pledge to grow the clinic as the children grow, we will raise the age limit to include five-year-olds. Second, we hope to work with the DSAA to reach a greater percentage of Atlanta families. Each year in the five-county Atlanta area about 70 babies are born with Down syndrome. We see the majority of these infants in our clinic, but we can tell from our numbers that we are still missing some families. We want to make sure both health professionals and families are aware of our services. Third, we plan to start recommending that families of infants younger than six months at their first visit return for follow-up in six months instead of one year. The first months of life are critical developmentally, and more frequent developmental assessment can help identify areas that need extra attention. Although most infants receive services from Babies Can't Wait, an independent clinical assessment of the child's strengths and challenges can help parents maximize the benefits their child receives from the services of BCW and other therapists.

The Down Syndrome Clinic staff wish to thank the Down Syndrome Association of Atlanta for its continuing support. We couldn't do it without you! As always, we welcome your comments and suggestions (contact Sallie Freeman, sfreeman@genetics.emory.edu). To find out more about the Emory Down Syndrome Clinic contact Shelley Dills, Down Syndrome Clinic Coordinator at 404-778-8524.

Spring 2007 Education Workshop

DSAA Spring 2007
Education Workshop

The workshop will be held on Saturday, March 24th, from 9:30 A.M. to 11:30 P.M., at BlueLinx Corporate Headquarters (4300 Wildwood Parkway Atlanta, GA 30339).

Workshop Focus:

Medicaid Waivers
Confusion to Clarity

I. Outline:

9:30-9:45
Check in/Overview
9:45-11:15
Heidi Moore with Q & A
11:15-11:30
Conclusion/Wrap up

II. Presenter:

Heidi Moore, former Exec. Director of DSAA and Parent Advocate for Disabilities
Are you confused by the different Medicaid Waivers and which ones to apply for? Well, this discussion is for you! Heidi will also be discussing tips and strategies to become a more informed parent in advocacy, education, healthcare, etc. There will be a 45 minute open question/answers session after the presentation.

* Please note: There will not be childcare available for this workshop*

III. To register, please RSVP by March 16th

By Mail:
241 West Wieuca Road
Suite #100
Atlanta, GA 30342

By Fax:
404-348-4706

By E-mail:
Education@AtlantaDSAA.org

* Please indicate the number of adults planning to attend.

*Mark Your Calendar
... Register Today*



Registration Form



Down Syndrome Association of Atlanta Spring 2007 Education Workshop

Saturday, March 24th
9:30 A.M. to 11:30 A.M.
BlueLinx Corporate Headquarters
4300 Wildwood Parkway
Atlanta, GA 30339

Name of person completing this form: _____

Address: _____

Phone: _____

Email Address: _____

I. Names of Adults attending

Please Note: Child care will not be available at this workshop

II. Return by mail, fax, or e-mail by March 16th:

Mail: 241 West Wieuca Road N.E.
Suite #100

Atlanta, Georgia 30342

Fax: 404-348-4706

E-mail: education@AtlantaDSAA.org

Valentine's Day the DSAA Way!



The DSAA hosted a Valentine's Dinner and Dance on Saturday February 10th at Unity North Atlanta Church in Marietta. 65 people attended representing 17 families of the DSAA. Live Music was provided by **Tom Wolf** and a delicious all you can eat BarBQ buffet was catered by **Williamson Brothers**. Tickets to the Atlanta Thrashers and Atlanta Hawks were raffled off as door prizes. Children of all ages enjoyed music, dancing and making Valentine cards and crafts. A special appearance by the *2006 Buddy of the Year*, **Patrick Essen** was a real treat! A special thank you to the following volunteers who helped with registration, set-up, and clean-up: **Stefanie Baumbblatt, Russ & Cara Plugge, Jim & Michelle Norweck, Alyssa & Morgan Allen, William McKeithen**, and the Gwinnett Children's Shelter Teen Advisory Board.



Barnes & Noble Buckhead:

A Very Special Event



On Saturday, February 24th, the DSAA was part of a nationwide Awareness Event to promote acceptance and inclusion in our Atlanta community about Down syndrome. 500 Barnes & Noble bookstores held events across the country in the month of February to build awareness about Down syndrome. Each store hosted a special "storytime" for children ages 4 to 8 to help raise awareness about Down syndrome. The story "*Let's Paint the Octopus Red*" and "*It's Ok to be Different*" were read aloud to a room full of children by **Wil Ennis**, Community Relations Manager for the Buckhead B&N store. Approximately 65 parents and 35 children, who were all donning a shiny gold Buddy Walk medallion handed out by DSAA Executive Director, **Michelle Norweck** were in attendance. The children enjoyed an art and craft project while Michelle addressed the parents about What is Down syndrome and the DSAA?

"Ultimately, parents of children with Down syndrome want exactly the same thing that any parent wants: for our children to be loved and accepted . . ."

The event also highlighted music and an article from **Melissa Riggio** "*I Have Down Syndrome: Know Me Before You Judge Me*", which was recently published in National Geographic Kids. Melissa is the 18-year-old daughter of **Steve Riggio**, CEO of Barnes & Noble, Inc. and a member of the National Down Syndrome Society's Board of Directors. To access Melissa's article, go online to <http://www.nationalgeographic.com/ngkids/0612/>



**Shop For A Cause Shopping
Pass Coupons-\$5.00**

100% Benefits The DSAA

**Saturday, March 17th, 2007
9AM to 10PM**



A \$5 Donation Ticket to the Shop for a Cause Event on March 17th will provide you with the following:

\$10 OFF

A single \$20 purchase*

20% or 15% OFF

All-day shopping pass

\$500 Spree Entry

Entrance into a \$500 Shopping Spree

*Some exclusions apply. See Macy's for certain restrictions. Ticket is valid Saturday, March 17th only at any Macy's nationwide. Winner of Shopping Spree need not be present to win. One entry per person. Must be 18 or older to enter.

Passes may be obtained in advance by emailing Contactus@AtlantaDSAA.org. Passes can be mailed to you or picked up upon receipt of your donation. You may also obtain passes on March 17th at the store.

100% of the proceeds from this sale support the DSAA. You can learn more about the Down Syndrome Association of Atlanta at <http://www.atlantadsaa.org>

DSAA is in need of volunteers to sell tickets on Saturday, March 17th at the Town Center Mall location in Kennesaw. Sign up for an hour and help support the DSAA. Interested volunteers can call (404) 320-3233 or email Contactus@AtlantaDSAA.org



Swing for the Children

9th Annual DSAA GOLF Tournament And Fundraiser

April 23, 2007

The 9th Annual DSAA Swing for the Children Golf Tournament And Fundraiser will take place Monday April 23, 2007. The venue will be Brookfield Country Club in Roswell, GA. All of the proceeds will go to the DSAA. The registration includes box lunch, green fees, cart rental, golfer appreciation gifts, on course beverages, buffet dinner and much more. After golf, there will be a silent auction, raffle, dinner and awards presentation. Golfers of all abilities, friends and family of the DSAA are welcome.

The Swing for the Children tournament is a great opportunity to play at a private country club and help raise money for a great cause. The folks at Brookfield Country Club have hosted us the last two years and do a first class job. Past sponsors include Atlanta Beverage Company, Airtran Airways, PGA Tour Superstore, Atlanta Spirit LLC., Capitol Indemnity, St. Peter Chanel Catholic Church and Loco's Deli just to name a few.

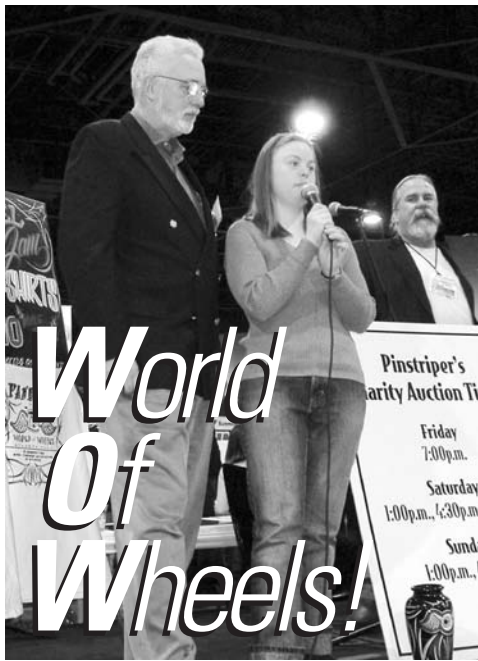
Just click on the golf tournament link on the DSAA web page www.AtlantaDSAA.org and download the registration form. If you prefer you can call Russ Plugge to register and receive more information. We can always use volunteers for registration and the silent auction. Please contact one of the committee members to sign up. Come on out and have a great time and enjoy the day at a first rate country club.

Russ Plugge
678-480-7537
RPlugge@comcast.net

Brent Maddux
404-386-1481
bmaddux@bellsouth.net

Gib Durden
678-298-0569
gib.durden@highgrove.net



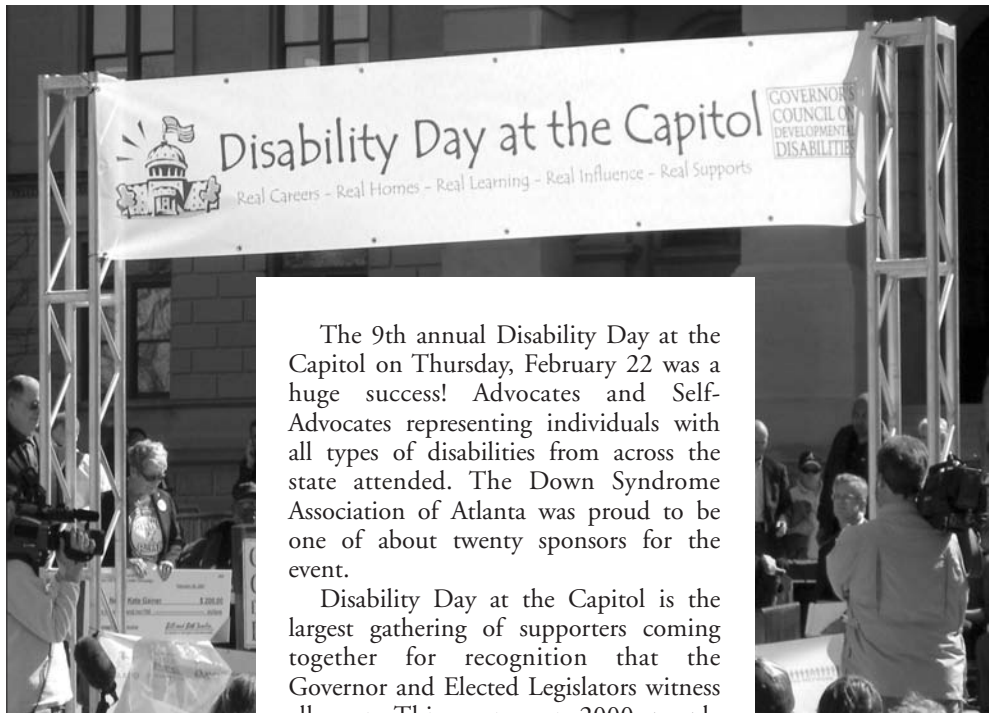


World Of Wheels!

The Down Syndrome Association of Atlanta was recently selected by the World of Wheels organization to receive the proceeds from the Pinstripers Charity Art Auction. **Chas Sydney**, Event Director, and his wife **Donna Sydney** are the parents of **Megan**, their 26 year old daughter with Down syndrome. The Sydney family is a long-time supporter and members of the DSAA. Pinstripers donated their time and talent to creating unique art items that were auctioned off live from the World Congress Center February 9-11th. The World of Wheels is a car show dedicated to owners of hot rods, classic cars and trucks. Pinstripers and car enthusiasts from around the country compete to win the "Best-of-Show" in their automobile's category. **The Charity Art Auction Raised \$12,000 For The DSAA!** A special thank you goes to the time and talent of all the pinstripers, the generous donors and the following DSAA volunteers who worked at the fundraising event: **Steven LaVance, Russ Plugge, Corrinna Wright, Jennifer Carroll, Joe Carroll, Stephanie Meredith, and Michelle Norweck.**

WANT TO KEEP INFORMED OF ALL DSAA EVENTS AND ANNOUNCEMENTS?

Get on the DSAA Email List for Important Updates and Announcements right in your Inbox!
Email Douglas Quinby at Public_Relations@AtlantaDSAA.org



The 9th annual Disability Day at the Capitol on Thursday, February 22 was a huge success! Advocates and Self-Advocates representing individuals with all types of disabilities from across the state attended. The Down Syndrome Association of Atlanta was proud to be one of about twenty sponsors for the event.

Disability Day at the Capitol is the largest gathering of supporters coming together for recognition that the Governor and Elected Legislators witness all year. This year over 2000 people attended the event—with the event attendance growing ever larger, for the first time there were two seatings and presentation sessions held in the Freight Depot to accommodate the numbers—both Breakfast and Lunch were held.

The mantra-like theme throughout the day was:

“Make It Real” —Real Homes Real Careers Real Learning Real Supports Real Influence For Real People!

Notably, advocate DJ Shockley, former Georgia Bulldog and current Atlanta Falcon, gave a heart-felt keynote address inspired from a very personal perspective, having two brothers with Fragile X syndrome. Additionally, individuals and advocates alike spoke both in the Freight Depot presentation hall and on the Capitol steps—updates on legislation for people with disabilities were announced by various speakers from the Capitol steps. Overall it was a good day of advocacy . . . and a beautiful sunny day!



PLANNING ON BEHALF OF PEOPLE WITH DISABILITIES

part II

How a Special Needs Trust Works

A special needs trust's primary function is to assist with the financial future of the beneficiary without diminishing government benefits to which the beneficiary is entitled. Unrestricted access to assets by the person with disabilities may cause reduction or elimination of benefits. The beneficiary would have to spend down his or her assets to poverty levels to requalify for benefits.

A special needs trust can be funded with assets belonging to the beneficiary. This is known as a *self-settled or first-party special needs trust*. If the special needs trust is funded by someone else, such as a parent, child, guardian or other entity, it is referred to as a *third-party special needs trust*.

Self-Settled Special Needs Trust

A self-settled special needs trust is often established by someone who has received a personal injury settlement or an inheritance. If the individual retained outright ownership of these assets, he or she would likely become ineligible to receive government benefits if the assets were not placed in a special needs trust.

To protect the assets, a judge, court-appointed guardian or the parents of the beneficiary must establish most self-settled special needs trusts in advance of the settlement. The individual should avoid establishing the trust himself. Also, self-settled special needs trusts must include a provision to repay state Medicaid agencies for any benefits the individual may have received during his or her lifetime, payable at death of the beneficiary. This is often called a "pay back" provision.

Third-Party Special Needs Trust

A third-party special needs trust uses assets belonging to someone other than the person with the disability. Although a third-party special needs trust can be established by any person for the benefit of an individual with a disability, the beneficiary's parents or spouse typically establishes such a trust. The person establishing the trust chooses to make some of his or her own assets available for the benefit of the beneficiary. A trust funded with assets belonging to a third party is generally not required to include language obligating the repayment of Medicaid benefits after the death of the beneficiary.

The trustee of a third-party special needs trust is given discretion to determine when and how much a beneficiary should receive from the trust with certain restrictions designed to permit the beneficiary to continue to qualify for government aid. Disbursements from the trust will be counted as income to the beneficiary unless they are payments made by the trustee directly to a third party, such as a health care provider or educational institution. If the trustee pays for basics such as food, clothing or shelter from the trust, these disbursements will reduce the government benefits because they are duplicating the government benefits.

A special needs trust must only provide for the beneficiary's supplemental needs above and beyond government assistance. Supplemental needs include, but are not limited to, the following: education, over-the-counter medicines, dental care, vision care, trips to see family members, rehabilitation, personal hygiene supplies, entertainment expenses and transportation expenditures (including vehicle purchase). Government benefits do not cover these types of expenses.

Who Should Be Trustee?

A trustee must be appointed to manage a special needs trust. The trustee should be knowledgeable and reliable as well as have good money management skills. In some cases, parents serve as trustee. Others choose a responsible family member, such as a sibling, because of the familiarity with the beneficiary's needs. Any trusted individual can be named a trustee, but if the named trustee chooses not to serve as trustee or is unable to serve, a successor trustee should also be named. In some cases, a corporate trustee is selected as the original or successor trustee to administer the trust or as a co-trustee to act in conjunction with a family member.

Naming A.G. Edwards Trust Company FSB* as Trustee

A corporate trustee, such as A.G. Edwards Trust Company FSB, can fill the role when a professional trustee is desired. A corporate trustee offers full-time professional expertise in handling trusts.

A.G. Edwards Trust Company FSB has specialists in the tax and legal fields as well as administration and professional portfolio management. A.G. Edwards Trust Company FSB as trustee will relieve family members of the various administrative duties such as record keeping, bill paying and tax filing. The Trust Company provides a family with an administrator to handle the management of the trust. Your local A.G. Edwards & Sons, Inc. financial consultant is also involved in many aspects of the trust relationship.

The Trust Company's trust administrator and the financial consultant can work with relatives to determine the beneficiary's specific needs.

*A.G. Edwards Trust Company FSB is an affiliate of A.G. Edwards & Sons, Inc.

Should You Establish a Special Needs Trust Now or at Death?

Parents or grandparents typically provide for a child or relative with a disability by creating a special needs trust upon their death. Assets funding this type of special needs trust would generally not be subject to creditors of the beneficiary if the trust is properly drafted and administered.

On the other hand, an inter vivos special needs trust functions while the parents or grandparents are still living. This type of trust has several advantages.

- Family members can start putting money and other assets into the trust now so it acts as a long-term savings plan.
- Family members can see that the trust is working to provide the benefits for which they had planned.
- Other relatives can gift money to the trust now and gain estate tax benefits.
- Supplementary benefits to the beneficiary will continue at the grantor's death.

Younger parents may decide to use a special needs trust, which will be created upon death because of its flexibility. This type of trust can be created either through the terms of a revocable trust or as part of a will. Providing for the trust through the terms of a revocable trust can ensure that the beneficiary is provided for at the grantor's death and in the event of the grantor's incapacity. The grantor also has the ability to revoke the trust entirely should circumstances (such as the early death of the beneficiary) require.

A special needs trust can also be established through the terms of an individual's will. This ensures the trust's total revocability until death or disability of the donor. As in the case of the revocable trust, the assets will not be protected from the donor's creditors. In addition, there could be a delay in providing for the beneficiary while the assets are subject to a probate proceeding. This delay can be avoided if the assets funding the trust are provided for by insurance or other non-probate transfer.

Funding a Special Needs Trust

When funding a special needs trust, it's very important to make certain that the trust funds last the lifetime of the beneficiary.

Special needs trusts are frequently funded with a portion or all of the parents' estate, including noncash assets such as the family's home. Relatives and friends may give assistance by leaving a gift to the trust.

Often special needs trusts are funded with life insurance. In most cases the parents, spouse or caregiver is the insured and the trust is named as the beneficiary. Whether the policy is term, whole, variable or universal, life insurance may be an excellent funding source for a special needs trust. Insurance proceeds are paid free of income tax; if the policy is not owned by the decedent (i.e., owned by the special needs trust), insurance proceeds may also be free of estate taxes.

Term insurance provides coverage for a specified period of time, but it does not accumulate a cash value. Permanent insurance accumulates a cash value and may be the best for longer-term needs. The cash value of permanent insurance may be accessed to provide for the beneficiary if necessary while the policy is still in force. Thus, a family could fund an irrevocable life insurance trust for the purpose of providing a substantial fund for a loved one upon the insured's death, and the trustee would be able to access the cash value for the beneficiary while the insured is still alive (see Irrevocable Life Insurance Trust below for more details).

"Survivorship" or "second to die" insurance could be a good vehicle to use to fund a special needs trust. This type of insurance policy insures the lives of two people and is less costly because it pays the death benefit only after the second death—when the money is needed most. Your needs and the needs of your loved one will help determine which type of insurance is best for you. Ask your financial consultant for help in making this decision along with additional details regarding the policy and its costs.

Irrevocable Life Insurance Trust (ILIT)

An ILIT is generally thought of as a means to provide liquidity for estate taxes. However, the same trust can provide a substantial asset to an individual with disabilities with no income or estate tax ramifications to the donor. Because the ILIT, not the donor, owns the life insurance, the policy proceeds will generally escape estate taxation. And the policy proceeds are not taxable as income when the proceeds are paid to the trust.

Small amounts of premium in the form of annual exclusion gifts, (maximum of \$11,000 per donor in 2005) can often provide a substantial death benefit for the beneficiary. Ask your financial consultant for more information regarding an irrevocable life insurance trust.

Plan Carefully

Financial planning for a loved one with disabilities is unique to each situation. Proper planning is both important and complex. Often, seeking guidance on the best financial planning method to provide for a child or relative who is disabled is very important. Having a financial consultant and an estate planning attorney experienced in drafting special needs trusts may help ease your worries and concerns.

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PLANNING ON BEHALF OF PEOPLE WITH DISABILITIES

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Happy Birthday Wishes!!!



Francesca Guariglia Is Two!

March

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 Taylor Barbee
 Brett Barksdale
 Shelton Gilmer Broughton
 Sam Bryant
 Noah Buczek
 Casey Carroll
 Travis Cudabac
 Isabella Decoufle'
 Matthew Taylor Dowda
 Lauren Bukowski Eden
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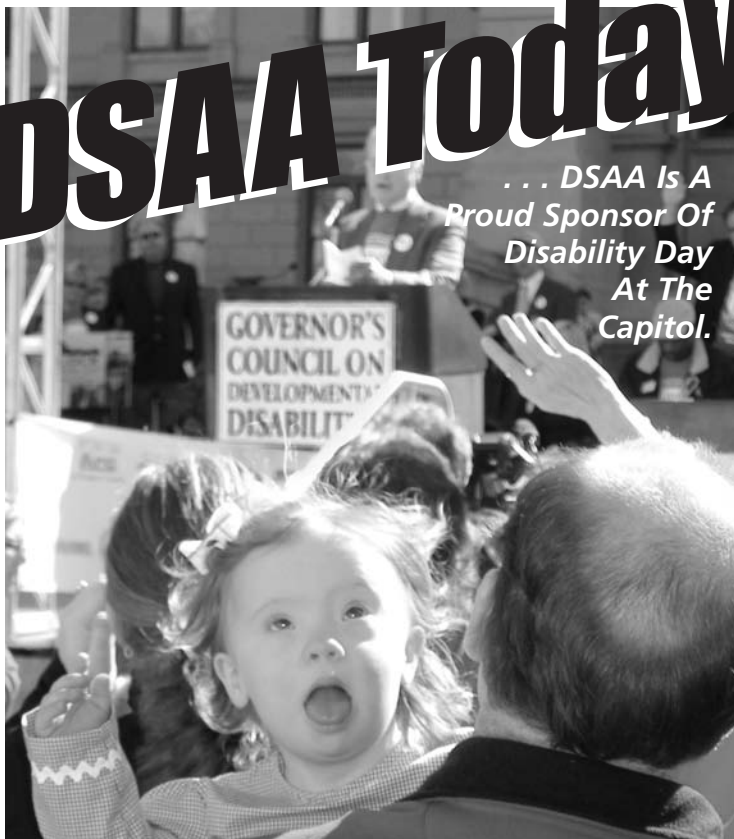
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