

# COMMUNITY RESOURCE DIRECTORY

**For Persons with Developmental Disabilities and Their  
Families**

**2010**



*Jefferson Parish*  
Human Services Authority

**JPHSA/CSPDD**  
**3300 West Esplanade Avenue**  
**Suite 213**  
**Metairie, LA 70002**  
**Main: 504-838-5357**  
**Fax: 504-838-5400**

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## **What is a Developmental Disability?**

**A Severe chronic disability which is due to an intellectual or physical disability or combination of intellectual and physical disabilities, occurs before age 22, is likely to continue indefinitely, and results in substantial functional limitations in 3 or more of the following major life areas:**

**Self care**

**Receptive (e.g. understanding of language) and expressive language**

**Learning**

**Mobility**

**Self-direction**

**Capacity for independent living**

**Economic self-sufficiency**

**\*Children 3 to 9 years of age may be eligible with only 2 of 6 substantial limitations (economic self sufficiency is not considered for children).**

**\*Children 10 through 17 years of age must have 3 of 6 substantial limitations (economic self sufficiency is not considered for children).**

**\*Adults 18 years of age and older must have 3 or more substantial limitations in any of the 7 major life areas.**

**The disability is not attributed solely to mental illness, and reflects the need for a combination and sequence of care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated. Or**

**A substantial developmental delay or specific congenital (I.e., affecting the person at birth) or acquired condition in a person from birth through age nine which, without services and support, has a high probability of resulting in the above criteria being met later in life may be considered to be a developmental disability.**

**If you think that you or your family member may have a developmental disability, mental health needs or an addictive disorder please call Access @ 504-349-8833 to apply for developmental disabilities services.**

## **Jefferson Parish Human Services Authority (JPHSA) provides the following Developmental Disabilities Services:**

### **PERSONAL SUPPORT COORDINATION**

**A Human Service Professional works with you to: (a) Develop an Individual Plan, individualized budget, and contract agreement to meet your identified needs and goals; (b) Provide ongoing assistance to ensure the quality of services you receive; and (c) Document that services were funded and delivered according to your Comprehensive Plan of Support and contract (necessary for state services and funding audits).**

### **INDIVIDUAL and FAMILY SUPPORT SERVICES**

**Individualized funding provided directly to you through a contract agreement so that you may purchase your own services and supports. Funding is limited to disability related needs in which your personal resources are not sufficient and no other community resource is available. Funding may be short-term to resolve a crisis or long-term to meet ongoing needs. Examples include: Personal Companion, Respite Care, disability related equipment, devices, supplies, tutor, computer programs, educational supplies and expenses, adult education class, cooking class, gym membership, personal hygiene supplies, medical expenses, van lift, bath chair, door locks, summer camp, rental assistance, car repair, build ramp, widen doorways, attend self-advocacy conference, attend conference to learn more about your child's disability, and assistance to pay for day-care.**

### **RESPITE SERVICES**

**Planned and emergency support for family members to have a "break" in their ongoing roles of providing direct assistance and supervision for their loved ones with a developmental disability. The family may choose to hire, train, supervise, and pay their own respite care worker or they may choose a JPHSA approved Community Service Provider who will hire, train, supervise, and pay a respite care worker for them. Support can be provided in and outside the home. The Personal Support Coordinator will assist the family with developing their individualized budget and contract based upon their choice.**

### **SUPPORTED LIVING**

**Adults live in apartments or their own homes. They may choose to live alone or to have housemates. The adult (s) is the lease holder or home owner, not the service provider. Training, support, and supervision is provided to assist adults to have health and safety, greater independence in their daily lives, manage their incomes to meet their needs, and have valued community roles such as work, volunteer, neighbor, home owner, club/organization member and spiritual/religious affiliation of their choice. Adults are expected and supported to meet commonly held community standards for living and participating in the community. Active participation with family, friends, and in community activities is encouraged and supported.**

### **CASH SUBSIDY**

**Cash payment of \$258.00 per month to assist families with the care of their children at home. The child must be under 18 years old with a severe or profound disability as documented in the educational evaluations and Individualized Education Plans.**

### **JUVENILE/YOUTH SERVICES**

**A Personal Support Coordinator provides information, counseling, service coordination, and court advocacy for children, adolescents, and their families who are involved with Jefferson Parish Juvenile Court System (e.g., teens on probation, children in the custody of the Office of Community Services, or the Office of Youth Development, etc.).**

## **PSYCHOLOGICAL SERVICES**

Psychologists, therapists and educators assist families, children, and adults to address challenging behaviors that present difficulties in their lives and help individuals and families develop more positive behaviors and life routines. Psychologists work with their circle of support, e.g., family members, service providers, school personnel, and employers.

## **CRISIS INTERVENTION SERVICES**

Trained professionals provide 24-hour assistance available to individuals and families experiencing a psychiatric or behavioral crisis. For 24-hour emergency assistance please call the Crisis Team at 504-832-5123 or call JPHSA Developmental Disabilities Office at 504-838-5357 and ask for crisis services

## **VOCATIONAL SERVICES**

Trained, experienced staff provide training, support, and assistance to adults 18 years or older to receive 4 options for vocational services: 1) Supported Employment and Job Coach Services for obtaining a paying job in the community; 2) Volunteer Jobs in the community alongside other citizens to help support Jefferson Community Service Organizations; 3) Community Based Activities Training to have participation in community activities and learn social, communication, travel, and safety skills in the community; 4) Vocational Day Program Activities include collegial social activities, planning for participation in community activities, and learning communication, social, daily living skills. \*Adults may have participation in one or more of the 4 options. But no more than 50% of Vocational Services may take place in Centered-Based Activities which means that the other 50% of the time adults are supported in their community choices of supported employment jobs, volunteer jobs, community based activities or a combination of these services.

## **HOME OF MY OWN PROGRAM**

JPHSA and Jefferson Parish Community Development assist adults with developmental disabilities to develop a plan to purchase a home and to obtain financing for home ownership. There are 38 required steps to complete the Home of My Own Program. A Personal Support Coordinator serves as a liaison with Jefferson Parish Community Development, financial institutions, and realtors to provide the needed assistance during the process of buying a home. Adults are assisted in 3 groups: 1) those who have established credit and may complete the 38 required steps for home ownership within 12 months; 2) those establishing credit and may complete the 38 required steps within 24 months; 3) all home owners of the Home of My Own Program will receive ongoing support and at least one yearly visit by the JPHSA Home of My Own Coordinator.

## **COMMUNITY EDUCATION**

Building capacity within Jefferson Parish through training and education events to support individuals with disabilities and their families to have independence, participation, and productivity in the community and to support service providers to deliver high quality services.

If you need assistance to accommodate visual, hearing, language and motor abilities to access or participate in JPHSA services then please contact the JPHSA/CSPDD Office at 504-838-5357 and ask for assistance!

## Jefferson Parish Human Services Authority (JPHSA) Board of Directors

- Olga M. Bogran
- Kevin J. Centanni
- Philip A Cerminaro
- Terry P. Hardouin
- Louise E. Landry
- Kerry K Lentini, Chairperson
- Albert F. Majeau, Jr.
- Gale Naquin
- LaCresiea Olivier
- John Neal
- Nancy Pearson, Vice-Chairperson
- Sal Scalia

### Board Assistant

- Tammy A. Valenti, Executive Administrator  
Office~504-838-5583  
Fax~504-838-5714  
Email: [tvalenti@jphsa.org](mailto:tvalenti@jphsa.org)

## JPHSA Mission and Priorities:

### Mission Statement

*“The Mission of Jefferson Parish Human Services Authority is to help individuals and families in Jefferson Parish, who are affected by mental illness, addictive disorders or developmental disabilities, live full, independent lives to the greatest extent possible with available resources.”*

### Priorities:

#### Priority One:

Individuals and their families in crisis situations related to mental illness, addictive disorders or developmental disabilities shall have their crisis resolved and a safe environment restored.

#### Priority Two:

Individuals with serious and disabling mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.

#### Priority Three:

Individuals with mild to moderate needs related to mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.

#### Priority Four:

Persons not yet identified with specific serious or moderate mental illness, addictive disorders or developmental disabilities but, who are at significant risk of such disorders due to the presence of empirically established risk factors or the absence of the empirically protective factors; do not develop the problems for which they are at risk.

**JPHSA/Community Services for Persons with Developmental Disabilities and Their Families**

**Executive Director, JPHSA**

**Michael Teague**

**JPHSA Developmental Disabilities Staff and Consultants**

**Director**

**Stephanie Campo, Ph.D. 504-473-3217**

**Information Coordination & Hospitality**

**Sean Randall 504-838-5357**  
**Nicole Hymel 504-838-5357**  
**Penny Martin 504-838-5357**  
**Bradley Tullos 504-838-5357**

**Individual/Family Support Services**

**Denise Oguinn, MSW, GSW, Supervisor 504-717-7054**  
**Karen Stringer, BA, Supervisor 504-669-3877**  
**Nicole Sullivan Green, LPC 504-444-4241**  
**Keiasha Gipson, BSW, RSW 504-220-5615**  
**Faye Livas, MSW 504-957-0273**  
**Naz Rahman, MSW 504-210-9746**  
**Wanakee Williams, BA 504-330-0269**  
**Toya Bradley 504-838-5357**

**Psychological Services and Consultants**

**Dr. Marc Hendler 504-669-5470**  
**Dr. Patricia Blackwell, Consultant 504-433-2428**  
**Dr. J. Michael Bradley, Consultant 504-813-2842**  
**Dr. Charles Burchell, Consultant 504-392-3498**  
**Dr. Rebecca Mandal, Consultant 225-567-7372**  
**Dr. Christine Powanda, Consultant 504-460-4889**  
**Dr. Cornelius Schutte, Consultant 504-362-8046**

**Certified Applied Behavior Analyst**

**Dawn Christian, LCSW 504-621-5499**  
**Tricia Ferguson, LPC 504-994-9193**  
**Skip Morlier, LCSW 504-838-9919**  
**Kenya Morris-Landry, GSW 504-319-7402**  
**Miriam Paiz-Wahl, LCSW, Consultant 504-722-4490**  
**Roy Salgado, PhD 504-491-1034**  
**Andrea Steinkamp, LCSW 504-412-1572**  
**Sarintha Stricklin, PhD 504-650-9016**  
**Melissa Thibodaux, M.A., LPC, Consultant 504-304-8653**

**Juvenile Judicial & Youth Services**

**Faye Livas, MSW 504-957-0273**

**Home of My Own Program**

**Derrick Williams, MEd 504-717-3971**

**Vocational, Housing and Supported Living Services**

**Derrick Williams, Med 504-717-3971**

**Community Home Services**

**Denise Oguinn, MSW, GSW**

**504-717-7054**

**Public Relations & Contract Services**

**Sean Randall**

**504-838-5357**

**Community Education/Quality Assurance Coordinator**

**Brenda Gremillion, BSRS**

**504-957-0061**

**Nicholas Gilbert**

**504-838-5357**

## **JPHSA Services**

**3300 West Esplanade Avenue Suite 213  
Metairie, LA 70002**

**5001 WestBank Expressway  
Marrero, LA 70072**

### **Access Division**

**The Access Division serves as the gateway to JPHSA services and coordinates the admission process through a single point of entry. The Access Division offers screening and evaluates to determine eligibility for services, both through JPHSA and other community programs. Please call 504-349-8833 to apply!**

### **Adult Services**

**The Adult Services Division provides comprehensive and coordinated outpatient services to eligible individuals with a serious mental illness or addictive disorder, including addiction to gambling. Adult services also offer prevention and support services to individuals with HIV or AIDS living in an eight parish region.**

### **Child and Family Services**

**The Child and Family Services Division provide mental health and substance abuse evaluation, treatment and prevention services to children, adolescents and their families. Additionally, professional staff provides parenting groups, anger management groups and other services.**

### **Community Support**

**Community Support provides 24 hour mobile crisis intervention to adults and children with mental illness, an additive disorder or developmental disability. The Community Support Division offers an array of other programs including housing services for the homeless, employment coordination, residential substance abuse programs, respite care and peer support services.**

**Community Services Provider Contact Information**

**Community Service Provider Name: AAA Care, LLC**

**Mission:**

**Accredited: State License**

**Director: Stephanie Jackson**

**Address: 410 South Rampart Street Suite A New Orleans, LA 70112**

**Landline Number: 504-527-0866**

**Cell Number: 504-228-8766**

**Fax Number: 504-527-0867**

**Email: [aaa\\_care@bellsouth.net](mailto:aaa_care@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2003**

**Number of Persons Served: 45**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Stephanie Jackson**

**Landline Number: 504-527-0866**

**Cell Number: 504-228-8766**

**Email: [aaa\\_care@bellsouth.net](mailto:aaa_care@bellsouth.net)**

**Community Services Provider Contact Information**

**Community Service Provider Name: A+ People Services**

**Mission: To provide professional quality caring and individualized services to persons with disabilities. To enable persons to live to their full potential in their home, at work and in the community.**

**Accredited: State License**

**Director: Micole Washington, MSW and Eric Matthews**

**Address: 12A Westbank Expressway Suite 204 Gretna, LA 70053**

**Landline Number: 504-362-4866**

**Cell Number: 504-610-5154 (Micole) or 504-319-3103 (Eric)**

**Fax Number: 504-362-4868**

**Email: [apps@bellsouth.net](mailto:apps@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2005**

**Number of Persons Served: 12**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: We provide services to individuals with disabilities and elderly**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: as soon as possible**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Back up staff will be available immediately**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Micole Wasington**

**Landline Number: 504-362-4866**

**Cell Number: 504-610-5154**

**Community Services Provider Contact Information**

**Community Service Provider Name: Able Life Care Services, Inc**

**Mission: Provide comprehensive, high quality supportive care services to individuals with disabilities and the elderly.**

**Accredited: State License**

**Director: Alan Tucker**

**Address: 252 Hector Avenue Gretna, LA 70056**

**Landline Number: 504-367-5511**

**Cell Number: 504-261-6801**

**Fax Number: 504-367-5512**

**Email: [atucker@actshomehealth.com](mailto:atucker@actshomehealth.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: Geriatric care and support services for individuals with disabilities**

**Year Originated: 1999**

**Number of Persons Served: 42**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: All individuals with disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 48 hours**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available within 1 hour**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Carla Doak**

**Landline Number: 504-367-5511**

**Cell Number: 504-234-8589**

**Email: [ablelife.cdoak@yahoo.com](mailto:ablelife.cdoak@yahoo.com)**

## Community Services Provider Contact Information

**Community Service Provider Name:** Access to Meaningful Employment, Inc. (AcME)

**Address:** 3801 N. Causeway Blvd. Suite #204 Metairie, LA 70002

**Mission:** To Provide Services to Persons with Disabilities with the Goal of Enhancing their Economic Independence and Quality of Life

**Director:** Eva M. Belcas, MS, CRC

**Licensed:** Department of Social Services, Medicaid Waiver, Social Security Ticket to Work

**Landline Number:** 504 833-7291

**Cell Number:** 504 329-4548

**Fax Number:** 504 833-7295

**Email:** [evabelcas@nocoxmail.com](mailto:evabelcas@nocoxmail.com)

**Community Provider Website:** [acmeemployment.net](http://acmeemployment.net)

**Medicaid and Waiver Programs enrolled in:** Adult Support Wavier and New Opportunities Waiver

**Services Provided:** Supported Employment/On-Site Employment Individual Jobs:

1) Vocational Assessment, 2) Job Development; Resume Development, preparation of introduction and response letters to employers, assistance scheduling and attending job interviews 3) Job Placement; assistance obtaining pre-employment data, attending pre-hire activities (orientation) , 4) Job Coaching- assistance at the job site to learn tasks, meet productivity requirements and learn workplace policies, 5) Job Retention- continued contact to assist with job maintenance and 6) SSA counsel; understand the impact of wages on SSA benefits/track work subsidies and Impairment Related Work Expenses

**Expertise within agency:** Executive Director possesses a Masters in Rehabilitation Counseling and 20+ years experience working with individuals with disabilities. Operations Coordinator possesses a BA in Business and 6+ year's experience. All staff receives annual training related to employment, job retention and social security issues.

**Year Originated:** 1988 **Number of Persons Served:** 90-100

**Age Groups Served:** 18 years – 70 \* age person desires to retiree

**Description of persons served:** All persons with Disabilities

**Does your agency have an Evacuation Plan?** AcME, Inc. will coordinate time off and return to work dates - All AcME, Inc. clients are placed in individual jobs.

**Participates in Direct Support Professional Training Program:** All Staff are Certified Employment Specialists

**Average length of time from request for services to start of services:** 1 Week

**Individuals/Families can choose DSP?** N/A Employment Specialists are assigned based on their experience with job sites and training/talents related to the job.

**What is the policy of DSP “No Shows?”** If an Employment Specialist fails to show for a scheduled meeting an Administrator (Director/Operations Coordinator) or other senior staff member will attend.

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish

\_\_\_\_\_ Japanese

\_\_\_\_\_ Vietnamese

\_\_\_\_\_ Sign Language

\_\_\_\_\_ Other Please name Italian, (some) Spanish and Albanian

**\*Interpreters are contracted for any language not represented.**

**Yes Willing to recruit staff for language or interpreting services to assist individuals and families?**

**For Information about Obtaining Services Contact:** Leif Nick Simone Frazier Eva Belcas

**Landline Number:** 504 833-7291 **Cell Number:** Leif- 504 329-4544

**Email:** [leifnick@nocoxmail.com](mailto:leifnick@nocoxmail.com)

[simonefrazier@nocoxmail.com](mailto:simonefrazier@nocoxmail.com)

**Community Services Provider Contact Information**

**Community Service Provider Name: Action Resources Total Care, Inc**

**Mission: to consistently provide high quality care to our community**

**Accredited: State License**

**Director: Michele Almore, MSW**

**Address: 8000 Crowder Blvd. Suite A New Orleans, LA 70127**

**Landline Number: 504-244-8688 or 1-866-746-4584 Cell Number: 504-452-5328 Fax Number: 504-244-8565**

**Email: [Actionrtci@aol.com](mailto:Actionrtci@aol.com)**

**Community Provider Website: ACTIONRTCLINET**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Elderly and Disabled Waiver, LTPCS, EPSDT**

**Services Provided: Personal Care Attendant**

**Expertise within agency:**

**Year Originated: 2006**

**Number of Persons Served: 27**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: immediately depending on type of services**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" We have back up staff trained to work with individuals**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information About Obtaining Services Contact: Michele Almore**

**Landline Number: 504-244-8688 Cell Number: 504-452-5328 Email: [Actionrtci@aol.com](mailto:Actionrtci@aol.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Advanced Personal Care Services, Inc**

**\*Owned and operated by caring parents of individuals with disabilities**

**Mission: To provide quality services to all individuals with a disability and the elderly.**

**Accredited: State License**

**Director: Deatra Matthews-Ratcliff**

**Address: 3501 Holiday Drive Suite 401 Algiers, LA 70114**

**Landline Number: 504-227-0773**

**Cell Number: 504-495-8304**

**Fax Number: 504-227-0715**

**Email: [advancedpcs@bellsouth.net](mailto:advancedpcs@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living; Respite; Personal Care Attendant**

**Expertise within agency: As a parent of an individual with Cerebral Palsy the strive to go that extra mile for all individuals with disabilities**

**Year Originated: 2003**

**Number of Persons Served: 60 plus**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: We support all individuals with developmental, physical or mental disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: immediately based on approved services**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” We have back up staff trained to work with individuals**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Deatra Matthews, Executive Director, Denise Wills, Waiver Service Director; Wannshannda Weber, Children Services Director or Thelma Hathorn, Adult Services Director**

**Landline Number: 504-227-0773**

**Cell Number: 504-227-0415**

**Email: [advancedpcs@bellsouth.net](mailto:advancedpcs@bellsouth.net)**

**Community Services Provider Contact Information**

**Community Service Provider Name: AGAPE' Care Providers, Inc**

**Mission: To champion, empower, support, and improve the lives of individuals with disabilities and elderly citizens to live and choose the lives they want in the community. WE GO THE EXTRA MILE!**

**Accredited: State License**

**Director: Sheila M. Brown, MSW, GSW**

**Address: P. O. Box 2900 Gretna, LA 70054**

**Landline Number: 504-392-1398**

**Cell Number: 504-236-1675**

**Fax Number: 504-392-0825**

**Email: [arm5@bellsouth.net](mailto:arm5@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children's Choice; Elderly and Disabled Waiver**

**Services Provided: All services through enrolled programs and Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: Work with individuals with disabilities**

**Year Originated: 1993**

**Number of Persons Served: 100 plus**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Developmental and Physically Disabilities, Elderly, & Challenging Behaviors**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: up to 48 hours**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available through the DSP Assistant and/or other DSP on staff**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language

Other Please name \_\_\_\_\_

Yes  Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: G. Nicole Morris, QMRP**

**Landline Number: 504-392-1398**

**Cell Number: 504-915-1038**

**Email: [tcpagape1@bellsouth.net](mailto:tcpagape1@bellsouth.net)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Alternatives Living, Inc**

**Mission: To serve, advocate and support individuals and families who are in need of assistance**

**Accredited: State License**

**Director: Melanie Duplechain, PhD or Dr. Ada Craige-Roberson**

**Address: 201 St. Charles Avenue Suite 2543 New Orleans, LA 70170**

**Landline Number: 504-599-5934**

**Cell Number: 504-400-3579 or 504-821-4439**

**Fax Number: 504-524-7979 or 504-821-4775 primary fax**

**Email: [alternativeslivinginc@netzero.net](mailto:alternativeslivinginc@netzero.net) or [rob9394@bellsouth.net](mailto:rob9394@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: Adults Supports Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL, Homeless Prevention Services, Rapid Re-housing, Adult Residential Care, Companion/Sitter Service, Life Skills Training**

**Expertise within agency: working with individuals and families with a variety of needs**

**Year Originated: 1993**

**Number of Persons Served: 70 +**

**Age Groups Served: Adults, Seniors. Children**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Melanie Duplechain, PhD**

**Landline Number: 504-599-5934**

**Cell Number: 504-400-3579**

**Email: [alternativeslivinginc@netzero.net](mailto:alternativeslivinginc@netzero.net)**





## Community Services Provider Contact Information

**Community Service Provider Name:** Arc of Greater New Orleans – Individual Options and Employment Services

**Mission:** The Arc of Greater New Orleans is committed to securing for people with all Intellectual disabilities the opportunity to develop, function and live to their fullest potential.

**Accredited:** CARF

**Director:** Tom Barnes

**Associate Director:** Valerie St. Amant

**Address:** Multiple locations (2-Metairie, 1-New Orleans, 1-Westwego) and 925 S Labarre Road Metairie, LA 70001

**Landline Number:** 504-837-5105

**Cell Number:** N/A

**Fax Number:** 504-831-4107

**Email:** [arcgnoinfo@bellsouth.net](mailto:arcgnoinfo@bellsouth.net)

**Community Provider Website:** [www.arcgno.org](http://www.arcgno.org)

**Medicaid and Waiver Programs enrolled in:** New Opportunities Waiver (NOW) and Supports Waiver

**Services Provided:** Day Habilitation, Volunteer and Community Access  
Supported Employment, Mobile Work Crew, and Follow Along

**Expertise within agency:** experience supporting individuals with disabilities for over 55 years; social enterprises

**Year Originated:** 1953

**Number of Persons Served:** 145

**Age Groups Served:** Teenagers, Adults, Seniors\_18-...

**Description of persons served:** Intellectual Disabilities

**Does your agency have an Evacuation Plan?** yes

**Participates in Direct Support Professional Training Program:** yes

**Average length of time from request for services to start of services:** 30 days

**Individuals/Families can choose DSP?** no

**What is the policy of DSP “No Shows?”** Substitute

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact:** Tom Barnes/Valerie St. Amant

**Landline Number:** 504-837-5105/504-897-0134 **Cell Number:** N/A

**Email:** [tbarnes@arcgno.org](mailto:tbarnes@arcgno.org) or [ystamant@arcgno.org](mailto:ystamant@arcgno.org)

**Community Services Provider Contact Information**

**Community Service Provider Name: Arc of Greater New Orleans- Project H.E.L.P.**

**Mission: Arc of Greater New Orleans is committed to securing for all people with intellectual disabilities the opportunity to develop, function and live to their fullest potential.**

**Accredited: CARF**

**Director: Glenda Dickinson**

**Address: 5700 Loyola Avenue New Orleans, LA 70115**

**Landline Number: 504-897-0134**

**Cell Number: N/A**

**Fax Number: 504-895-6496**

**Email: [gdickinson@arcgno.org](mailto:gdickinson@arcgno.org)**

**Community Provider Website: [www.arcgno.org](http://www.arcgno.org)**

**Medicaid and Waiver Programs enrolled in: Personal Care Attendant, Respite, Children's Choice**

**Services Provided: Attendant Care & Respite**

**Expertise within agency: experience serving people with disabilities for over 55 years**

**Year Originated: 1953**

**Number of Persons Served: 73**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of persons served: people with developmental disabilities: adults with intellectual & related developmental disabilities**

**Does your agency have an Evacuation Plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: one week: One week**

**Individuals/Families can choose DSP? Yes**

**What is the policy of DSP "No Shows?" Staff on-call**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes\_ Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Melissa Buckley**

**Landline Number: 504-897-0134 Cell Number: N/A**

**Email: [mbuckley@arcgno.org](mailto:mbuckley@arcgno.org)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Authentic Community Living, Inc**

**Mission:**

**Accredited: State License**

**Director: Valerie Dibia**

**Address: 1799 Stumpf Blvd Bldg 7 Suite 1 Gretna, LA 70056**

**Landline Number: 504-368-4535**

**Cell Number: 504-259-9995**

**Fax Number: 504-368-4560**

**Email: [savedacl@aol.com](mailto:savedacl@aol.com) (personal email)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2000**

**Number of Persons Served: 30 +**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Individuals with disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Valerie Dibia**

**Landline Number: 504-368-4535**

**Cell Number: 504-259-9995**

**Email: N/A**

**Community Services Provider Contact Information**

**Community Service Provider Name: Community Living Alternatives, Inc**

**Mission:**

**Accredited: State License**

**Director: Sandy Richardson**

**Address: 2200 Veterans Memorial Blvd Suite 205 Kenner, LA 70062**

**Landline Number: 504-471-0086**

**Cell Number: N/A**

**Fax Number: 504-471-0664**

**Email: [sandycla205@aol.com](mailto:sandycla205@aol.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 1994**

**Number of Persons Served: 39**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: No**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish \_\_\_\_\_ Japanese  
\_\_\_\_\_ Vietnamese \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Other Please name \_\_\_\_\_

**\_Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Tonya LeJeune or Sandy Richardson**

**Landline Number: 504-471-0086**

**Cell Number: N/A**

**Email: [sandycla205@aol.com](mailto:sandycla205@aol.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Dream Team of La, Inc.**

**Mission: Dream Team of LA, Inc is to provide quality services through the Home and Community Based program for Waiver participants in performing their daily activities and participating in the community. With the support of trained and qualified caring Professionals, individuals will be assisted, supported, and trained to reach their maximum potential and desired goals.**

**Accredited: State License**

**Director: Yvette Anderson**

**Address: 3801 N Causeway Blvd Suite 301 Metairie, LA 70002**

**Landline Number: (504) 304-5780      Cell Number: N/A      Fax Number: (504) 304-5787**

**Email: [dreamteamofla@yahoo.com](mailto:dreamteamofla@yahoo.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Wavier, Elderly and Disabled Adult, Long Term Care-Personal Care Services, Respite, EPSDT-Personal Care Services, Supervised Independent Living**

**Services Provided: PCA, SIL, RESPITE,**

**Expertise within agency: 17 years of experience in supporting individuals with disabilities and their families**

**Year Originated: 2001      Number of Persons Served: 54**

**Age Groups Served: Children, Teenager, Adults and Seniors**

**Description of persons served: All Disability population**

**Does your agency have an Evacuation Plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: Within 2 weeks of contact**

**Individuals/Families can choose DSP? Yes**

**What is the policy of DSP "No Shows?" Back up Direct Support Professional is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish      \_\_\_\_\_ Japanese  
\_\_\_\_\_ Vietnamese      \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Yvette Anderson**

**Landline Number: (504) 304-5780      Cell Number: N/A      Email: [dreamteamofla@yahoo.com](mailto:dreamteamofla@yahoo.com)**

## Community Services Provider Contact Information

**Community Service Provider Name:** Exceeds Their Needs, Inc.

**Includes but not limited to:** Assisting and strengthening the disability community, providing professional trained direct support staff, and other services as deemed necessary by the Board of Directors with respect to the racial, ethnic and cultural diversity of individuals with disabilities and their families.

**Mission:** ethn and cultural diversity of individuals with disabilities and their families.

**Accredited:** State License

**Director:** Debbie LeCour, Executive Director

**Land Line:** 504-366-8801

**Cell Phone:** 504-419-0337

**Fax Number:** 504-366-8803

**Email:** [etndebbie@etnla.com](mailto:etndebbie@etnla.com)

**Community Provider Website:** On hold at this time

**Medicaid and Waiver Programs enrolled in:** New Opportunity Waiver Services (NOW), Long-Term Care-Personal Care Services, EPSDT – Personal Care Services, Children’s Choice, Elderly & Disability Waiver, Supports Waiver

**Services Provided:** PCA – Personal Care Assistance, SIL – Supported Independent Living, Supported, Supported Employment, Day Habilitation

**Expertise within agency:** ETN’s executive staff has over 63 years of skills gained through parenting young people with disabilities and negotiating the various service systems who have served their family members. Their ability to explain services provided by the agency as well as other service systems comes from their personal lifelong experiences. They also provide personal support to families who are not experienced at setting expectations and goals for their sons, daughters and parents with disabilities.

**Year Originated:** 1993

**Number of Persons Served:** 136

**Age Groups Served:**  Children  Teenagers  Adults  Seniors

**Description of persons served:** Any disability – developmental, acquired, mental illness, aging, mild/severe/profound

**Does your agency have an Evacuation Plan?**  Yes  No

**Participates in Direct Support Professional Training Program:**  Yes  No

**Average length of time from request for services to start of services:** 1-2 weeks depending on receipt of prior authorization

**Individuals/Families can choose DSP?**  Yes  No

**What is the policy of DSP “No Shows?”** We provide back up through our 24 hour on call. Lead DSW’s and Program Staff are expected to provide back up as necessary.

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Yes  No Spanish  Yes  No Japanese  
 Yes  No Vietnamese  Yes  No Sign Language  
 Other Please name \_\_\_\_\_

**Willing to recruit staff to assist individuals and families?**  Yes  No

**For Information about Obtaining Services Contact:**

**Name:** Debbie LeCour

**Landline Number:** 504-366-8801

**Cell Number:** Deb 419-0337

**E-mail:** Debbie – [etndebbie@etnla.com](mailto:etndebbie@etnla.com)

**Community Services Provider Contact Information**

**Community Service Provider Name: Family Helpers of Greater New Orleans**

**Mission:**

**Accredited: State License**

**Director: Tammy Johnson**

**Address: 3525 N Causeway Suite 700 Metairie, LA 70002**

**Landline Number: 504-828-6070**

**Cell Number: 504-650-7989**

**Fax Number: 504-828-2280**

**Email: [b\\_buckles@fhogno.com](mailto:b_buckles@fhogno.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2001**

**Number of Persons Served: 32**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services:**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**\_Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Tammy Johnson**

**Landline Number: 504-828-6070**

**Cell Number: 504-650-7989**

**Email: [b\\_buckles@fhogno.com](mailto:b_buckles@fhogno.com)**

## Community Services Provider Contact Information

**Community Service Provider Name: Family Resources Unlimited, Inc**

**Mission:** To provide quality in-home community-based care and supports for individuals with disabilities, regardless of age. FRU's plan is to deliver the most effective family orientated care as possible while supporting dignity and respect. We will incorporate goals and strive to make a difference in our consumer's lives.

**Accredited: State License**

**Director: Catherine H. Marshall**

**Address: 2401 Veterans Memorial Blvd Suite 21 Kenner, LA 70062**

**Landline Number: 504-885-3494 Cell Number: 504-250-7996 Fax Number: 504-779-6465 or 985-652-3930**

**Email: [chmarshall08@yahoo.com](mailto:chmarshall08@yahoo.com)**

**Community Provider Website: [dnkydank@aol.com](mailto:dnkydank@aol.com)**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children's Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2000**

**Number of Persons Served: 100+**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: all individuals with disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish \_\_\_\_\_ Japanese  
\_\_\_\_\_ Vietnamese \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Other Please name \_\_\_\_\_

**\_Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Diredre Lennix or Catherine Marshall**

**Landline Number: 504-885-3494 Cell Number: 504-723-0685 or 504-250-7996**

**Email: [chmarshall08@yahoo.com](mailto:chmarshall08@yahoo.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Gulf Coast Teaching Family Services**

**Mission:**

**Accredited: State License**

**Director: Angeles Tauli or Ziska Bailey**

**Address: 401 Whitney Avenue Suite 104 Gretna, LA 70056**

**Landline Number: 504-361-9950**

**Cell Number: Angeles ~ 504-289-7533 or Ziska ~ 504-452-6505**

**Fax Number: 504-362-9695**

**Email: [angeles@gctfs.org](mailto:angeles@gctfs.org) or [ziska@gctfs.org](mailto:ziska@gctfs.org)**

**Community Provider Website: [www.gctfsdonate.org](http://www.gctfsdonate.org)**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract; Foster Care; Trackers; Emergency Respite; Community Home; Traumatic Brain Injury**

**Expertise within agency:**

**Year Originated: 1983**

**Number of Persons Served: 123**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Individuals with disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Angeles Tauli or Ziska Bailey**

**Landline Number: 504-361-9950**

**Cell Number: 504-289-7533 or 504-452-6505**

**Community Services Provider Contact Information**

**Community Service Provider Name: Helping Hands of New Orleans**

**Mission:** Committed to continuously improve quality consumer care. We believe that the dignity and rights of all individuals are to be respected. We assist the individual to maximize his/her potential and provide services that will be cultural sensitive to their needs and address the uniqueness of the individual being served. We encourage and respect consumer choices in determining what support/assistance to give each individual. We also encourage personal goal achievement.

**Accredited: State License**

**Director: Tara Gibbs-Riley**

**Address: 1001 Veterans Memorial Blvd. Suite 105 Kenner, LA 70062**

**Landline Number: 504-464-1449**

**Cell Number: 504-234-3731**

**Fax Number: 504-464-3559**

**Email: [Tara@hhno.nocoxmail.com](mailto:Tara@hhno.nocoxmail.com)**

**Community Provider Website: NoHelpingHands.com**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract;**

**Expertise within agency:**

**Year Originated: 2002**

**Number of Persons Served: 35**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Individuals with disabilities and elderly**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Tara Gibbs-Riley**

**Landline Number: 504-464-1449 Cell Number: 504-234-3731 Email: [Tara@hhno.nocoxmail.com](mailto:Tara@hhno.nocoxmail.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Human Service Management & Investment, LLC (HSMI)**

**Mission: To support and positively change individuals' quality of life**

**Accredited: State License**

**Director: Allen F. Mitchell**

**Address: 2112 Belle Chasse Hwy #11-240 Terrytown, LA 70056**

**Landline Number: 504-368-0262**

**Cell Number: 504-655-2629**

**Fax Number: 504-368-0262**

**Email: [allenfmitchell@aol.com](mailto:allenfmitchell@aol.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children's Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: Working with individuals with autism**

**Year Originated: 2004**

**Number of Persons Served: 10**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Individuals with disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Allen F. Mitchell**

**Landline Number: 877-302-2421**

**Cell Number: 504-655-2629**

**Email: [allenfmitchell@aol.com](mailto:allenfmitchell@aol.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Institute For Networking Community Services, Inc.**

**Address: 1301 Friedrichs Street Gretna, La.**

**Mission: INCS mission is to work directly serving people with developmental disabilities and their families to provide support services in the home of the individual in need of community based services; when and where the person served wishes to receive them, expanding the individuals horizons by supporting their life choices in their on home.**

**Accredited: N/A**

**Director: Stephanie B. Jackson, LCSW**

**Landline Number: 504-367-6600**

**Cell Number: 540-323-2214**

**Fax Number: 504-367-6690**

**Email: [sbjackson55@yahoo.com](mailto:sbjackson55@yahoo.com)**

**Community Provider Website: [www.incsusa.org](http://www.incsusa.org)**

**Medicaid and Waiver Programs enrolled in: SIL, CHILDREN'S CHOICE, NOW WAVER, EDA, LONG TERM CARE, EPSDT**

**Services Provided: Medication education/management, money management, community inclusion activities, and doctor visitations**

**Expertise within agency: 16 years of service, Licensed social worker, MSW Area Representative,**

**Year Originated: 1994**

**Number of Persons Served: 30**

**Age Groups Served: Children, Teenagers, Adults, Seniors (5 to elderly)**

**Description of persons served: Physical and or mental disabilities i.e. MR, Autism, Spinal Bifida, Cerebral Palsy, dementia, aging.**

**Does your agency have an Evacuation Plan? yes**

**Participates in Direct Support Professional Training Program: yes**

**Average length of time from request for services to start of services: 7-14 days**

**Individuals/Families can choose DSP? yes**

**What is the policy of DSP "No Shows?"\_A backup plan is implemented which includes a team leader and area representative. Either will fill in for the no show within an hour.**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

**\_\_\_\_\_ Spanish**

**\_\_\_\_\_ Japanese**

**\_\_\_\_\_ Vietnamese**

**\_\_\_\_\_yes Sign Language**

**\_\_\_\_\_ Other Please name \_\_\_\_\_**

**\_\_\_\_yes\_\_\_\_Willing to recruit staff for language or interpreting services to assist individuals and families?**

**For Information about Obtaining Services Contact: Jessica Brown, MSW**

**Landline Number: 504-367-6600**

**Cell Number: 504-292-2673**

**Email: sbjackson55@yahoo.com**

**Community Services Provider Contact Information**

**Community Service Provider Name: JobLink, Inc**

**Mission: To provide adults with disabilities to have meaningful training and education in the state of Louisiana, Department of Health and Hospitals**

**Accredited: State License**

**Director: Susan McIlwain**

**Address: Westside North Center 15C Gretna, LA 70053**

**Landline Number: 504-367-5092**

**Cell Number: 504-913-9341**

**Fax Number: 504-362-4854**

**Email: [mcilwainsusan@yahoo.com](mailto:mcilwainsusan@yahoo.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services**

**Services Provided: Adult Day Care, Vocational and Educational Training, Job Placement**

**Expertise within agency: Consultant Services**

**Year Originated: 1991**

**Number of Persons Served: 76**

**Age Groups Served: Adults, Seniors**

**Description of Persons served: Intellectual Disability Population**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 4-6 weeks**

**Individuals/Families can choose DSP: N/A**

**What is the policy of DSP "No Shows?" on call staff is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Susan McIlwain**

**Landline Number: 504-368-8500**

**Cell Number: 504-913-9341**

**Email: [mcilwainsusan@yahoo.com](mailto:mcilwainsusan@yahoo.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: L & D Family Support Services, Inc.**

**Mission:** To provide safe and quality, efficient health care and health related social services in the least restrictive environment (primarily the residence) in order to promote a state of well being, dignity, and independence for all individuals who are supported by this agency.

**Accredited: State License**

**Director: Dianne Dunford**

**Address: 10250 Hayne Blvd New Orleans, LA 70127**

**Landline Number: 504-248-9810**

**Cell Number: 504-388-5192**

**Fax Number: 504-304-3769**

**Email: [Dumfo@aol.com](mailto:Dumfo@aol.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children's Choice**

**Services Provided: Supported Independent Living Services; PCA, SIL, EPSDT, Children's Choice**

**Expertise within agency: Registered Nurse and Respiratory Therapist**

**Year Originated: 2002**

**Number of Persons Served: 19**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Support Individuals with disabilities to live and work in the community**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 10-14 days**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Dianne Dunford or Michelle Carr**

**Landline Number: 504-248-9810**

**Cell Number: 504-388-5192**

**Email: [Dumfo5@aol.com](mailto:Dumfo5@aol.com)**

## Community Services Provider Contact Information

**Community Service Provider Name: Lafourche Arc**

**Address: 100 West Main Street, Thibodaux, LA 70301**

**Mission: To enhance life opportunities and choices for people with disabilities through the provision of a wide range of support services.**

**Accredited: N/A**

**Director: George Stack**

**Landline Number: 985.447.6214**

**Cell Number: 985.688.7223**

**Fax Number: 985.447.4813**

**Email: [lafourchearc@triparish.net](mailto:lafourchearc@triparish.net)**

**Community Provider Website: [www.lafourchearc.org](http://www.lafourchearc.org)**

**Medicaid and Waiver Programs enrolled in: ICF/DD, NOW, LTPCS, EDA, EPSDT, SIL, Louisiana Children's Choice, Comm. Supports Waiver.**

**Services Provided: PCA, Residential Services, Adult Day Vocational**

**Expertise within agency: Quality care to people with disabilities**

**Year Originated: 1963 Number of Persons Served: approx. 600**

**Age Groups Served: All - ages as appropriate to program**

**Description of persons served: MR/DD, Elderly**

**Does your agency have an Evacuation Plan? yes**

**Participates in Direct Support Professional Training Program: yes**

**Average length of time from request for services to start of services: Varies upon individual circumstances**

**Individuals/Families can choose DSP? yes**

**What is the policy of DSP "No Shows?" Individualized backup plans in place.**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

**NO Spanish**

**No Japanese**

**NO Vietnamese**

**Yes Sign Language**

**Yes Other Please name *French***

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: George Stack**

**Landline Number: 985.447.6214**

**Cell Number: 985.688.7223**

**Fax Number: 985.447.4813**

**Email: [lafourchearc@triparish.net](mailto:lafourchearc@triparish.net)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Lifeworks Career Development Center, LLC**

**Mission:**

**Accredited: State License**

**Director: Julie Pitisci or Joby Weber**

**Address: 2237 North Hullen Suite 201 Metairie, LA 70001**

**Landline Number: 504-833-1121**

**Cell Number: 504-650-4129**

**Fax Number: 504-833-1150**

**Email: [lifeworksjp@aol.com](mailto:lifeworksjp@aol.com) or [lifeworksjw@aol.com](mailto:lifeworksjw@aol.com)**

**Community Provider Website: N/A**

**Services Provided: Supported Employment; Vocational**

**Year Originated: 2002**

**Number of Persons Served: Pre Katrina: 180 Post Katrina: 55**

**Age Groups Served: Adults**

**Certified by Louisiana Rehabilitation Services as a Supported Employment Provider: yes**

**Participates in Employment Specialist Certification: yes**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Julie Pitisci or Joby Weber**

**Landline Number: 504-833-1121**

**Cell Number: 504-650-4129**

**Email: [lifeworksjp@aol.com](mailto:lifeworksjp@aol.com) or [lifeworksjw@aol.com](mailto:lifeworksjw@aol.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Lotus Community Care, LLC, dba Tailored Care, Inc**

**Mission: To provide individualized, person-centered and integrated care to people with disabilities and their families to promote growth and development that maximizes independence, dignity and quality of life.**

**Accredited: State License**

**Director: Tina Owens**

**Address: 1799 Stumpf Blvd Bldg 5 Suite 1 Gretna, LA 70056**

**Landline Number: 504-368-1512**

**Cell Number: 504-782-4657**

**Fax Number: 504-368-1513**

**Email: [tailoredcareinco@bellsouth.net](mailto:tailoredcareinco@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2000**

**Number of Persons Served: 20 +**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: developmental, multiple and physical disabilities, elderly**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Tina Owens**

**Landline Number: 504-368-1512**

**Cell Number: 504-782-4657**

**Email: [tina.owen@yahoo.com](mailto:tina.owen@yahoo.com) or [tailoredcareinco@bellsouth.net](mailto:tailoredcareinco@bellsouth.net)**

## Community Services Provider Contact Information

**Community Service Provider Name: Magnolia, Inc**

**Mission:** The Magnolia School, Inc strives to ensure the dignity and respect of the individual through the provision of the highest quality of service within the least restrictive environment. The individual is encouraged and nurtured to reach his or her potential within the community.

**Accredited: State License**

**Director: Bris Campbell**

**Address: 100 Central Avenue Jefferson, LA 70121**

**Landline Number: 504-733-2874**

**Cell Number: Site Manager: 504-733-2874**

**Residential: 504-731-1312**

**Vocational: 504-731-1324**

**Residential Fax: 504-731-1357**

**Supported Living: 504-731-1371**

**Fax Number: 504-731-1353**

**Email: [BriscoeC@MagnoliaSchool.com](mailto:BriscoeC@MagnoliaSchool.com)**

**Community Provider Website: [www.magnoliaschool.com](http://www.magnoliaschool.com)**

**Services Provided: ICF/MR Community Home; Supported Independent Living Services; Supported Employment; Vocational; Day Habilitation; Community Access**

**Year Originated: 1935**

**Number of Persons Served: 185**

**Age Groups Served: Adults, seniors**

**Description of persons served: Developmental Disabilities and related disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: yes**

**Average length of time from request for services to start of services: Depends on vacancies**

**Individuals/Families can choose DSP? Depends on program**

**Certified by Louisiana Rehabilitation Services as a Supported Employment Provider: yes**

**Participates in Employment Specialist Certification: yes**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Bris Campbell 504-733-2874**

**Residential: Kim Sandoz 504-731-1312 Vocational/Day Habilitation/Supported Employment: Jennifer Hebert**

**504-731-1324 Supported Independent Living: 504-731-1371**

**Email: [BriscoeC@MagnoliaSchool.com](mailto:BriscoeC@MagnoliaSchool.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: New Life Care Services, LLC**

**Mission: To improve the quality of life of each individual and to develop skills needed for a more healthy and wholesome life.**

**Accredited: State License**

**Director: P. J. Augustine**

**Address: 5416 Veterans Memorial Blvd Suite 303 Metairie, LA 70003**

**Landline Number: 504-885-8767 Cell Number: 504-338-6243 or 504-339-3890 Fax Number: 504-885-9757**

**Email: [newlife@bestforcare.com](mailto:newlife@bestforcare.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency:**

**Year Originated: 2005**

**Number of Persons Served: 4**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Individuals with disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: P. J. Augustine**

**Landline Number: 504-885-8767**

**Cell Number: 504-338-6243**

**Community Services Provider Contact Information**

**Community Service Provider Name: Reliable Community Alternatives, Inc**

**Mission: To provide the most reliable alternatives in the community for individuals with disabilities and the elderly**

**Accredited: State License; Dept of Health and Hospitals**

**Director: Tandra McMurray, GSW**

**Address: 5416 Veterans Memorial Blvd Suite 315 Metairie, LA 70003**

**Landline Number: 504-779-4740**

**Cell Number: 504-419-2732**

**Fax Number: 504-779-4744**

**Email: [info@rcainc.net](mailto:info@rcainc.net)**

**Community Provider Website: [www.rcainc.net](http://www.rcainc.net)**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract; Vocational**

**Expertise within agency: non-medical in-home care (Staffing Coordinator 20-nursing BSN RN)**

**Year Originated: 2004**

**Number of Persons Served: 100**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Elderly, Individuals with developmental, physical and/or functional disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 1 week**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes  Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Tandra McMurray, GSW, Executive Director; or Diana Rush, MSW, Program Director**

**Landline Number: 504-779-4740**

**Cell Number: 504-419-2732 or 504-419-0378**

**Email: [tmcmurray@rcainc.net](mailto:tmcmurray@rcainc.net) or [drush@rcainc.net](mailto:drush@rcainc.net)**



## Community Services Provider Contact Information

**Community Service Provider Name: Serenity Homes of New Orleans, Inc**

**Mission:** “Well Informed” Professional Services will allow you to have a complete and workable knowledge of Serenity’s services and other agencies services that are available to you and how the services should work for “You”. We provide confidential, concise, friendly, sensitive and quality service to all people, and we promote families/individuals businesses of people with developmental disabilities. Your overall individual needs, including spiritual interests will be met with Serenity’s prompt and personalized attention.

**Accredited: State License**

**Director: Yvette Brown Jacobs**

**Address: 3520 General DeGaulle Drive Suite 3023 New Orleans, LA 70114**

**Landline Number: 504-362-4663 or 1-866-997-0997 Cell Number: 504-214-6298 Fax Number: 504-362-4676**

**Email: [serenityofno1@aol.com](mailto:serenityofno1@aol.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver; Medicaid Application Center**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: Music Therapist/Graduate of Xavier and Loyola Universities of New Orleans**

**Year Originated: 1995**

**Number of Persons Served: 20 +**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: Persons with developmental disabilities; Elderly**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: One month**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language

Other Please name \_\_\_\_\_

Yes Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Yvette Brown Jacobs, Owner/CEO**

**Landline Number: 504-362-4663**

**Cell Number: 504-214-6298**

**Email: [serenityofno1@aol.com](mailto:serenityofno1@aol.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Shalom Home Care Services, LLC**

**Mission: Bring peace to the lives and homes of persons being served by providing excellent quality care**

**Accredited: State License**

**Director: Lisa Thomas, QDDP**

**Address: 3501 Holiday Drive Suite 312 & 314 New Orleans, LA 70114**

**Landline Number: 504-365-0233**

**Cell Number: 504-570-8369**

**Fax Number: 504-365-9954**

**Email: [shalomhomecare@bellsouth.net](mailto:shalomhomecare@bellsouth.net)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: Over 25 years of experience supporting individuals with disabilities**

**Year Originated: 2006**

**Number of Persons Served: 14**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: developmental, multiple and physical disabilities, elderly, chronically ill**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: within one week**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Back up staff is provided**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Lisa Thomas or LouBertha Allen**

**Landline Number: 504-365-0233 Cell Number: 504-570-8369 or 504-570-8368**

**Email: [shalomhomecare@bellsouth.net](mailto:shalomhomecare@bellsouth.net)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Strive, Inc**

**Mission:**

**Accredited: State License**

**Director: Laura Jensen**

**Address: 1139 Napoleon Avenue New Orleans, LA 70115**

**Landline Number: 504-895-2557**

**Cell Number: N/A**

**Fax Number: 504-899-9985**

**Email: [ljensen@striveincorporated.org](mailto:ljensen@striveincorporated.org)**

**Community Provider Website: N/A**

**Services Provided: Supported Employment; Supported Independent Living Services; Community Home**

**Year Originated: 1963**

**Number of Persons Served: 74**

**Age Groups Served: Adults, Seniors**

**Participates in Direct Support Professional Training Program: yes**

**Certified by Louisiana Rehabilitation Services as a Supported Employment Provider: yes**

**Participates in Employment Specialist Certification: yes**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Laura Jenson**

**Landline Number: 504-895-2557**

**Cell Number:**

**Email: [ljensen@striveincorporated.org](mailto:ljensen@striveincorporated.org)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Superior Options of LA, Inc**

**Mission:** Committed to serve people with disabilities in the community by securing the opportunities to develop, function and to live their life to their fullest potential.

**Accredited:** State License

**Director:** Rebecca Johnson

**Address:** 1799 Stumpf Blvd Bldg 1 Suite 1 Gretna, LA 70056

**Landline Number:** 504-367-9572 **Cell Number:** 504-236-8626 or 504-939-9839 **Fax Number:** 504-367-9573

**Email:** [rjohnsonb@msn.com](mailto:rjohnsonb@msn.com) or [solacct1997@yahoo.com](mailto:solacct1997@yahoo.com)

**Community Provider Website:** N/A

**Medicaid and Waiver Programs enrolled in:** New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver

**Services Provided:** Supported Independent Living Services; PCA, SIL and Respite Contract

**Expertise within agency:**

**Year Originated:** 1997

**Number of Persons Served:** 40

**Age Groups Served:** Children, Teenagers, Adults, Seniors

**Description of Persons served:** Developmental Disabilities and Elderly

**Does your agency have an evacuation plan?** Yes

**Participates in Direct Support Professional Training Program:** Yes

**Average length of time from request for services to start of services:** 2 weeks

**Individuals/Families can choose DSP:** Yes

**What is the policy of DSP “No Shows?”** Replacement DSP or a Team Leader will replace

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish \_\_\_\_\_ Japanese  
\_\_\_\_\_ Vietnamese \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Other Please name \_\_\_\_\_

**\_Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact:** Rebecca Johnson

**Landline Number:** 504-367-9572

**Cell Number:** 504-236-8626

**Community Services Provider Contact Information**

**Community Service Provider Name: Terras's Total Care, Inc.**

**Mission: To enhance the lives of persons with disabilities by providing quality and efficient services for each individual.**

**Accredited: State License**

**Director: Marie Joseph-Brown**

**Address: 2245 Manhattan Blvd Suite 120 Harvey, LA 70058**

**Landline Number: 504-368-1801**

**Cell Number: 504-912-2469**

**Fax Number: 504-366-0718**

**Email: [mariernc228@yahoo.com](mailto:mariernc228@yahoo.com) and [terrastotalcare@ymail.com](mailto:terrastotalcare@ymail.com)**

**Community Provider Website: N/A**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children's Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: In house training and well trained staff**

**Years of Services: 2005**

**Number of Persons Served: 50**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: developmental, multiple and physical disabilities, elderly**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 30 – 90 days**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement of employee is done**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Gwendolyn Barze**

**Landline Number: 504-368-1801**

**Cell Number: 504-650-1950**

**Email: [gbarze@yahoo.com](mailto:gbarze@yahoo.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Total Assurance, Inc**

**Mission: To provide quality support and services to individuals that have a disability by matching professional staff with individuals based on desire, need and lifestyle. Our services are designed to help individuals to remain at home by reducing the likelihood of individuals with disabilities being admitted into large facilities as secondary homes.**

**Accredited: State License**

**Director: Derrick D. Webb**

**Address: 8106 West Metairie Avenue Metairie, LA 70003**

**Landline Number: 504-465-0760**

**Cell Number: 504-975-9570**

**Fax Number: 504-465-0470**

**Email: [tassurance@aol.com](mailto:tassurance@aol.com)**

**Community Provider Website: [www.tassurance@aol.com](http://www.tassurance@aol.com)**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; EPSDT-Personal Care Services; Children’s Choice; Elderly and Disabled Waiver**

**Services Provided: Supported Independent Living Services; PCA, SIL and Respite Contract**

**Expertise within agency: Total Assurance’s Governing Body has over 50 years of experience working with individuals with developmental disabilities.**

**Years of Services: 2004**

**Number of Persons Served: 31**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served: individuals who have developmental, multiple and physical disabilities; elderly**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services: 1-3 days**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish \_\_\_\_\_ Japanese  
\_\_\_\_\_ Vietnamese \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Other Please name \_\_\_\_\_

**\_\_Yes\_\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Derrick D. Webb, Sr**

**Landline Number: 504-465-0760**

**Cell Number: 504-975-9570**

**Email: [tassurance@aol.com](mailto:tassurance@aol.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: United Cerebral Palsy of Greater New Orleans**

**Address: 2200 Veterans Blvd., Suite 103, Kenner, LA 70062**

**Accredited: All our programs are State Licensed**

**Mission: To advance the independence, productivity and full citizenship of people with cerebral palsy and other disabilities**

**Director: Letriane Taylor, Supported Living Director Jo Bugg, Executive Director**

**Landline Number: 504-461-4266 Cell Number: 504-228-7713**

**Fax Number: 504-461-9976 Email: letriane@ucpgno.org**

**Community Provider Website: [www.ucpgno.org](http://www.ucpgno.org)**

**Medicaid and Waiver Programs enrolled in: New Opportunity Waiver (NOW), Long-Term Care-Person Care Services (LT-PCS) Personal Care Services (PCS), EPSDT, Elderly and Disabled Waiver (EDA), Early Steps Children's Program.**

**Services Provided: Supported Living, Supported Employment, Early Steps, Respite, PCA, Money Management**

**Expertise within agency: Providing quality care to individuals with ALL types of disabilities**

**Year Originated: 1946 Number of Persons Served: 108**

**Age Groups Served: Children, Teenagers, Adults, Seniors We serve all age groups – birth to 100**

**Description of persons served: People with all disabilities – physical, mental, developmental.**

**Does your agency have an Evacuation Plan? yes or no YES**

**Participates in Direct Support Professional Training Program: yes or no YES**

**Average length of time from request for services to start of services: Usually within three to four days**

**Individuals/Families can choose DSP? yes or no YES**

**What is the policy of DSP "No Shows?" There are individual back up plans in place at every consumer's home and a replacement is sent immediately.**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact:**

**Name: Letriane Taylor, Supported Living Director or Jo Bugg, Executive Director**

**Landline Number: 504-461-4266, ext 231 Cell Number: 504-228-7713**

**Email: [Letriane@ucpgno.org](mailto:Letriane@ucpgno.org)**



**Community Services Provider Contact Information**

**Community Service Provider Name: West Bank ARC. Inc**

**Mission: Westbank ARC will enable people with disabilities to realize their fullest potential in the work-force, center-based vocational development, and other life enriching activities.**

**Accredited: State License**

**Director: Elton Batiste, Executive Director, CAO**

**Address: 523 Cook Street Gretna, LA 70053**

**Landline Number: 504-361-1131**

**Cell Number: 504-520-9230**

**Fax Number: 504-361-9616**

**Email: [elton@westbankarc.org](mailto:elton@westbankarc.org)**

**Community Provider Website: [www.westbank.org](http://www.westbank.org)**

**Medicaid and Waiver Programs enrolled in: Supports Waiver, New Opportunity Waiver (NOW)**

**Services Provided: Supported Employment; Day Habilitation; Vocational; All Shine Janitorial; Quick Trim Lawn Care**

**Expertise within agency: 50 years service to individuals with disabilities**

**Year Originated: 1956**

**Number of Persons Served: 80**

**Age Groups Served: Adults**

**Participates in Direct Support Professional Training Program: yes**

**Description of persons served: Adults with Developmental Disabilities Mild/Moderate and Severe/Profound**

**Does your agency have an evacuation plan? Yes**

**Certified by Louisiana Rehabilitation Services as a Supported Employment Provider: yes**

**Participates in Employment Specialist Certification: yes**

**Average length of time from request for services to start of services: Admission to program 30 day evaluation and Individual Support Plan meeting**

**What is the policy for "No Shows?" Agency provides a backup plan**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish

\_\_\_\_\_ Japanese

\_\_\_\_\_ Vietnamese

\_\_\_\_\_ Sign Language

\_\_\_\_\_ Other Please name \_\_\_\_\_

**\_\_Yes\_\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Elton Batiste, CAO**

**Landline Number: 504-361-1131**

**Cell Number: N/A**

**Email: [elton@westbankarc.org](mailto:elton@westbankarc.org) or [michelle@westbankarc.org](mailto:michelle@westbankarc.org) or [julia@westbankarc.org](mailto:julia@westbankarc.org)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Allied Health Care, Inc**

**Mission:**

**Accredited: State License**

**Director: Patricia Schexnaydre**

**Address: 3241 Idaho Street Suite B Kenner, LA 70065**

**Landline Number: 504-443-1391**

**Cell Number: 504-250-1390**

**Fax Number: 504-443-1400**

**Email: [PSchexnaydre@centralcontrol.us](mailto:PSchexnaydre@centralcontrol.us)**

**Community Provider Website: N/A**

**Services Provided: ICF/MR Community Home**

**Year Originated: 1986**

**Number of Persons Served: 60**

**Age Groups Served: Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services:**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Deborah Black**

**Landline Number: 504-443-1391**

**Cell Number: 504-250-1365**

**Email: [PSchexnaydre@centralcontrol.us](mailto:PSchexnaydre@centralcontrol.us) or [dblack@centralcontrol.us](mailto:dblack@centralcontrol.us)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Catholic Charities Archdiocese of New Orleans ~  
Padua Community Services**

**Mission:**

**Accredited: State License**

**Director: Pashena T. Casimire, MA QMRP**

**Address: 200 Beta Street Gretna, LA 70053**

**Landline Number: 504-392-0502 ext 0**

**Cell Number: N/A**

**Fax Number: 504-392-5411**

**Email: [ptcasimire@archdiocese-no.org](mailto:ptcasimire@archdiocese-no.org)**

**Community Provider Website: [www.ccano.org](http://www.ccano.org)**

**Services Provided: 24 hour Residential; Home and Community Based Waiver Services; In Home Respite; Long Term Care-Personal Care Services**

**Year Originated: 1977**

**Number of Persons Served: 100**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services:**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Ronna “Niki” Trager**

**Landline Number: 504-392-0502 ext 0**

**Cell Number: N/A**

**Email: [rptrager@archdiocese-no.org](mailto:rptrager@archdiocese-no.org)**

## Community Services Provider Contact Information

**Community Service Provider Name: Crossroads of LA, Inc**

**Mission:** Crossroads is a progressive agency which emphasizes the abilities of people. We understand that each person is unique with his or her own strengths, interests and resources. It is our conviction that adults with disabilities are able, with support, to learn how to successfully live in the community. Our commitment is to provide this support.

**Accredited: State License**

**Director: Susan McIlwain or Mary Perez, Associate Director**

**Address: 3727 General de Gaulle Dr, New Orleans, LA 70114**

**Landline Number: 504-366-1828**

**Cell Number: 504-913-9341**

**Fax Number: 504-366-1867**

**Email: [mcilwainsusan@yahoo.com](mailto:mcilwainsusan@yahoo.com) ~ Susan McIlwain, Director**

**Community Provider Website: N/A**

**Services Provided: ICF/MR Community Home; Supported Independent Living; Adult Day Programs,**

**Year Originated: 1981**

**Number of Persons Served: 69**

**Age Groups Served: Adults**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: Yes**

**Average length of time from request for services to start of services:**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish \_\_\_\_\_ Japanese  
\_\_\_\_\_ Vietnamese \_\_\_\_\_ Sign Language  
\_\_\_\_\_ Other Please name \_\_\_\_\_

**\_\_Yes\_\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Susan McIlwain or Mary Perez**

**Landline Number: 504-366-1828**

**Cell Number: 504-913-9341**

**Email: [mcilwainsusan@yahoo.com](mailto:mcilwainsusan@yahoo.com) or [crofla@aol.com](mailto:crofla@aol.com)**

## Community Services Provider Contact Information

**Community Service Provider Name: Magnolia, Inc**

**Mission:** The Magnolia School, Inc strives to ensure the dignity and respect of the individual through the provision of the highest quality of service within the least restrictive environment. The individual is encouraged and nurtured to reach his or her potential within the community.

**Accredited: State License**

**Director: Bris Campbell**

**Address: 100 Central Avenue Jefferson, LA 70121**

**Landline Number: 504-733-2874**

**Cell Number: Site Manager: 504-733-2874**

**Residential: 504-731-1312**

**Vocational: 504-731-1324**

**Residential Fax: 504-731-1357**

**Supported Living: 504-731-1371**

**Fax Number: 504-731-1353**

**Email: [BriscoeC@MagnoliaSchool.com](mailto:BriscoeC@MagnoliaSchool.com)**

**Community Provider Website: [www.magnoliaschool.com](http://www.magnoliaschool.com)**

**Services Provided: ICF/MR Community Home; Supported Independent Living Services; Supported Employment; Vocational; Day Habilitation; Community Access**

**Year Originated: 1935**

**Number of Persons Served: 185**

**Age Groups Served: Adults, seniors**

**Description of persons served: Developmental Disabilities and related disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: yes**

**Average length of time from request for services to start of services: Depends on vacancies**

**Individuals/Families can choose DSP? Depends on program**

**Certified by Louisiana Rehabilitation Services as a Supported Employment Provider: yes**

**Participates in Employment Specialist Certification: yes**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

\_\_\_\_\_ Spanish

\_\_\_\_\_ Japanese

\_\_\_\_\_ Vietnamese

\_\_\_\_\_ Sign Language

\_\_\_\_\_ Other Please name \_\_\_\_\_

\_\_Yes\_\_ Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Bris Campbell 504-733-2874**

**Residential: Kim Sandoz 504-731-1312 Vocational/Day Habilitation/Supported Employment: Jennifer Hebert 504-731-1324 Supported Independent Living: 504-731-1371**

**Email: [BriscoeC@MagnoliaSchool.com](mailto:BriscoeC@MagnoliaSchool.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Progressive Healthcare Providers (PHP)**

**Mission:**

**Accredited: State License**

**Administrator: Anita Horne**

**Address: 811 South Causeway Blvd Jefferson, LA 70121**

**Landline Number: 504-834-4747**

**Cell Number: N/A**

**Fax Number: 504-834-3886**

**Email: [uexpress2me@gmail.com](mailto:uexpress2me@gmail.com)**

**Community Provider Website: N/A**

**Services Provided: ICF/MR Community Home**

**Year Originated:**

**Number of Persons Served: 240**

**Age Groups Served: Adults, seniors**

**Description of persons served: Individuals with Developmental Disabilities**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: no**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Rachel Byrd, Administrator for Central Region**

**Landline Number: 225-767-2344**

**Cell Number: N/A**

**Email: [uexpress2me@gmail.com](mailto:uexpress2me@gmail.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: ResCare, Inc**

**Mission:**

**Accredited: State License**

**Director: Jennifer Leath or Jennifer Vath**

**Address: 2895 Hwy I-90 Suite A1-2 Mandeville, LA 70471**

**Landline Number: 985-674-4177      Cell Number: N/A      Fax Number: 985-674-4178**

**Email: [Jvath@rescare.com](mailto:Jvath@rescare.com)**

**Community Provider Website: [www.rescare.com](http://www.rescare.com)**

**Services Provided: ICF/MR Community Home**

**Year Originated: 1986**

**Number of Persons Served: 200**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan?      Yes**

**Participates in Direct Support Professional Training Program:      Yes**

**Average length of time from request for services to start of services: Depends on vacancies**

**Individuals/Families can choose DSP:      Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish       Japanese  
 Vietnamese       Sign Language  
 Other Please name \_\_\_\_\_

**Yes\_ Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Jennifer Vath**

**Landline Number: 985-674-4177      Cell Number: N/A      Email: [Jvath@rescare.com](mailto:Jvath@rescare.com)**

**Community Services Provider Contact Information**

**Community Service Provider Name: Viola Community Program**

**Mission:**

**Accredited: State License**

**Director: Angela Thomas**

**Address: 2316 Litchwood Lane Harvey, LA 70058**

**Landline Number: 504-301-4364**

**Cell Number: 504-638-2182**

**Fax Number: 504-301-1604**

**Email: N/A**

**Community Provider Website: N/A**

**Services Provided: ICF/MR Community Home**

**Year Originated:**

**Number of Persons Served:**

**Age Groups Served: Teenagers, Adults, Seniors Female only**

**Description of Persons served: Complex health needs; challenging behaviors; persons who use wheelchairs and mobility devices**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: No**

**Average length of time from request for services to start of services: Depends on vacancies**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language

Other Please name \_\_\_\_\_

Yes  Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact: Angela Thomas**

**Landline Number: 504-301-4364**

**Cell Number: 504-638-2182**

**Email: N/A**

**Community Partner Contact Information**

**Community Service Provider Name: Children’s Hospital ~Ventilator Assistance Children’s Program ~ (VACP)**

**Mission:**

**Accredited: State License**

**Director: Dan Scholl or Shirley Epps**

**Address: 200 Henry Clay New Orleans, LA 70118**

**Landline Number: 504-896-9228**

**Cell Number: N/A**

**Fax Number: 504-896-9313**

**Email: [dscholl@chnola.org](mailto:dscholl@chnola.org)**

**Community Provider Website: [www.chnola.org](http://www.chnola.org)**

**Services Provided: Case Management for children under 21 who are on ventilator assistance**

**Year Originated: 1986**

**Number of Persons Served: 80**

**Age Groups Served: Children, Teenagers**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: No**

**Average length of time from request for services to start of services:**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP “No Shows?” Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Dan Scholl or Shirley Epps**

**Landline Number: 504-896-9228**

**Cell Number: N/A**

**Email: [dscholl@chnola.org](mailto:dscholl@chnola.org)**

## Community Partner Contact Information

**Community Service Provider Name: Columbus Organization**

**Mission:** To make a difference in the lives of people with disabilities in collaboration with all stakeholders. We strive to accomplish this through the provision of services that are timely, accessible, person-centered and culturally appropriate, regardless of a person's race, religion, gender and sexual orientation.

**Accredited:** State License

**Director:** Kendra Nelson

**Address:** 3501 Severn Ave Suite 22 Metairie, LA 70002

**Landline Number:** 504-889-1987

**Cell Number:** 504-214-9259

**Fax Number:** 504-889-2303

**Email:** [knelson@columbusorg.com](mailto:knelson@columbusorg.com)

**Community Provider Website:** [www.columbusorg.com](http://www.columbusorg.com)

**Medicaid and Waiver Programs enrolled in:** New Opportunity Waiver (NOW) Services; Long-Term Care-Personal Care Services; Elderly and Disabled Waiver, Infants and Toddlers

**Services Provided:** Case Management and Support Coordination

**Expertise within agency:** Extensive

**Year Originated:** 1984

**Number of Persons Served:** 800

**Age Groups Served:** Children, Teenagers, Adults, Seniors

**Description of Persons served:** All individuals in need of HCBS through the various waiver programs

**Does your agency have an evacuation plan?** N/A

**Participates in Direct Support Professional Training Program:** N/A

**Average length of time from request for services to start of services:**

**Individuals/Families can choose DSP:** Yes

**What is the policy of DSP "No Shows?"** Replacement DSP is available

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish

Japanese

Vietnamese

Sign Language

Other Please name \_\_\_\_\_

Yes Willing to recruit staff to assist individuals and families?

**For Information about Obtaining Services Contact:** Kendra Nelson

**Landline Number:** 504-889-1987

**Cell Number:** 504-214-9259

**Email:** [knelson@columbusorg.com](mailto:knelson@columbusorg.com)

**Community Partner Contact Information**

**Community Service Provider Name: Quality Independent Service Coordinators of LA, Inc**

**Mission:**

**Accredited: State License**

**Director: Janet Connell**

**Address: 3925 N I-10 Service Road Suite 117 Metairie, LA 70002**

**Landline Number: 504-885-6745 or 504-620-0063 or 1-877-419-4564 Cell Number: 504-858-6752**

**Fax Number: 504-885-6746 or 985-809-0455**

**Email: [jqisc@xspediusmail.net](mailto:jcqisc@xspediusmail.net)**

**Community Provider Website: N/A**

**Services Provided: Support Coordination**

**Year Originated: 1992**

**Number of Persons Served: 650**

**Age Groups Served: Children, Teenagers, Adults, Seniors**

**Description of Persons served:**

**Does your agency have an evacuation plan? Yes**

**Participates in Direct Support Professional Training Program: No**

**Average length of time from request for services to start of services: 2 weeks**

**Individuals/Families can choose DSP: Yes**

**What is the policy of DSP "No Shows?" Replacement DSP is available**

**Do you have someone who can interpret for individual/family member that speaks any of the following?**

Spanish  Japanese  
 Vietnamese  Sign Language  
 Other Please name \_\_\_\_\_

**Yes  Willing to recruit staff to assist individuals and families?**

**For Information about Obtaining Services Contact: Jamie Hattier**

**Landline Number: 504-885-6745 or 1-877-419-4564**

**Cell Number: 504-858-6752**

**Email: [jqisc@xspediusmail.net](mailto:jhqisc@xspediusmail.net)**

## Community Resources

**Adult Protection 1-800-898-4910**

### **Advocacy Center**

**Lois Simpson, Executive Director**  
**1010 Common Street Suite 2600**  
**New Orleans, LA 70112**  
**504/522-2337**  
**800/960-7705 (toll free)**  
**Email: [advocacycenter@advocacyla.org](mailto:advocacycenter@advocacyla.org)**

### **Ombudsmen Program: Advocacy Center**

**Community Living Ombudsmen Program**  
**Jeff Rowe**  
**Katie Martinez**  
**504-522-2337**

**Long Term Ombudsmen Program**  
**Peggy Essick**  
**1-800-711-1696 ext 11**

**Nursing Home Ombudsmen Program**  
**Carlos Narnajo**  
**504-522-2337**

**The Advocacy Center protects the legal rights of people with disabilities and people aged 60 and over by ensuring access to programs, benefits, and services to meet their needs.**

### **Crisis Intervention Services**

**24-hour assistance available to individuals and families experiencing a psychiatric or behavioral crisis. For 24 hour emergency assistance please call the Crisis Team at 504-832-5123.**

### **Down Syndrome Association**

**Patricia Ehrle**  
**[www.dsagno.org](http://www.dsagno.org)**

### **Early Steps**

**504-568-2644 fax 504-599-0200**  
**<http://www.oph.dhh.louisiana.gov>**  
**Lynn Marie Ruckert**

### **East bank-East Jefferson Community Healthcare**

**11312 Jefferson Highway**  
**River Ridge, LA**  
**504-464-0032**  
**Dental: 504-464-0327**  
**\$40.00 Screening**  
**Sliding Fee Scale Clinic**

### **West bank-Jefferson Community**

**Healthcare Center**  
**4028 Hwy 90**  
**Avondale, LA**  
**504-436-2223**

**Families Helping Families Resource Center (FHF)**  
Families Helping Families of Jefferson Parish  
Mary Jacob, Executive Director  
201 Evans Road Bldg 1 Suite 100  
Harahan, LA 70123  
504-888-9111 or 800-766-7736  
Fax: 504-888-0246  
<http://www.fhfjefferson.org>

**Families Helping Families of Southeast Louisiana**  
Region 1-serving parishes of Orleans, Plaquemines, St. Bernard  
Carol Calix, Executive Director  
4118 Franklin Avenue  
New Orleans, LA 70122  
504-943-0343 or 1-877-243-7352  
Fax: 504-940-3242  
Email: [info@fhfsela.org](mailto:info@fhfsela.org)  
Website: [www.fhfsela.org](http://www.fhfsela.org)

Families Helping Families (FHF) is an organization of families who, because of their own experiences, are aware of and committed to reaching out to other families who have members with special needs. Special needs include physical, mental, emotional, behavioral, and educational needs. Through regional resource centers, FHF seeks to assist and strengthen individuals and families with special needs through a coordinated network of resources, supports and services. Each center provides a variety of supports and services, which include:

- Information and Referral
- Family Support Groups
- Workshops on a variety of issues including educational rights and responsibilities, transition services, etc.
- Resource Library
- Parent-to-Parent Peer Support

#### **FEMA Disaster Assistance**

Register online at [www.fema.gov](http://www.fema.gov)

Or call 1-800-621-FEMA (3362)

For speech and hearing impaired~ TTY 1-800-462-7585

When you apply for disaster assistance please have the following available:

- Social Security Number (including spouse)
- Private insurance information, if available
- Address and zip code of damaged property
- Directions to the damaged home or property
- Daytime telephone number

#### **Food Stamp Office (Jefferson Parish)**

3510 General Meyers Avenue

New Orleans, LA 70114

504-361-6366

#### **Home of My Own Program**

Derrick Williams, HMO Coordinator, JPHSA/CSPDD

Office 504-838-5357

## **Section 8 Housing**

**Bobbie Robinson  
1718 Betty Street  
Marrero, LA 70072  
504-366-5344**

- **Section 8 vouchers are Housing and Urban Development (HUD) rental or home ownership voucher that can assist people with monthly rent or mortgage payments**

## **Jefferson Parish Community Development Office**

**Liz Ruth  
327 Huey P Long, 2<sup>nd</sup> Floor  
Gretna, LA 70056  
504-365-2031**

- **Jefferson Parish Community Development Office provides financial down payment assistance to first time home buyers and other financial assistance regarding housing development and restoration**

## **Jefferson Parish Community Action Program (JEFFCAP)**

**JEFFCAP offers first time home buyers and financial fitness training seminars**

**Please contact:**

**Ms. Linda Lambert 504-349-5185**

**Ms. Shirley Williams 504-349-5418**

**Ms. Maria Lambert 504-838-4285**

**Ms. Mary Wiley 504-227-1228**

**Marrero and West bank**

**Avondale, Kenner & Westwego**

**Jefferson East bank**

**Gretna, Harvey and Terrytown**

## **JPHSA Mental Health; Addictive Disorders; Developmental Disabilities**

**Services and Supports-Information; Assessment; Psychiatric Services; Psychological & Counseling Services;  
Pharmacy Services**

**5001 West Bank Expressway**

**Marrero, LA 70072**

**504-349-8833**

**2400 Edenborn Ave**

**Metairie, LA 70002**

**504-838-5257**

## **Jefferson Parish Public School System (JPPSS)**

**501 Manhattan Blvd**

**Harvey, LA 70058**

**504-349-7600**

**<http://www.jppss.k12.la.us/>**

**Jefferson Parish Public School System JPPSS**

**Special Education Advisory Council**

**Jeffrey Helmstetter, Assistant Superintendent of Special Services 504-349-7912**

**[jeffrey.helmstetter@jppss.k12.la.us](mailto:jeffrey.helmstetter@jppss.k12.la.us)**

**Leah Eskine, 504-736-1812**

**[Leah.eskine@jppss.k12.la.us](mailto:Leah.eskine@jppss.k12.la.us)**

**Randi Marziale, Inclusive Education Services 504-349-7914**

**[Randi.marziale@jppss.k12.la.us](mailto:Randi.marziale@jppss.k12.la.us)**

## LACAN Louisiana Action for Citizens Now

LACAN is a statewide grassroots network of individuals and families who have worked together since 1988 advocating for a service system that supports individuals with disabilities to live in their own homes, rather than having to move to a facility to receive needed services.

Specifically, they have advocated for implementation of Louisiana's Community and Family Support System Plan. Regional LACAN Teams include parents, individuals with disabilities and advocates for individualized supports. To join please visit the website and click on membership form. No fees.

[www.lacanadvocates.org](http://www.lacanadvocates.org)

## Louisiana Rehabilitation Services (LRS)

Louisiana Department of Social Services

8225 Florida Blvd.

Baton Rouge, LA 70806

225/925-4131

800/737-2958 (toll free)

<http://www.dss.state.la.us/departments/lrs/index.html>

- Louisiana Rehabilitation Services is the vocational rehabilitation agency in Louisiana. This agency provides numerous time limited, individualized services designed to assist eligible persons with disabilities to achieve a realistic employment outcome. A rehabilitation counselor can provide specific information regarding eligibility and availability of the agency's services. Some of the services that LRS provides include:
  - Vocational Guidance and Career Counseling
  - Supported Employment
  - Vocational Assessment
  - Rehabilitation Technology
  - Job Placement
  - Training

## Regional and Local LRS Offices

Metairie Office

6620 Riverside Drive, Suite 101/101C

Metairie, La 70003

District Supervisor: Nancy Banks

Counselor: Paula Necaïse

(504) 838-5180

## Louisiana State University Health Sciences Center-Human Developmental Center LSUHSC-HDC

1900 Gravier St 8<sup>th</sup> Floor

New Orleans, LA 70112

Phil Wilson 504-556-7573 [pwilso2@lsuhsc.edu](mailto:pwilso2@lsuhsc.edu)

## Medicaid Office

3229 36<sup>th</sup> Street

Metairie, LA

504-846-6960

Fax: 504-846-6967

**Metropolitan Human Services District**  
1010 Common Street Suite 550  
New Orleans, LA 70112  
504-599-0245  
Fax: 504-568-4660

**Office of Aging and Adult Services**  
1010 Common Street Suite 505  
New Orleans, LA 70112  
504-568-8568 or 1-866-758-5035  
Fax: 504-599-0293

**Social Security Administration (SSA)**

A federal program operated in states to provide cash assistance, food stamps, Medicaid/Medicare, case management enrollment and other social services to eligible citizens. 1-800-772-1213 (Voice) or 1-800-325-0778 (TTY) Website [www.ssa.gov](http://www.ssa.gov)

**Waiver Help Line: 1-800-364-7828**

**West bank-Jefferson Community Healthcare Center**  
4028 Hwy 90  
Avondale, LA  
504-436-2223