

fostering perspectives

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Taking care of children's health

North Carolina county departments of social services are responsible for making sure children in foster care are safe and well until they can return home.

On a day-to-day basis, however, foster parents and kinship caregivers are the leaders when it comes to meeting children's health and wellness needs. This can be a huge commitment, because as a group, children in foster care have a great many health, mental health, dental, and developmental needs.

Indeed, researchers have concluded that children in foster care have more health problems than any other group in America, including children who are homeless and

those living in the poorest parts of inner cities (sources cited in Grayson, 2003).

Yet no matter what their children's needs are, relative caregivers and foster parents step up to do what must be done. They take children to counseling and medical appointments, learn how to care for them when they are sick, feed them nutritious food, and do everything they can to help them grow up healthy and strong.

Yet just like DSS agencies, they can't do it all themselves. To meet children's needs they need supportive partners.

If you're caring for a child in foster care, your main source of support must be your



supervising agency. Other sources of information and support include birth parents, doctors, nutritionists, and health and mental health-focused organizations.

This issue of *Fostering Perspectives* will connect you with information to help you care for the children in your lives.

How to use the Medical Home Approach to meet children's needs

What You Can Do to Improve Children's Health

If you take care of a child or young person in foster care, the facts in the box at right probably don't surprise you. Chances are, you know from personal experience that many children in foster care struggle with a variety of physical and mental health concerns, conditions, and challenges. You may even know firsthand the frustration that sometimes comes with trying to help children get the services they need.

We are all concerned about the well-being of children in foster care. All of these children are at risk for special needs which can negatively affect them in a number of ways. Physical health issues left unidentified and untreated in childhood can have serious implications for functioning in adulthood (Sanchez, Gomez, & Davis, 2010). Unmet mental health needs among children in foster care, too, can lead to serious consequences later in their lives, including homelessness and incarceration (Kerker & Dore, 2006).

Fortunately, an increasing number of health care providers are aware of the challenges faced by children involved with child welfare and the problems that can occur in serving these children. To better meet their needs, many primary care providers are becoming "medical homes" to ensure children receive family-centered and coordinated health care services.

This article will tell you what you need to know about medical homes and suggest ways to ensure the children in your care benefit from this innovative approach to providing quality health care.

The Medical Home

In the simplest terms, a medical home is a partnership between the family and the family's primary health care provider. Through this partnership, the medical home provides a single point of entry to a system of care that facilitates access to medical and nonmedical services, including social services. In a medical home, a physician leads a team

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Health Concerns of Children in Foster Care

- Nearly all (87-95%) of children in care have at least one physical health problem; more than half have more than one.
- Health issues commonly experienced by children in care include neurological impairments, growth delays, vision and hearing deficits, malnutrition, anemia, respiratory problems, chronic ear infections, severe allergies, and failure to thrive.
- Children in care also have high rates of developmental problems including language disorders, social skills deficits, delayed motor skills, learning disabilities, and cognitive impairments.
- Children in care also have high rates of behavioral health issues. It is estimated that 50% to 80% require mental health services, compared to 20% of children not in foster care.
- Children sometimes enter foster care with chronic health issues that have been poorly managed.
- Problems in the provision of health care services to children in foster care include fragmentation, duplication, and gaps in services due to lack of continuity and coordination of care and poor communication among providers.



Source: Sources cited in Sanchez, Gomez, & Davis, 2010

The Medical Home Approach continued from p. 1

which delivers and directs care that is comprehensive (sick and preventive/well care), compassionate, coordinated, continuous, culturally effective, accessible and family-centered. A medical home allows primary care providers (i.e., pediatricians or family physicians), parents, child welfare professionals, and other stakeholders to identify and address all of a child's physical and mental health needs promptly and as a team.

Because children in foster care often have special health care needs requiring the services of many professionals, children in foster care really benefit from the coordination of care provided by a medical home.

Medical homes also benefit children who don't have special health care needs. A medical home provides a consistent, ongoing relationship with a primary health care provider and team who know the child well.

This consistency is a particular benefit for children in foster care. A medical home preserves the relationship children have with their doctors and ensures that medical records don't get lost, even when they return home or change placements. Other benefits provided by medical homes include:

- Doctor visits that aren't rushed
- Improved quality of care, with fewer errors and preventable complications
- Less parental worry and burden
- Fewer hospitalizations and ER visits
- Less missed school and missed time from work for parents
- Easier access to specialists
- More preventive health care

The medical home is supported by many prestigious physicians and organizations in North Carolina and across the country. The American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, National Association of Pediatric Nurse Practitioners, Family Voices, and the U.S. Maternal and Child Health Bureau endorse the medical home as the model for 21st century primary care for everyone, especially children with special health care needs, which includes children in foster care.

Endorsed by Federal Law

Use of the medical home approach with children in foster care is also strongly supported by federal law. In October 2008, President Bush signed into law the Fostering Connections to Success and Increasing Adoptions Act (HR 6893). Part of this law directs states to establish a medical home and oversight of prescription medication,

Enrolling Children in Carolina Access and CCNC

One of the best ways to give children in foster care a medical home is to enroll them in Carolina Access, and specifically with a medical home provider who participates in one of the 14 networks within CCNC, or Community Care of North Carolina (formerly named Carolina Access II/III). As part of North Carolina Medicaid's primary case management program, CCNC can provide children with a medical home that coordinates their medical care.

Enrollment in Carolina Access allows the child to be assigned to a regular primary care provider who will serve as the child's medical home. Enrollment in CCNC gives the child access to a medical home and to additional potential care management services from local CCNC network staff members who work with medical homes.

Belonging to CCNC has advantages over just being enrolled in straight Medicaid:

- **You can choose a medical home for the child or continue to use the medical home the child has been going to in the past.** A medical home will need to be chosen for each enrolled child if the child does not already have a medical home. Many pediatricians and family physicians are already enrolled as medical home providers with CCNC. Contact the Medicaid program in your local county department of social services (DSS) for a complete list of medical home providers participating in CCNC.
- **You can call your medical home for medical advice day or night, seven days a week.** Check the child's Medicaid ID card for his or her medical home's daytime and after-hours phone numbers.
- **You may have a care manager** who can help you

manage the child's health care and show you how to keep the child healthy, but only if the child is enrolled in a CCNC network. Ask your primary care provider for more information about working with the care manager who works with the medical home team at the practice.



- **The child will receive regular sick care and well care** at his or her medical home. Care by specialists to address chronic conditions and special needs will be coordinated by the medical home.

Under federal regulations, children in foster care are designated as special needs. As such, their enrollment in CCNC is entirely voluntary. Because many families and child welfare professionals are just now learning about the benefits of medical homes, most children in foster care in North Carolina today do not have a medical home through CCNC.

Please ask your child's social worker if the child already has a medical home. If so, try to continue to take the child to that provider. If that is not possible, try to keep the child in the same Community Care of NC network so that information from the previous medical home can be shared easily with the new medical home.

If your child does not have a medical home, encourage the social worker to partner with the Medicaid staff in their agency to enroll the child in Community Care of NC.

including psychotropic drugs, for every child in foster care (Center for Public Policy Priorities, 2008; Children's Defense Fund, 2008). The overall goal of this provision in the law is to ensure continuity of health care for all children in foster care.

What You Can Do

Although ensuring children in foster care have a medical home is ultimately the responsibility of their county DSS, there is a lot that foster parents can do to promote children's health. Here are a few suggestions:

- Ask your child's social worker if the child is enrolled in Community Care of NC. If not, encourage the social worker to partner with the Medicaid staff in their agency to enroll the child with a provider in the CCNC network serving your county. To learn more about CCNC, see the box above.
- Obtain and keep in a safe place all available medical records; make sure the child's physician also has access to these records. Consider creating and carrying a portable medical record for your child that can be

used by other caregivers and health care providers in an emergency.

- Work with the child's physician to determine the appropriate schedule for visits; the American Academy of Pediatrics recommends that children in foster care have more preventive health visits than other children.
- During doctor visits, share any concerns or information you have related to the health and development of the child.
- Be sure to ask questions that help you more fully understand the health and development needs of the child and what you can do to help.

To Learn More

For tools and resources related to the medical home approach for families, youth, providers, communities, insurers, and states, select from the side bar at <http://www.medicalhomeinfo.org/tools/index.html>

Special thanks to Drs. Marian Earls, Gerri Mattson, and Emma Miller for their contributions to this article.

What's eating you?

by Lauren Zingraff, SaySo Program Coordinator

Childhood obesity is at an all time high and expected to increase. The number of overweight children has tripled in the last 30 years (USDHHS, 2008). Childhood obesity causes many emotional problems as children are ostracized, teased, and bullied. This may lead to lower self-esteem and mental health issues such as depression in the obese child (APHA, 2008).

In graduate school, my research project examined the relationship between depressed children and food. I hoped to learn how depression influences children's eating habits. Depressed children may be more likely to become obese if they are self-medicating with food. Food becomes the antidepressant medication: experts agree that certain foods boost serotonin levels in the brain, leading to a better mood.

In my study, I surveyed children in therapeutic foster care and their social workers. The results positively identified a relationship between depressed children and their eating habits. For some depressed children, this manifests itself in overeating behaviors, which can lead to obesity. Of course, not every depressed child is obese. However, overeating is not the only behavior depressed children display regarding food. Other behaviors would include under-eating, erratic eating, and unhealthy eating. Nicole Lyght, co-chair on the SaySo Board of Directors, shares her thoughts and feelings regarding food in foster care in the article below.



Lauren Zingraff



Nicole Lyght

Food in Foster Care

by Nicole Lyght, age 22

When I was coming up in foster care, I ate what was given to me. On holidays, family get-togethers, Sunday breakfasts, and at church functions, I got a variety of different foods. But those special occasions only came around every once and a while. At home, the family and I ate mostly oodles of noodles and hotdogs. I feel that it is because of this I am not too fond of fruits and vegetables. I eat very few vegetables because I never grew accustomed to the different tastes and textures of most of

them. I just never have an urge to eat a banana, an apple, or any other fruit for that matter. Healthy eating is a big part of life that I have never really participated in. I've known and been taught about healthy eating ever since elementary school. And although I know about healthy eating, I don't eat healthy. Not because I choose not to, but because I am just used to eating the foods that I've acquired a taste for.

Unhealthy eating is a big part of a lot of people's lives. For example, some people overeat when they're stressed or upset. I've never overeaten unless I felt like I wouldn't be getting my money's worth or sometimes I find myself saying, "I know I'm full, but I have to finish this." I don't personally know youth in foster care who overeat in an effort to make themselves feel better, but I know that eating disorders and unhealthy eating are out there. I know they can affect young people in very destructive ways.

I believe that your weight affects the way people view you, speak to you, and think of you. I know a lot of people say, "I don't care what others think" or "What others think doesn't matter."

Actually, it does.

It also affects the way you feel about yourself as a person. When I was younger I used to get picked on about my skin color. For years I felt I was inferior to lighter skinned women. I felt I was ugly. Why? Because I allowed the things others said to affect the way I felt about myself. Their words and actions changed my whole perspective of my inner and outer beauty. That's how someone who may be overweight or underweight or who has an eating disorder would feel.

If you hear and see how much others negatively judge you, eventually that becomes your mindset.

Being a foster child with no job and making no money, you have no other choice but to eat what you are given. Well, you could starve, but I doubt anyone would want to do that.

It is very important for foster parents to provide healthy fruits and vegetables for their foster children to eat. A foster parent becomes a foster parent because the state feels that parent is a suitable candidate to raise and provide for foster youth. If the parent cannot provide what the child needs to better their physical health, that is when a social worker or someone from that supporting agency should step in.

Also, I do feel that social workers or someone from the agency should monitor what the foster parents are feeding children, because although the child lives in the foster parents' home, they are still in the state's custody. It is not only the parent's responsibility to better the child, but also the responsibility of the social worker. Social workers should also take the time to go over the school lunch menu and to provide information on healthy eating so that a child has a better chance to make healthy decisions.

Healthy Snack Tips

You Don't Have to Break the Bank to Eat Well!



You don't have to spend a lot of money to eat well. Instead, choose fruits and vegetables that are in season:

- **Fall:** apples, pears, cucumbers, acorn, squash
- **Winter:** oranges, grapefruit, sweet potatoes, greens
- **Spring:** asparagus, green beans, sweet peas, okra
- **Summer:** berries, peaches, zucchini, summer squash, melons, tomatoes, corn

You can also save \$\$ by:

- Purchasing frozen or canned fruits and vegetables
- Clipping coupons for frozen or canned fruits and vegetables—these should be in their own juice (no sugar or salt added)
- Freezing extra ingredients—for example, foods such as peppers, onions and mushrooms can be frozen for use later (perfect for pizzas)
- Watching local grocery advertisements
- Looking for fresh produce at your local Farmers Markets and produce stands

Additional Tips for Selecting More Healthy Choices

- It's OK to add a side of lowfat Ranch, caramel, or yogurt as a dip for fruit and vegetable snacks!
- Keep single servings of fruit and vegetables on hand for quick snacks
- Make your own fruit-filled trail mix (it can cost less and it's *your* mix)
- Select dried fruits and raw vegetables to go with your crackers or pretzels
- Try to drink juices and other items without high fructose corn syrup
- Avoid cookies, crackers, and peanut butter with hydrogenated oils and fats
- Use frozen fruits and vegetables, not canned

Source: The ENRICH Project, Department of Health Promotion, Education, and Behavior in the Arnold School of Public Health, University of South Carolina



Doctor calls

Their four-month-old son had cold-like symptoms and a temperature of 101 degrees. Susan was on the phone in a flash. “Here we go again,” said her husband Ron.

The couple disagrees on when to call the doctor. Ron feels you should not call at every sniffle. Susan believes it is better to be safe than sorry, and that a fever, for example, could be a symptom of

any number of horrible illnesses.

Both views are valid, to a degree. A fever can be a sign of a serious condition, but often is not. It is better to be safe than sorry when it comes to your child’s health, but every sniffle does not constitute a medical emergency.

So when should you call? The answer, unfortunately, is: It depends. It depends on the symptoms, the age of your baby, your knowledge and experience, your doctor’s advice, and what puts your mind at ease.

This is Susan and Ron’s first baby. They haven’t had much experience with childhood illness.

They can help themselves and their baby by getting a few books on infant and child care and a family medical guide. Ask your doctor for recommendations. These books can be your first course of action, and many tell you directly what action to take under which circumstances.

As a rule, medical emergencies always require you to act quickly and call your doctor or health professional. These situations include a serious accident, injury, or possible poisoning; bleeding that can’t be stopped; unconsciousness; severe breathing difficulties; convulsions; sharp abdominal pain lasting longer than two hours; loud, deep, dry coughs; a black or bloody bowel movement; and severe diarrhea.

Other symptoms should be called to your doctor’s attention, even though they may not warrant emergency action. These include painful bowel movements, a temperature of 101 degrees or higher that lasts longer than 24 hours, a rash accompanied by a fever, and forceful vomiting.

Take advantage of visits to your doctor or other health professionals to ask about important symptoms or any concerns you might have.

You and your doctor should work as a team. Your doctor should be sensitive to your concerns, and you should respect your doctor’s opinions. A good family medical book can be a great help to you both.

But, if you are ever in doubt about something troubling your baby, call the doctor or medical hotline.

This column is written by Robert B. McCall, Co-Director of the Office of Child Development and Professor of Psychology, and is provided as a public service by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education, *The University of Pittsburgh Office of Child Development*.

Strategies for Working with Medical Professionals

Even though it’s easy to be intimidated by the “professionals,” don’t be afraid to ask questions. Try to learn how the system works, including learning about the child’s medical team and their roles.



When you meet with medical providers, ask for specifics to be on the agenda, or better yet, *you* create the agenda and take a lead role in meetings. Try to have someone come with you whose job is only to take notes and be supportive.

Agree on a regular type of communication: phone, e-mail, fax, etc. E-mail is particularly good (if all are able to use it) because everyone only has to say things once and everyone is all on the same page—literally!

If you find yourself getting frustrated, try to find positive ways to get your point across. You might also repeat information back to make sure you understand and heard things correctly. And ask others to repeat what your perspective is.

Advocacy Tips

Part of working with medical staff—or any team—is being an effective advocate. You might want to try the following.

- Do your research and learn about the specific issues.
- Prepare ahead of time. Write down questions you want to ask before the meeting.
- Follow up meetings with thank you letters or e-mails.
- Have the confidence to ask the tough questions.
- Listen to what is being said and observe nonverbal cues at meetings.
- Try and check your personal feelings at the door and focus on sharing information.
- Figure out what the main issue is and then practice telling how it directly effects the child.
- Think of solutions in terms of meeting the needs of the child and solving the issue. Know ahead what compromises you are willing to make.
- Ask for additional support if you need it. There are some wonderful support groups and resources available.

Reprinted from *Adoption Resources of Wisconsin*, 2010



Do You Know about the Healthy Foster Care America Website?

The American Academy of Pediatrics (AAP) has launched a website to promote improved health and well-being for children and teens in foster care. Healthy Foster Care America is designed to engage communities in supporting children, youth, and their families with the services they need and a continuum of care.

Child welfare and related professionals and organizations can access the site to find tools, resources, and information on the health and well-being of children and youth in foster care. Foster parents and kin caring for children may also find appropriate resources to help them in their caregiving and to learn more about mental and physical health issues and interventions.

The new website is part of the AAP website: <http://www.aap.org/fostercare/index.html>.

Reprinted from the *CB Express* (USDHHS, 2010)

Teaching healthy behaviors to children in foster care

Whether they show it or not, young people are always watching us and learning from what we do. Kids copy adults, so as parents and role models, it is vitally important that we eat healthy and be active every day!

Now being a role model doesn't mean being perfect or never indulging your sweet tooth. Rather, it means balancing what you eat with what you do.

Make Balance a Habit!

- **If you sit all day at work...**Grab the kids and take a long walk; invite the neighbors. Put on some music and dance. Visit a park, museum, or zoo.
- **If you are at a fast food restaurant...**Try a grilled chicken sandwich with mustard. Add a side salad. Split an order of fries.
- **If you find it hard to be active...**Try walking up and down the stairs. Park farther away from stores. Walk your child to school or to the bus stop.
- **If you're going on a picnic...**Bring foods like crunchy veggies with lowfat dip, whole-grain bread, baked or grilled meats, or fruits for dessert. Don't forget to bring a ball or Frisbee to play with or music so everyone can dance. Get everyone moving after they eat.



Give your children (and yourself) lots of praise for your physical activity time.

Eat Healthy and Be Active Every Day!

- **Set an example**—Keep a variety of healthy foods on hand. Eat plenty of fruits and vegetables, whole-grain, fat-free or lowfat dairy products, lean meats, and dry beans. Limit the amount of foods you buy that are high in saturated fats, trans fats, and added sugar.
- **Watch serving sizes**—Remember, younger kids need less food than teenagers and adults. Start with small servings and give extra if they want more.
- **Be active**—You need at least 30 minutes of activity most days of the week. Your kids need at least 60 minutes of physical activity every day, or most every day. Add activities to your daily schedule, like walking, biking, working in the yard, or cleaning the house.

Making Smart Food Choices and Being Active Every Day

- Helps everyone keep mentally and physically fit.
- Helps to maintain a healthy weight.
- Helps reduce risks of serious diseases like heart disease, high blood pressure, type 2 diabetes, and some types of cancer.
- Helps kids to grow and develop and provides them with the energy they need to learn and play.

Adapted from USDA, 2007

Free Health Tips and Kid-Friendly Health News

- **HealthyKids.com** is a great website for free information to improve your health. The site also includes a free newsletter that will help you keep kids healthy and boredom-free. <http://www.healthykids.com>
- **KidsHealth.org** is another great website for learning how to take care of your body, eat healthy and stay fit – at any age! Site includes healthy recipes, including fruit kabobs, and incredible edible veggie bowls. <http://www.kidshealth.org>

NC's Health-Related Foster Care Policies

Following are some of North Carolina's health-related foster care policies that foster parents should know about.



Sharing of Health Information with Foster Parents

According to North Carolina child welfare policy, DSS should share information about a child's medical needs, medication, any special conditions, and instructions for the child's care with the foster parent prior to or at the time of placement. The social worker is responsible for bringing any medications, glasses, hearing aids, etc. to the foster care placement with the child. Social workers should document in the record when these items are given to foster care placement providers.

In addition, the DSS form "Child Health Status Component" (dss-5243) must be completed within seven days of initial placement and a copy provided to the foster parents. Foster parents should be sure to take the Child Health Status Component, as well as any other medical or social history information relevant to the delivery of health care services, with them to the child's medical appointments.

Foster parents can find a blank copy of the Child Health Status Component online at <<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5243.pdf>>.

Scheduling Examinations and Appointments

According to North Carolina child welfare policy, children placed in foster care must have a physical examination scheduled within seven days of the date of placement. If dental, developmental, psychological, or educational assessments are needed, social workers must schedule them within one week once the need for them is identified.

Source: NCDSS, 2010

Physical Activity: Staying Motivated

Here are some of the most common reasons people give for not being active and some helpful suggestions on how to overcome them:

Time: Make time for physical activity by walking, jogging or swimming during your lunch hour or take fitness breaks instead of coffee breaks. Do activities like jumping rope, calisthenics, riding a stationary bike or other home gym equipment while the kids are busy playing, at school, or sleeping. Break up your activities in 10 minute slots to get your 30 minutes a day! Ten minutes in the morning, at lunch, and in the afternoon will get you your 30 minutes.

Friends and Family: Explain your interest in leading a healthier life to your friends and family. Ask them to support your efforts. Invite them to join you in your activities and plan social activities involving physical activities.

Energy: Schedule physical activity for times in the day or week when you feel energetic. Convince yourself that with a healthier lifestyle, you will have more energy, and then try it!

Motivation: Plan ahead. Make active time part of your daily or weekly routine and write it on your calendar! Invite a close friend or family member to join you in the activity. Sharing the experience with someone will make it more enjoyable and you can keep each other motivated.

Injury: Learn how to warm up and cool down to prevent injury. Choose activities involving minimal risk, such as walking or swimming.

Skill: Select activities that are easy and fun, such as walking, climbing stairs, or jogging. Engage in the activity with friends who are at the same skill level as you are. Find a friend who is willing to teach you new skills or take a class to develop new ones. If you are interested, try something new like skating or softball.

Resources: Select activities that are easy to do anywhere, such as walking, jogging, jumping rope, or aerobics. Your community parks and recreation programs offer low cost programs for the whole family. (Reprinted from USDA, 2010)



Replace parenting stress with happiness!

By Donna Foster



Donna Foster

Good Morning!

It's 5:00 a.m.—wake up—dress—walk downstairs to the kitchen—coffee on—start breakfast—Tommy is allergic to dairy products—Shanta only eats Cheerios and bananas—the others eat anything. Must prepare the children's medications and vitamins. Let the dog out to the bathroom—run upstairs to wake up the kids—run downstairs to let the dog back into the house. Finish preparing the breakfast—pour the juice and milk—run upstairs to wake up the kids again—listen to their whining and moaning—check to see if their clothes are ready for the day—whoops, missing some socks—run downstairs to search the clean laundry—found them—run upstairs with the socks—yell at the kids who are still asleep—wearily hobble downstairs—check the school book bags for completed homework.

Kids stumble to the kitchen table crying out their feelings of excitement, blaming, whining, needing poster board for school, and feeling sick. Teeth need brushing—hair brushed—clothes straightened—OH MY GOSH, THE BUS IS HERE! Everyone out the door—Kevin—WHERE'S KEVIN? Found him—escort him on the bus!

Take a deep breath as you wave to them all—step back inside the house—scan the room—what tornado hit this house? And it's only 6:45 a.m.

Does this sound anything like your mornings? Parents start their days with stress.

Parenting and Stress

Stress is a condition that occurs in response to actual or anticipated difficulties in life. Stress does not happen only during holidays, celebrations, and tragedies. Typically stress shows itself during daily routines. Families experience stress doing everyday things, such as trying to fit everyone's schedules into a certain time frame. Additionally, foster parents must learn new children's likes and dislikes and social services' expectations. Life can be a spinning top, constantly twirling.

When I have asked foster or adoptive parents what they do to take care of themselves, I often hear the same response: "I don't have the time to take care of myself. One day I will do something for me." Or I hear, "The kids don't allow me the time."

I was a foster parent for 17 years and I am the mother of two birth children and three step children. Everyone is grown and grandchildren have been added but the memories of life in those early years are still clear. It is so easy to put yourself last.

It's Your Choice

As caretakers, time is at a premium. It's pointless waiting for "time" to suddenly appear for you to handle your stress. You have to make the time. You are the captain of your ship. You can keep afloat and sail healthily through your life or sink unnecessarily.

You deserve to feel less stress. You deserve to enjoy each day. Remember, you are a role model for your family members. If you want them to take care of themselves, you need to take care of yourself. Children learn more by what they see than what they hear.

What interests did you have before children entered your life? Did you play tennis, go to the movies, or enjoy dinner with friends? Which of your interests have you given up? Time for yourself is one of life's rewards. Schedule "yourself" on your calendar. Guard that time!

Looking at your life, ask yourself what contentious issues you have with your family members or with others. In five years, will the winning or losing of these issues matter? There are so many of our battles we can let go of and spend that time enjoying the people we love.

You've heard the old saying, "Don't sweat the small stuff." It's true. Through laughing and joking we release endorphins in our bodies. We have the ability to physically and emotionally help in the healing of our spirits.

There are physical results from constant stress. When stress starts to take over your life, it is time to take some drastic measures. You can learn to manage your stress—before it takes a toll on your health. If left untreated, stress can lead to a wide range of medical problems, including: high blood pressure, sleep disorders, back pain, heart disease, stroke, and severe headaches.

How NOT to Cope with Stress

Negative ways people react to stress include:

- Overeating
- Smoking
- Biting their nails
- Drinking alcohol
- Using drugs, overusing medications
- Sickness
- Headaches
- Muscle tension
- Overreacting, yelling
- Mental fogginess, difficulty making decisions
- Sleeping excessively
- Sleepless nights
- Lateness

Healthy Ways to Control Stress

- Laughter
- Prayer
- Aerobic exercise
- A positive attitude
- Yoga
- Meditation
- Visualization
- Biofeedback

Look in the mirror and tell that incredible person looking back that it's time for "you." Your family will enjoy you more and you will appreciate the quality of your life. Living a life of gratitude and excitement brings joy to those who surround you. Make it a point to live, laugh, and love!

Donna Foster, an author, national trainer, and consultant, lives in Marshville, NC.

Beat Stress at Home



1. Laugh out loud.
2. Develop and maintain healthy eating habits.
3. Listen to raindrops.
4. Pet your dog or cat.
5. Sleep in.
6. Spend a few minutes on the back porch.
7. Walk barefoot on the beach.
8. Take a walk with someone special.
9. Take a long bath.
10. Listen to your favorite music and dance.
11. Give to others and let others give to you.
12. Stop planning and do something on an impulse.
13. Enjoy a few minutes of total solitude.
14. Visit garage sales and look for special bargains.
15. Remove your watch.
16. Hug a baby or a small child.
17. Go and fly a kite.
18. Listen to the birds.
19. Find your favorite aroma.
20. Go for a ride in the country.
21. Have an ice cream sundae.
22. Hold hands with someone special.
23. Go on an impromptu picnic.
24. Stop and smell the roses.
25. Look at old photograph albums.
26. Get a massage.

*Adapted from "101 Ways to De-stress" by John Riddle



NC Foster and Adoptive Parent Association

Visit the Association's Web Site at <www.ncfapa.org>

From the Association's President

by Stacey Darbee

Spring is here! Didn't it seem we had an extraordinarily long and cold winter this year? Now it's time for our kids (and us) to get outside and get moving!



On April 23-25 NCFAPA held our 12th Annual Education Conference. Many thanks to all of our presenters and keynotes who so generously support the association with their time, dedication, and talents! I especially want to recognize the NCFAPA board members who work tirelessly during the conference and also for months before, preparing everything that goes into this affair. They also give generously, personally donating for the \$500 cash auction and either personally donating or procuring donations for all of the door prizes and other auction items. Way to go NCFAPA Team!

Advocacy

Although NCFAPA is well known for our yearly conference, we believe that one of the most important aspects of our mission is strong advocacy for our children and families. We have been quite busy on that front recently.

This year we are keeping an eye on Foster Parent Smoking Legislation. You probably received a survey request on this subject. NCFAPA has prepared a Position Statement that is available for viewing at www.ncfapa.org. We are advocating no new legislation on foster parents, although we do believe in health education on the risks of smoking and secondhand smoke.

Adoption Assistance Changes

We are also keeping informed about the new way Adoption Assistance is being implemented statewide. This went into effect in November 2009 and will affect future adoptions in North Carolina.

These changes have no effect on adoptions that have been finalized. If you have adopted a child from foster care, your existing adoption contract is still valid.

The changes that will be most visible to adopting families will be to White (non-Hispanic) children under the age of six with no special needs requiring ongoing professional treatment or equipment

Adopting Orphaned Haitian Children

We have received a number of inquiries from families that are interested in fostering or adopting Haitian Earthquake Orphans. At this time, the first priority of government and disaster recovery officials is to address the immediate medical and physical needs of the people affected by the earthquake and assist in the reunion of family members who have been displaced or separated by the disaster. Therefore, it may take a long time before children affected by the disaster may be available for adoption. The U.S. Department of State provides information on the adoption of children affected by natural disasters and conflict on their website at: <<http://adoption.state.gov/news/Haiti.html>>.



and to children of a Minority Race or Ethnic Group under the age of two with no special needs requiring ongoing professional treatment or equipment. These children will not be eligible for Full Adoption Assistance upon Decree of Adoption. However, these children may be approved under the "Potential" category, which is for children who are determined, based on supporting documentation, to be at risk for developing special needs based on prenatal exposure to toxins, history of abuse or serious neglect, or genetic history. Being in the "Potential" category leaves open the possibility of future Full Adoption Assistance and gives the child Medicaid eligibility.

There are other changes in the process of being implemented. If you are adopting a child from foster care, we cannot stress enough how important it is that you apply for Adoption Assistance, whether you are told the child will be eligible or not, and that you continue special needs documentation after the adoption occurs. Also, ASK QUESTIONS and be fully informed about the agreement you sign.

Corporal Punishment in Schools

NCFAPA has also been supportive of a resolution being introduced that calls on the NC State Board of Education for a ban of corporal punishment to all children with disabilities in NC schools.

Join us on May 26th as we facilitate Legislative Awareness Day at the General Assembly! Visit www.ncfapa.org for more details.

Join the Association!

Membership is open to anyone interested in strengthening foster and adoptive services in North Carolina. Send this form, with payment (DO NOT send cash), to: NCFAPA, 2609 ATLANTIC AVE., SUITE 105, RALEIGH, NC 27604. Make checks payable to the NC FOSTER AND ADOPTIVE PARENT ASSOCIATION.

Regular Membership is open to any foster or adoptive parent and is \$50 for an individual and \$75 for a couple. **Associate Membership** (\$100 for an individual and \$300 for an organization) is available to those who do not qualify for Regular Membership.

First name #1: _____ First name #2: _____

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Family Support Network of NC

Promoting and providing support for families with children who have special needs

- Does your child have special needs?
- Do you need help finding information, resources, and services?
- Do you want to know more about a special need, disability, or diagnosis?

Hablamos español

- ¿Su niño tiene necesidades especiales?
- ¿Usted necesita ayuda para encontrar información, recursos y servicios?
- ¿Usted desea saber más acerca de alguna necesidad especial, discapacidad o diagnosis?

The Family Support Network of NC provides
· Parent-to-Parent Support · Education & Outreach
· Information & Referral · Research & Evaluation

Contact us at: 800.852.0042, www.fsnn.org



Young people reflect on the importance of fathers

In the writing contest in the last issue we asked children who are or who have been in foster care one simple question: why are fathers important?



Their answers, which you'll find on these pages, make it clear that fathers and father figures—and the lack thereof—matter deeply to children. We encourage you to also read the related story on page 10, which explores what good fathers give and how fatherless teenagers can get those things from other people.

You can find additional work by young people in the online version of this issue at www.fosteringperspectives.org.

"It hurts not to have a dad."

It hurts not to have a dad. I know, but sometimes people have to live with what they've got and make the best of it. If you look hard enough you might be able to find someone to stitch you up, but you'll always have the scar. When I have kids I will never let them grow up without a father.

—Jasmine, age 15

Dave is my role model because he is patient and puts up with stuff he hates. He is strong enough to support me and my injuries. Dave affirms and believes in me. . . . He always tells me I'm capable of great things even if I don't see it now. He insists I can be whatever I want to be, even if it's a hobo or princess. Dave accepts me with all my idiosyncrasies, no matter what. . . . Always and forever Dave will have a place in my heart.

—Katherine, age 14

I never had a dad growing up. This past year for some reason my dad wants to be in my life. I am not sure how I feel about his interest. I am a student and a foster child in a group home. The male figure who has been in my life for the past year has been my Resident Counselor in my group home, Mr. Steve. There are many reasons why Mr. Steve is an important figure in my life. The main reasons are that he gives me advice, he encourages me, and he is funny. . . .

For some reason during this past year my real dad wants to be in my life again. Because of Mr. Steve giving me advice, encouraging me and making me laugh I know that fathers are important.

—Ashlian, age 14

The young people above received \$15 for having their letters published

Casey, age 15

Since I am a foster child the role of my father has been a little different than most. My father left my brother and me about 11 years ago. In those 11 years he has come back a few times claiming that he has stopped drinking and wants to take care of my family. But it's always a lie.

The most important thing I have learned from my experience is that we can't always trust the people we love and that unconditional love is vitally important. Not having my father in my life has affected my confidence at school. I have missed these traits in a father.

I want someone to tell me that everything is OK. A father would do that. Even when the world is crashing all around me, a father should be there for me. Who helps me with homework? My father was gone before I started school. My mom was always with her friends, getting drunk. My assignments were wrong. People at school called me stupid. I started believing them.

School has always been hard for me. Not having my dad to help with assignments or projects has made me realize how hard school really is for me. In class I zone out a lot. I spend time thinking about my life BFC—before foster care. Could I have changed something, been sweeter, smarter? Everybody always said it was my fault that my family isn't together. My head knows that's not true. My heart forgets sometimes.

In movies, father-daughter bonds are indestructible. I imagine being that little girl with the dad everyone wants. The father who whispers, "You're my little princess!" Other kids complain about how awful their dads are for not letting them do something stupid like go shopping or for making them work to get money for the things they want to do. I would love to have a father tell me that I am precious, the sky is the limit. I will stand behind you no matter what. I yearn for a dad to love me unconditionally.

Good dads are important! Who else can sit and applaud at graduation? Who else can walk you down the aisle? Who else can hold new grandbabies and promise to love them unconditionally? Dads should be there for the important events in their children's lives!

Casey's letter won first prize, for which she was awarded \$100

I yearn for a dad to love me unconditionally.

1

Donisha

Growing up my real father wasn't a part of my life, but I had a father figure in my life—my step-dad. He was in my life from the time I was two years of age till the time I was eleven. He was like the father I never had. He would always keep me in line, he always made sure that I was doing good in school, he always made time for family time, and he was always there to guide me when I needed him most. He was an excellent father. He helped me become the young woman I am today.

Because of him I am very polite. He taught me how to be a lady, and that has made all the difference. He was really important in my life, and that is a great example of why I think fathers are important.

Fathers are important to babies, little boys and girls, teenagers like myself, and even grown adults. Every aspect of a dad is important. No matter what a man does as a father, good or bad, that impression will always stick with that child. It's time for fathers to step up and be the dads they should be. It's time to show the world exactly how important fathers actually are.

Donisha's letter won second prize, for which she was awarded \$50

My step-dad helped me become the young woman I am today.

2

JC, age 8

3

My dad is important because he takes care of me and gave me a place to live. When I came to live with him he encouraged me to eat healthy and not eat junk food like I was used to. When I came to live with my dad all I talked about was football and wanting to play. My dad signed me up for football and any sports I wanted to play. He takes time out with me to play ball and takes me to football practice two times a week and my games on Saturday. When the games started I had two dads there for about two games. One never came back but, it was OK. I still had the dad that cared for me, would do anything for me, and that stood by me all the time. My dad buys me stuff and when I am sick he takes me to the doctor and takes care of me. My dad throws the football with me a lot. My dad has taught me what a real family is all about. He always listens to me and would do anything in the world to keep me safe. The dad I am talking about is the one that is going to adopt me and my sister. I cannot wait till the paper work is finally done.

JC won third prize, for which he was awarded \$25

My dad taught me what a real family is all about.

Ginger, age 15

When I think about a father figure, my papaw comes to mind. He has always been there for me. I didn't meet my father until I was 12 years old and he has never been a part of my life. However, my papaw is an important part of my life because he spends time with me like a father should.

My papaw is special to me because he teaches me important things about life and cares about me. He has taught me how to do magic tricks. . . . They are real hard to learn. My papaw is very patient with me. . . . Sometimes my papaw and I go fishing. . . . He taught me how to swim when I was little. He just makes the world seem less serious. When I am with him I feel like I am the most important person in the world to him.

Most importantly I want him to be proud of me. I want him to support the decisions I make in life, especially the man I choose to marry. I hope that someday he will walk me down the aisle. When that day comes, I hope he's smiling and saying, "That's my granddaughter, I taught her well."

Ginger received \$15 for having her letter published

My pawpaw just makes the world seem less serious.

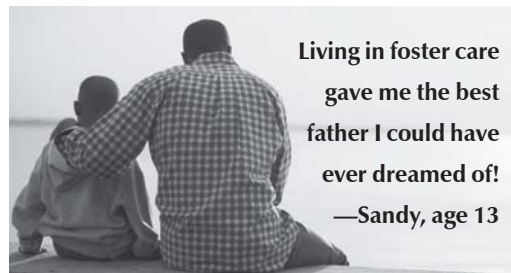
Justice, age 14

People always say, "Dads are not important." I strongly disagree with that. I think that fathers are important because they help bring you into the world. I think dads are just as important as moms. . . .

Why are fathers important? We all know people who grew up with no father, like me. I did not have a real dad until I was 14. I am okay with that because I found someone who can love me as a daughter—Mr. Todd, my Resident Counselor. I love Mr. Todd as if he were my own father. I hope when I get married he will be my father and walk me down the aisle.

Justice received \$15 for having her letter published

I love my Resident Counselor as if he were my own father.



Living in foster care gave me the best father I could have ever dreamed of!
—Sandy, age 13

Fathers are important because they are really strong. . . . Without my dad I could not fish well, put up a tent well, drive go-carts, or do handy work. —Dustin, age 10

My dad is important because he adopted my two brothers and me. He took us and loved us like we were born in his family! I love my Daddy! —Hayleigh, age 8

My father's name is Gloria. I know she is my mother, but she is my father, too. I came to her when I was 4 years old. I came to her as a foster child. My brother did, too. She treated me like her own child. We got adopted when I was in second grade. My mama acts like a mother and a father. I know it is hard. She is teaching us to do the right thing. I have brothers and sisters, nieces and nephews. I have a father that loves me, and I love her, too. —Catrina, age 13

When fathers are around they bring you safety, love, courage, happiness, and warmth. A father's love is strong and you can always go to him for a shoulder to cry on. For those who don't have a father, look up to the Lord your Heavenly Father and he will be there. —Sasha, age 13

Dads are the ones who help you out when you are in need of someone. Dads are there to pick you up when you fall and tell you "It's OK," "I'm here for you," and "I believe in you." They teach you the right way to be respectful. They put food on the table. They provide the family with what they need to stay safe and happy together in one house.

My dad helped me a lot until about three years ago. Then he just left. . . . It didn't make sense to me. . . . But I forgive him. I don't know where he is, but I hope he is happy and he finds what he is looking for. —Chris, age 14

My father is a friend. He stays up late with me the night before I have my finals in civics. I talk to him late at night about my boy problems when I get up to eat a bowl of Fruit Loops. He ran up and congratulated me even when I lost my last softball game of the season. He still took me and my whole team out to dinner that night and, later, carried me inside to put me to bed because I fell asleep on the car ride home. —Courtney, age 14

I have wished my whole life that I had a daddy that really loved me. That has been one of my lifelong hopes and dreams. Someday this will happen and it will make me happy. I will jump with joy and excitement. Until then I will keep faith. Real fathers are out there. —Amy, age 13

Real men are real: How to find father figures outside of family

Dr. Neil Altman is a therapist and author of the book *The Analyst in the Inner City: Race, Class, and Culture Through a Psychoanalytic Lens*. In this interview he talks about what good fathers give and how fatherless teenagers can get those things from other people.

What does a good father give boys, and can other people provide it?

If you're a boy, then a father has a special role in shaping your sense of what it means to be a man. Ideas of manhood are changing, but there are still expectations that boys and men will be less emotional and more tough.

Having an older man you respect in your life, even if he's not your dad, is important because he brings those expectations of manhood down to human size. This real man shows you that nobody can be perfectly tough or unemotional. You learn from the cracks in his façade. Seeing a father or mentor react to an emotional challenge in a good way just one time can teach a kid something.

Is the ideal of manhood all stereotype or is there something useful there for boys?

The images of men in movies and TV are not real. Real men are real people, more real than the images. Real people let you know that it's OK to have strengths and weaknesses. Boys get the images of tough and competent, and girls get the TV images of sexy and attractive and thin. Real people are combinations of all kinds of people, of masculine and feminine.

What do fathers give girls in particular and how can fatherless girls get that?

For girls, fathers are particularly important in adolescence. Sometimes a father and daughter who've been close when she was younger will retreat from each other when she hits puberty. Girls often feel awkward around all older men as their bodies change.

The culture is so focused on young females as sex objects that it's just as important for the girl as for the boy to get a positive male role model at that point—one who sees women as people. A girl needs to have a model of males in her life who are interested in her as a thinking and feeling person.

Where can a fatherless kid find role models?

Seek out environments that help you develop yourself, and you'll find people who can show you the things you need. A church, for example, is both a community center and a bunch of caring people. Go where you can use any special talent you have, like making art or doing sports. Sports can help you grow because you have to cope with losing, which makes it an emotional outlet. Music is another great way of connecting to feelings.

You'll find mentors and role models in those environments where you can express emotion. And an adult you talk to but don't live with can provide you with a calmer place, a different point of view, someone to talk to who won't throw what you told them back in your face 24/7. These are some of the same things a father provides in a traditional household

where the mother is with the children a lot more.

How are the effects of an abusive father different from the effects of an absent father?

A kid is much more likely to make an absent father a hero, bigger than life. That can happen with an abusive father, though it's less likely. With an abusive father, the bad fallout is denial, like "forgetting" the stuff that happened.

In both cases, for your own sake, you may decide to give up your rage without actually forgiving your father. Forgiving means understanding where the behavior came from, so you have to know someone well to forgive him. You may not get a chance to know your absent father that well—or [you may not] want to know your abuser that well.

In terms of finding other men to trust, if you've been molested or abandoned, you need to know you're starting out wary and suspicious and expecting the worst. That makes sense, but it's important to keep your eyes and ears open for the positive as well as the negative. For kids who've been molested by someone in the family, it may be easier to trust someone who's not related—a coach, a teacher, a church member, a therapist.

How can you prepare for meeting a father who's been gone a long time?

Read *Dreams From My Father* by Barack Obama! Notice how Obama pays attention to the conflicting things he feels when he meets his father for the first time, and how he sorts all that out (see pp. 63-70 in the paperback). Understand that your father feels guilty and that you're going to feel angry and hopeful. There's going to be love or potential love on both sides. You can't make the guilt and anger go away.

Your father may want you to understand why he wasn't there for you. You won't feel understanding at first—that will have to evolve over time. But don't tell him everything you need at that first meeting. I think it's best at an initial meeting to be low-key and just find out how each other is feeling.

Talk to someone else about your feelings at first. Process that first meeting with that trusted person. Your father feels vulnerable and guilty and ashamed and worries he'll be misunderstood; he's probably not ready to hear your feelings. (It's OK if your feelings do slip out.) After two or three meetings, you could maybe bring up some of your own feelings.

But first, you, the son or daughter, have to admit to yourself what you need from him. You're probably thinking, "I don't need him," because that's how you've coped with his absence.

How do you know what you need from him if you've never had it?

There are clues to what you need in what you've been trying to get. As a boy, have you been drawn to gangs? To older guys who seem confident and tough? As a girl, have you been attracted to older guys of a particular type, maybe who have money? If you've been looking for it in positive places—meaning people who care about you and are reliable—that's great, that means you're more comfortable with needing it.



What do good fathers provide? How can teenagers without fathers can get those things from other people?

If you don't believe you can ever get that kind of positive attention, then your longing for it gets a little twisted. You could end up denying you need anything while seeking it out at the same time.

What do you need to watch out for if you've reunited with your dad?

You need to find out something about your father, and the older you are, the easier this gets. What's his life like? Why does he want to see you now? Can you figure that out when you talk to him? Does he seem more mature now than he did when you were little? Is he feeling so guilty and defensive that he won't be able to handle it when you start to tell him you've been hurt and angry?

Meanwhile the people who have taken care of you—foster parents, a mother or other relative—have let you down in small ways, restricted your movements, and made you angry. You may be tempted to defy whoever's been taking care of you and think, "My father's going to swoop down and take me to a better life."

People develop fantasies of absent parents. You may be expecting somebody wonderful, but what you'll get is a complicated human with lots of problems as well as some good qualities.

What if your dad was in jail?

People can grow and change, even in jail. Don't assume you know what you're going to find. Some people find themselves in jail; others get more bitter and hard. You have to keep your eyes open. Try to think of your father as a person, notice as much as you can. That's why I'm telling everyone to read Obama's book.

Is there anything else you'd say to people who grew up without fathers?

I think kids who are without their biological parents—both mothers and fathers—are prone to thinking that if only they had them they would be OK. And that's not true. Biological parents come with all kinds of problems, and yes, they help, but it's not a dealbreaker for your life if you don't have them.

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Separated by foster care, siblings reunite after 58 years by Susan Allor

Our mother just walked out and left us alone. My brother and sisters and I were one, two, three, and four years old.

Two weeks later, a neighbor finally called the police and told them that he had been hearing children crying for days. When they found us, we were unconscious and close to death.

I still remember hearing my baby sister crying while my older sister held her and tried to comfort her. My older sister was kneeling next to me where I was lying on a cot feeling very sick. My brother had been sick for a while.

Our story made headline news in Detroit, Michigan, where we lived. Later, we learned that our oldest sister kept us alive by feeding us sugar and water. That was all she could find in the house. She was four years old.

Foster Care and Adoption

After that, my sister Karen, my brother Clayton, and I entered foster care. Karen and I stayed together most of the four years we were in foster care, but we went from home to home every year. In the end, we were adopted by the Allor family of Monroe, Michigan. Clayton joined us six months later when the Allors discovered he was in foster care and free for adoption.

My youngest sister Anne was initially returned to our mother, but she continued to neglect and abuse her. After a stay in foster care, Anne was adopted by another family six months before our adoption was final.

For many long years, Clayton, Karen, and I were separated from Anne. We didn't know where she was or how she was doing.

Separations

During the four years I was in foster care, I only saw my brother Clayton once, and I never got to see Anne.

I looked for Anne my whole life. I looked for her at school and everywhere I went. Eventually Anne found us when we were in our thirties.

Later I learned that Anne's adoptive sister,

Against all odds, my siblings and I have found each other.

Melissa, was my good friend at boarding school. Melissa wanted me to meet her sister, but I never did. Had I met her, I would have met my own baby sister all of those years before!

Even after I reconnected with Anne, I always felt something was missing in my life. I missed that connection that only comes when you are together with your siblings. We must remember that siblings need to be placed together or have as many visits as possible.

Reunited

Fifty-eight years after we were separated, my three siblings and I had our first reunion. In November 2009 we met in Tucson, Arizona, where Anne lives, to celebrate her birthday. Clayton lives in Fort Worth, Texas but was working in Tucson at the time. Karen flew from Ohio and I flew from North Carolina. This was the first time the four of us had been in the same room since that fateful day when abandonment separated us. Together at last!

The feeling that something is missing has always been a part of me. This reunion made me aware that the bond you have with siblings early in life is never broken. Nothing is missing any longer. Our biological parents and both sets of adoptive parents have passed, but, against all odds, we now have each other.

During our reunion visit we spent time looking over the court records and documentation from St. Vincent De Paul Society (now the Children's Home Society) from the years that we were in their custody. We shared many stories and memories of each other that we never knew because of growing up in different adoptive and foster homes.

Any pain from that period has been replaced with the joy of being reunited. I thank God for keeping us alive and making it possible for the four of us to share this very precious time. Words can't describe how wonderful this time together has been. We have bonded once again and felt the love that only siblings can share.



Left to right: Susan, Clayton, Karen, and Anne

Our time together was from November 13-20, 2009. What an awesome time we had—finally together!

My Life Today

As an adult, I went to college to be a social worker and help others. I wanted to be like my worker, Ms. Giffles, from St. Vincent De Paul, who was there for me. She was the only steady person I can remember during my four years in foster care.

Today I work for Polk County DSS in child protective services. I teach MAPP and try to help potential foster parents to get an insight into foster care and what they need to do to be good foster parents.

I am also an adoptive mom. I adopted my little girl about three years ago. She is nine years old. She was four when she first came to live with me as a foster child.

I have also been a therapeutic foster care provider, and I am still a foster mom. And I have four children and ten grandchildren.

Today I am 60 years old. My oldest sister, Karen, is 62. Clayton is 61 and my little sister, Anne, just celebrated her 59th birthday. Now that we have had our first reunion, we plan on getting together as often as we can.



Caring for My Dear Siblings

by Sandy, age 13

I have been living in foster care for almost three years. I have three siblings: a 15-year-old brother, 6-year-old brother, and a 4-year-old sister. Seeing each other only once a week (for only 4 hours!) and missing each other like crazy has made our relationships stronger. I really care for my brothers and sister so much because they are all I have, and because we lived hard together, with tough bonds.

"You never know what you got, till you lose it" I always say. I say this when I think of life before coming into custody, because my siblings did not matter much to me then. But once I lost them they meant the world! (REALLY) Trust what I say and learn from it because you may not know how much you care for somebody till they are gone! *Sandy received \$15 for having her essay published*

Keeping Siblings Together

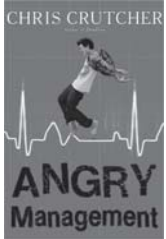
The primary responsibility for keeping siblings together lies with child welfare professionals and the courts. However, kinship, foster, and adoptive parents can make a big difference by doing the following:

- **Express an interest in sibling groups.** Sometimes siblings are separated simply because agencies cannot find a single family to care for them all (Shlonsky, et al., 2005). To help, clearly communicate to your agency an interest in caring for sibling groups.
- **Be open to changes.** Children are more likely to be separated from their siblings if the children enter care at different times (Wulczyn & Zimmerman, 2005; Washington, 2007). Make it clear to your agency that you understand how important it is to keep siblings together, and that you would consider opening your home to the siblings of children already in your care, should the need arise.

Books on the nightstand

by Joe Burmester

If this book review sounds different, that's because I'm not the normal Becky. This is her husband, Joe, also a foster parent (duh), but one who doesn't read as many books on the subject as she does. In fact, Becky was surprised that I read this one, since my taste usually gravitates to thrillers, mysteries, and other escape-type writings. Perhaps my different perspective will cause you to read the following book. I hope so, because it will be worth your while!



Angry Management

This book, by Chris Crutcher, is really a collection of three stories, "novellas," that are cleverly tied together as the stories of three young people, collected by their high school counselor. The common theme is that these three students are on the receiving end of other people's anger, delivered in different ways and for different reasons. But when you are on the wrong end of anger, the impact can be devastating to your life, or at least cause dramatic changes to it, as these three stories show.

The stories are well written and worth reading in their own right. But they are particularly apropos to foster parents, because our children have frequently come into care with significant baggage. Often this baggage is the result of someone else's anger, and may manifest itself in new anger through our foster child. The situations in which the children in *Angry Management* find themselves are typical of the children in our care: violence, prejudice, insecurity, pain. Reading these stories may make you angry, or cause you to question how other people can be so heartless as to create such an environment for their children. That's a reasonable response, but not the point of the book.

How the children respond, and the response of others to their crises, is the key. These children have had terrible things happen to them, but they are not without hope. As foster parents, we have the opportunity to help the children in our care cope with the results of these and other traumatic situations. Even if we only provide a safe place for them, our impact on their lives can be the difference between hope fulfilled and hope crushed. It is that opportunity that keeps me going as a foster parent, even beyond the other positive aspects of parenting, and in spite of the frustrations.

Try this book. It will help you empathize with your foster children. A benefit of Crutcher's approach in this book is that the three stories, though linked by a common theme, are stand alone stories. You can read them independently—each one is only about 70–90 pages long. But that won't happen. Read one, and you'll read them all.

Becky will probably be back in the next edition. She won't want me to get too comfortable next to her pile of books. What's on your night stand? Share what you are reading with her! You can reach her at 919/870-9968 or becky.burmester@mindspring.com.

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Mission. *Fostering Perspectives* exists to promote the professional development of North Carolina's child welfare professionals and foster, kinship, and adoptive parents and to provide a forum where the people involved in the child welfare system in our state can exchange ideas.

Disclaimer. The opinions and beliefs expressed herein are not necessarily those of the NC Division of Social Services or the UNC–Chapel Hill School of Social Work.

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References. See the online version of this issue for references cited in this issue.



Jimmy Wayne asks: Meet me halfway

By Jeanne J. Preisler

We first told you about him in the November 2008 edition of *Fostering Perspectives*. Formerly in the North Carolina foster care system, Jimmy Wayne is now a famous country music singer/songwriter. But his legacy will reach far beyond his music.

Authentic. Honest. Caring. Generous. Passionate. These are just some of the words that come to my mind when I think about Jimmy. It was late December 2009 when I was tempted to add *crazy* to that list. It was then that I learned he had decided to walk halfway across America. Yeah, that's about 1,700 miles, in the winter months no less! Who in their right mind would do something like this? And *why*?

The *why* is pretty easy to answer actually...because

Jimmy cares deeply for kids aging out of foster care with no place to go. He's walking 1,700 miles in the rain and snow and sleeping in a tent or wherever he can to raise support for the thousands of homeless kids, teens, and young adults currently on the streets of America.

He named the journey "Meet Me Halfway" because he's asking everyone in America to do just that—meet him halfway on this issue. If you can't be an adoptive or foster parent, be a mentor. If you can't be a mentor, donate to an agency that works with at-risk youth. If you can't donate, volunteer. If you can't volunteer, tell a minimum of 50 people about the Meet Me Halfway campaign. Do something, anything to help. All of your efforts will make a positive difference.

HomeBase Youth Services is one of the charities that will benefit from the Meet Me Halfway campaign. Their website (<http://www.hbys.org>) describes homeless youth

as "ghosts wandering the streets, and they will either die unnoticed, or return to haunt society." That's a pretty powerful imagine.

In 2008 Jimmy said of Russell and Beatrice Costner, the elderly couple who took him in, "I'm so glad that family took a chance on me. They're 100% responsible for me and my success and everything that's happened to me today. [It] is all because of that family."

Mr. and Mrs. Costner passed away many years ago. But their legacy—a legacy of caring more than others think wise, risking more than others think safe, and expecting more than others think possible—lives on in Jimmy Wayne.

Let's reward Jimmy's efforts and make choices today that will put an end to youth homelessness.

To learn more about Jimmy's Meet Me Halfway campaign, visit <http://meetmehalfwayjimmywayne.com/>



SaySo update by Nancy Carter, SaySo Executive Director

SaySo Saturday 2010

This year's SaySo Saturday, "Come Home to SaySo," was the biggest family reunion we have ever had! With over 220 people, the annual conference broke all records (especially for food consumption).

The most impressive record, however, was the commissioning of six new local chapters—the most commissioned at one time. This brings our total local chapter count to 21.

Workshops were plentiful and most were presented by young people, including:

- An empowerment session facilitated by Yancey County youths
- Transitioning journeys shared by young people from NC Families United
- "How to Better Use the CFT Process," by SaySo Alumni and SaySo Regional Assistants
- "What Local SaySo Chapters Can Do," by the Halifax SaySo Chapter
- "Being an Advocate," by a youth and her GAL, and
- Two workshops by NC foster alumna Julia Charles, who also sold her book, *Surviving the Storm*, at the conference.

In addition to the workshops and commissioning six local chapters, SaySo celebrated its 12th birthday.

SaySo Regional Elections

Regional elections were also held at SaySo Saturday. The following young people will join continuing officers Nicole L. and Reneka RC. as regional representatives for their region:

- Region 1: Amber S., Diana H., Emily W.
- Region 2: Elizabeth N., Katie Q., Brittany W., Quanasha C.
- Region 3: Paradise S., Patrick Y., Shante K.
- Region 4: Dominique M., Quadele M., Marcella M.
- Region 5: Titianna G., Shanita DG., Omar W.
- Region 6: Donisha A., Roman R.

This board will participate with the outgoing board in the Orientation and Leadership Retreat in Pinehurst on June 23-25, 2010.

Visit Our Site

The website www.saysoinc.org has many resources and connections for all those connected to foster care in North Carolina. Even adults find the website a helpful resource for their questions. "Come Home to SaySo" posters are available for free... just call 800-820-0001 to request a copy for your local agency, church, library, or any location where foster youths/alumni may see it.



Meet North Carolina's New LINKS Coordinator

In addition to a spectacular conference, SaySo welcomed Deirdre Rushin as the new North Carolina LINKS coordinator. Ms. Rushin and her 14-year-old son moved to North Carolina from Detroit, Michigan by way of Arizona.

Ms. Rushin's desire to make the move was driven largely by extended family, which branches throughout our state.

She has her MSW from Wayne State University and found her best work was with

the teen population in Detroit. Ms. Rushin's stated, "By stepping into this role I have the best of both worlds: I get to work with a population that I enjoy while being able to provide some creative approaches to addressing some of the ever changing challenges our youth are faced with today."

Ms. Rushin's family fostered children, so she saw the challenges foster parents experience on a daily basis.

When asked what she would want to say to foster parents, Ms. Rushin replied, "I want all foster parents to know that they are the most important part of the team. Without them our youth would be lost. Thank you for all you do. You are definitely appreciated and you serve as a major pillar to our success." A new fan of Bojangles chicken, Ms. Rushin is glad to live in the South.

To contact Deirdre Rushin, call 919/334-1090 or send e-mail to: deirdre.rushin@dhhs.nc.gov.

Update on Maintaining Sibling Connections



In our November 2009 issue we profiled two sisters who are both representatives on the SaySo Board of Directors. Each sister had taken a different path to permanency. Shanita, age 15, had been adopted by their foster family. Titianna, age 16, had decided against adoption and had moved into a group home.

Titianna still does not wish to be adopted. However, since November Titianna has moved out of the group home and back into her sister's adoptive home—they are reunited. Here are their feelings about where things are today.

Shanita: "Everything seems to be in order now. Well, not really. My big sister has come back home but I'm still away from all my other siblings. But all is well. I guess you could say a little piece of happiness crossed my path, and I'm glad it landed in my lap. :)"

Titianna: "I am so grateful to have another chance to be home with my sister. While back home, I will continue my education and try my best to succeed."



Pictured above: SaySo's new Board of Directors at SaySo Saturday, 2010.



A reader asks ...

Can you help me with these medical terms referring to children in foster care?

I hear various conditions described when referring to foster children and I'm not sure what some of them are. Can you define some of the more common terms and tell me how to get more information about these and other conditions I have questions about?

This is a great question and one that NC Kids gets quite frequently. Let's look at some of the more common conditions and find out what they mean. We'll also differentiate between a few of the more common conditions that are easily confused.

Enuresis is the voiding of urine ("peeing") into the bed or clothing after the age where the ability to hold one's urine would typically be expected (age 5).

Encopresis is having bowel movements in inappropriate places such as in clothing or on the floor after the age of 4. This can be involuntary or intentional.

Pica is a pattern of eating non-food materials (such as dirt or paper) lasting more than one month. Children with Pica may eat clay, dirt, hairballs, ice, paint, sand, etc.

Adjustment Disorder and Reactive Attachment Disorder

Adjustment Disorder is the development of behavioral or emotional symptoms in response to a stressor, such as abuse or neglect, or being removed from primary caretakers. Unlike Reactive Attachment Disorder, Adjustment Disorder is common—most children in foster care experience it at some point during their journey through the system. In fact, many children outside foster care develop adjustment disorders in response to stressors such as chronic illness and divorce.

Reactive Attachment Disorder is a rare but serious condition in which children have difficulty establishing healthy bonds with parents or caregivers.

Because the child's basic needs for comfort, affection, and nurturing haven't been met, the child's growing brain may be permanently altered. This creates difficulty establishing loving and caring attachments with others and hurts their ability to establish future relationships. This is a very serious condition that affects relatively few foster children.

Dysthymia and Depression

Two terms people often confuse are Dysthymia and Depression. **Dysthymia** is a sad, dark, or low mood experienced almost every day for a period of at least two years. The symptoms are less severe than major depression and include feelings of hopelessness, insomnia, low energy, low self-esteem, poor appetite or overeating, and poor concentration.

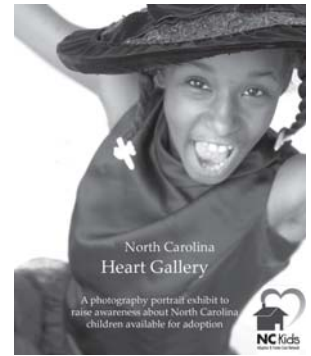
Depression involves similar symptoms that are more acute and intense than Dysthymia. Depression engulfs a person's day-to-day life and interferes with one's ability to work, study, eat, sleep, and have fun. The feelings of helplessness, hopelessness, and worthlessness are intense and unrelenting, with little, if any, relief. These feelings persist for two weeks or more.

For more information on these and other conditions experienced by children in foster care, we recommend contacting a pediatrician or child therapist specializing in children who have experienced trauma. If a family decides to use the Internet to obtain more information, we recommend using reputable websites such as <http://www.apa.org/> and <http://www.webmd.com/>.

Response by Heather Figulski, NC Kids Adoption and Foster Care Network. If you have a question about foster care or adoption in North Carolina, send it to us using the Fostering Perspectives contact information found on page 12.

NC Kids Heart Gallery partners wanted

The NC Kids Heart Gallery is making a comeback. The Heart Gallery is an opportunity to feature older children or sibling groups who are free for adoption. Volunteer photographers from around the state donate their time and talent to take beautiful photos of children waiting for a forever family. The photos are featured in exhibits throughout North Carolina.



NC Kids is currently looking for exhibitors from across North Carolina that can host a Heart Gallery exhibit in their communities. Ideally, the hosting location would be an area with a high volume of families who might consider adoption. NC Kids is currently compiling a list of professional photographers willing to donate their skills for this important program. If you or someone you know is interested in becoming a Heart Gallery photographer or can host an exhibit, please contact Dora Carter at 919-334-1171.

Good Tax News for Adoptive Families

The federal health care bill (Pub.L. 111-152) signed into law in March 2010 included favorable changes to the **Adoption Tax Credit**. According to the Joint Council for International Children's Services, the changes were as follows:

- The maximum credit was increased from \$12,150 to **\$13,170**.
- The credit is **extended through December 2011**.
- The credit was made **refundable**. If a family has no tax liability, the IRS will refund the amount due.

The Adoption Tax Credit is mentioned on page 903 of the 906 page bill.

National Foster Care and Adoption Statistics



The Children's Bureau has released two new reports from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for fiscal year (FY) 2008. As reported in the Children's Bureau Express newsletter, *The AFCARS Report: Preliminary FY 2008 Estimates as of October 2009* indicates that, on September 30, 2008:

- There were 463,000 children in foster care, down from 491,000 in federal fiscal year 2007.
- The average age for the children in foster care was 9.7 years.
- Average length of stay in foster care was 27.2 months.
- The largest percentage of children (47%) were in a nonrelative foster family home.
- Forty-nine percent had a case goal of reunification.
- 123,000 were awaiting adoption, down from 132,000 in FY 2007.

In addition, during FY 2008, 273,000 children entered foster care and 285,000 children exited foster care. Also during FY 2008, 55,000 children were adopted from foster care; 54% were adopted by a foster parent and 30% by a relative.



Help us find families for these children

For more information on these children or adoption in general, call the NC Kids Adoption and Foster Care Network at 1-877-NCKIDS-1 <www.adoptnckids.org>



Amzi

Amzi (age 11)

Amzi is an adorable boy with beautiful big brown eyes. He is a ball of energy and likes being active. Amzi is a typical boy and loves doing anything outdoors. He is mischievous, curious, and witty. Amzi would really like to learn to play basketball. He wants to be a police officer when he grows up. (NC105362517)



Anthony

Anthony (age 16)

Anthony is a likeable, curious, and active young man. He enjoys playing football and basketball and hopes to become either a professional basketball player or a teacher when he grows up. Anthony enjoys playing with his friends, riding his bike, and gets along well with his foster family and his big brother. Anthony likes to go to church, watch TV, and eat. He attends regular classes at school where his teachers praise him for his positive attitude and good

conduct. Anthony would benefit from an adoptive family that will support and encourage whatever goals he might set. Anthony will do best in a two-parent family where he is the youngest child. He has an adult brother with whom he will likely need to have ongoing contact. (NC105241663)



Damien

Damien (age 10)

Damien is an adorable boy with a great sense of humor. He is affectionate, generous, and talkative. Damien enjoys swimming, playing video games, and watching animation shows. Damien wants to be a policeman or a fireman when he grows up. He does best in smaller classroom settings which allow him to be academically successful. Damien will benefit from a two-parent home or a strong yet nurturing male role model. He should be the only or youngest

child in his adoptive family to ensure he receives the attention he needs. (NC105672645)



Jermiah

Jermiah (age 10)

Jermiah has a wide, sparkling smile that can warm any heart. He is a very friendly boy with a great sense of humor and good communication skills. Jermiah is caring, loyal, and affectionate and thrives on cuddles and hugs, but he also likes to be by himself at times. He is very spiritual for his age and loves to worship, sing, and pray. Some of Jermiah's favorite activities include playing football, baseball, and soccer. He is a big NY Giants fan! He is slow to

trust and needs his adoptive parents to keep any promises they make. Because adults have let him down in the past, an adoptive family will need to show Jermiah they are fully committed to him. They must be strong advocates for him in all areas of his life. He will do best in a two-parent home with older or no other children. (NC105673179)



Jerry

Jerry (age 14)

Tall and handsome, Jerry is a unique child who is well-liked by adults. Funny and witty are also words used to describe him. He is not shy and can be a sheer joy to be around. He is a hard worker on the family farm. Jerry's interests range from hunting to gaming. Jerry has a communication disorder that sometimes makes it difficult for him to pick up on social cues. (NC1055700193)

Josue (age 8)

Little Josue (pronounced 'ho-sway') is a very special boy with a rare neurodegenerative disorder. This disorder prevents Josue from communicating verbally, so he must convey his needs by crying out and moving his arms and legs. Josue is confined to a wheelchair and requires tube feeding. Josue is a lovable child who requires a patient, committed family that can provide a safe and nurturing environment. A two-parent family experienced in working with medically fragile children would be a plus. (NC105322591)



Josue

Khalil (age 10)

Khalil, or "KC" as he is affectionately known, is a delightful child who has his own method of communication with those who care for him. Although he is unable to see or speak, he has a wonderful smile and an infectious laugh. KC loves music and playing with toys that he can feel and that make noise. He loves having people around him. An adoptive family for KC should have a great deal of patience and commitment. He will continue to require extensive care by trained professionals and caretakers for the rest of his life. Having children in the home to interact in positive ways with KC would be ideal. (NC105962296)



Khalil

Michael (age 13)

Michael is a handsome 13-year-old with a bright smile. Michael is described as caring, loving, giving, and kind. He is very helpful around the house and does some chores such as sweeping and helping to keep his room clean. Michael has a consistent daily routine and he responds well to structure. He has good manners and will say "ma'am" and "sir" when addressing adults. Michael's interests include sports, video games, WWE wrestling, and going to the mall, dinner, or sporting events. Michael has a genetic medical condition which will require ongoing follow-up. (NC105600903)



Michael

Tammy (age 3)

Tammy is a beautiful little girl with soft, curly brown hair and large brown eyes. Although she doesn't smile or laugh the way other children do, Tammy has a lot to offer the right family. Tammy has a specialized computer attached to her wheelchair that provides her with visual and auditory stimulation when she turns it on. She lives in a residential medical facility and will continue to need 24 hour nursing care throughout her life. Her adoption team is looking for a family willing to advocate for her in all aspects of her life so that she can reach her full potential. A family for Tammy will realize that she can be a vital part of the family even though her needs must always be taken into consideration. (NC10578-0962)



Tammy

Taquajah (age 7)

Taquajah is a beautiful little girl who faces many challenges due to a genetic medical condition. She is a fighter and has lived years beyond what medical professionals expected. She is described as very sweet and social. She loves listening to music and riding in the car. She enjoys playing "peek-a-boo," "pat-a-cake," and other interactive social games. She lights up when spoken to. Although she is nonverbal, she communicates by cooing and using her eyes. (NC105000982)



Taquajah

Writing Contest

If you are under 18 and are or have been in foster care, please send us a letter or short essay in response to the following:

**What was the best gift you ever gave someone?
Why was it such a good gift?**

DEADLINE: AUGUST 6, 2010

E-mail submissions to jdmcmao@email.unc.edu or mail them to: Fostering Perspectives, NC Division of Social Services, 1459 Sand Hill Rd., No. 6 (DSS), Candler, NC 28715. Include your name, age, address, social security number (used to process awards only, confidentiality will be protected) and phone number. In addition to receiving the awards specified above, winners will have their work published in the next issue. Runners-up may also have their work published, for which they will also receive a cash award.

We're Also Seeking Artwork and Other Writing Submissions

Submissions can be on any theme. The submission requirements described above apply. If sent via U.S. Mail, artwork should be sent flat (unfolded) on white, unlined paper.



FIRST PRIZE: \$100

SECOND PRIZE: \$50

THIRD PRIZE: \$25

Get in-service training credit for reading this newsletter!

Enjoy reading *Fostering Perspectives* and earn credit toward your relicensure. Just write down the answers to the questions below and present them to your social worker. If your answers are satisfactory, you'll receive 30 minutes of credit toward your training requirement. Questions about this method of gaining in-service credit? Contact the NC Division of Social Services at 919/334-1176.

In-Service Quiz, FP v14#2

1. Describe three ways the medical home approach can benefit children in foster care.
2. What are four benefits of providing a medical home for a child through Community Care of North Carolina?
3. Name three things parents can do to improve their advocacy for children when working with medical teams.
4. Who is eligible to participate in the NC Reach Program? What are the benefits of this innovative program?
5. Name three of the strategies Donna Foster suggests foster parents use to battle stress.
6. What health-related information should DSS share with foster parents prior to or at the time of placement?
7. Name three messages or lessons you take away from reading the essays from children on pages 8 and 9.
8. What does Dr. Neil Altman say about what good fathers give and how fatherless teenagers can get those things from other people?
9. How did the federal health care bill signed into law in March 2010 change the Adoption Tax Credit?
10. Describe the new way Adoption Assistance is being implemented in North Carolina.

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Have You Heard about NC Reach?

Our state's NC Reach program provides college funding and support services to young people adopted from North Carolina DSS foster care after the age of 12 and those who age out of the system at 18. Benefits include:



- **Funding.** NC Reach provides last dollar funding after all federal, state, and private dollars have been applied, to ensure that students can meet the cost of attendance at community colleges or four-year public schools.
- **Mentoring.** Be matched with a volunteer online mentor based on your professional, academic, and personal interests and goals.
- **Workshops.** You must attend at least one workshop every semester. Topics relate to school, work, and home life.
- **Academic Support.** Participants are coached by NC Reach staff; if they fall below a 2.0 GPA they are enrolled in a program for intensive academic support.
- **Internships.** NC Reach coaches students on finding and successfully applying for internships in their communities and across North Carolina.

Eligibility Requirements

- Applicants must have aged out of North Carolina's DSS foster care system at age 18 or have been adopted from the system after the age of 12.
- Applicants must be considered residents of North Carolina for tuition purposes.
- Applicants must attend a North Carolina state university or community college. For a list of eligible schools, visit www.northcarolina.edu.
- Participants must maintain a 2.0 GPA on a four-point scale and be making "satisfactory progress" towards a degree.

For further information or to enroll, visit www.ncreach.org.