



IDAHO FEDERATION OF
Families
FOR CHILDREN'S MENTAL HEALTH

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Welcome to the Family!

The Federation would like to welcome our new additions around the state:

Amanda Jones - **Family Support Specialist
- Region I**
Amber Seipert - **Family Support Specialist
- Region II**

**It is almost impossible
to smile on the outside
without feeling better
on the inside.**

-Anonymous



www.idahofederation.org 2007

Communicating with Your Child's School Through Letter Writing

By: National Dissemination Center for Children with Disabilities (NICHCY) (2002)

Throughout your child's school years, there is always a need to communicate with school: teachers, administrators, and others concerned with your child's education. There are also times when the school needs to communicate with you. This is particularly true when your child has a disability and is receiving special education services. Some of this communication is informal, such as phone calls, comments in your child's notebook, a chat when picking your child up from school, or at a school function. Other forms of communication are more formal and need to be written down.

Letters provide both you and the school with a record of ideas, concerns, and suggestions. Putting your thoughts on paper gives you the opportunity to take as long as you need to:

- state your concerns,
- think over what you've written,
- make changes, and
- have someone else read over the letter and make suggestions.

Letters also give people the opportunity to go over what's been suggested or discussed. A lot of confusion and misunderstanding can be avoided by writing down thoughts and ideas.

However, writing letters is a skill. Each letter you write will differ according to the situation, the person to whom you are writing, and the issues you are discussing.

In general, what do I say in my letter?

When writing any business letter, it is important to keep it short and to the point. First, start by asking yourself the following questions and state the answers in your letter:

- Why am I writing?
- What are my specific concerns?
- What are my questions?
- What would I like the person to do about this situation?
- What sort of response do I want: a letter, a meeting, a phone call, or something else?

Each letter you write should include the following basic information:

- Put the date on your letter.
- Give your child's full name and the name of your child's main teacher or current class placement.
- Say what you want, rather than what you don't want. Keep it simple.
- Give your address and a daytime phone number where you can be reached.
- Always end your letter with a "thank you."

What are some other tips to keep in mind?

You want to make a good impression so that the person reading your letter will understand your request and say "yes." Remember, this person may not know you, your child, or your child's situation. Keep the tone of your letter pleasant and businesslike. Give the facts without letting anger, frustration, blame, or other negative emotions creep in. Some letter-writing tips include:

- After you write your first draft, put the letter aside for a day or two. Then look at it again and revise it with fresh eyes.
- Read your letter as though you are the person receiving it. Is your request clear? Have you included the important facts? Does your letter ramble on and on? Is it likely to offend, or is the tone businesslike?
- Have someone else read your letter for you. Is your reason for writing clear? Can the reader tell what you are asking for? Would the reader say "yes" if he or she received this letter? Can your letter be improved?
- Use spell check and grammar check on the computer. Or, if you don't have one, ask someone reliable to edit your letter before you send it.
- Keep a copy for your records.

REMEMBER:

Put all your requests in writing, even if it's not required by your school district. A letter avoids confusion and provides everyone with a record of your request.

Always, always, always keep a copy of each letter you send. It's useful to have a folder just to store copies of the letters you write.

Lilly Reintegration Scholarship FAQs

Lilly Reintegration Scholarships allow patients with mental illness to pursue educational and vocational skills better enabling them to reintegrate into society, secure jobs, and regain their lives. Now in its eighth year, Reintegration Scholarship funding assists with tuition, books, and lab fees for those battling bipolar disorder, schizophrenia and related schizophrenia- spectrum disorders.

? WHO IS ELIGIBLE FOR THE LILLY REINTEGRATION SCHOLARSHIP?

To be eligible for consideration for the Lilly Reintegration Scholarship, applicants must:

- Be diagnosed with bipolar, schizophrenia, schizopreniform disorder, or schizoaffective disorder
- Be currently receiving medical treatment for the disease, including medication and psychiatric follow-up
- Be actively involved in rehabilitative or reintegration efforts, such as clubhouse membership, part-time work, volunteer efforts, or school enrollment
- Be a U.S. citizen and plan to attend a school in the United States

? WHAT TYPES OF EDUCATION DOES THE LILLY REINTEGRATION SCHOLARSHIP SUPPORT?

The Lilly Reintegration Scholarship program is designed to offer financial assistance for a wide range of educational opportunities in which students work to attain a certificate or degree from an accredited institution. Noncredit, online, home study, and distance learning courses are not covered under the scholarship. Also, the program is only open to U.S. citizens who plan to attend classes within the United States.

Eligible programs include:

- High school equivalency programs
- Trade or vocational school programs
- Associate's degree
- Bachelor's degree
- Graduate degree

? IS THIS A FULL SCHOLARSHIP?

No, the Lilly Reintegration Scholarship is not a full scholarship. It goes toward supporting Lilly Reintegration Scholars' tuition, books, laboratory supplies, and mandatory fees, but no living expenses.

? WHO SELECTS LILLY REINTEGRATION SCHOLARSHIP RECIPIENTS?

An independent panel of judges comprised of nine psychiatric-care professionals selects the scholarship recipients. The judges review all eligible scholarship applications, select Lilly Reintegration Scholarship recipients, and determine monetary awards for each recipient based on financial need and educational goals.

? WHAT CRITERIA DOES THE JUDGING PANEL CONSIDER IN THE APPLICATION?

The applications will be judged by the following criteria:

- Academic success
- References from three individuals, including the applicant's psychiatrist or prescribing authority
- Quality of essay
- Thoughtfulness and appropriateness of academic and vocational/career goals
- Rehabilitation involvement
- Success in dealing with the disease
- Recent volunteer and/or vocational experience
- Completion of application requirements

? HOW MANY APPLICATIONS ARE RECEIVED EACH YEAR? HOW MANY SCHOLARSHIPS ARE GIVEN?

The number of applications received varies yet increases each year; last year approximately 600 applications were received. Current Lilly Reintegration Scholars wishing to continue their education receive top consideration as long as current academic records and rehabilitative/reintegration efforts reflect dedication and commitment to an academic or a vocational goal.

The number of scholarships awarded varies greatly as well. It is related to the number of applications received and the continued support of current Lilly Reintegration Scholars. Approximately 70 students received a Lilly Reintegration Scholarship for the 2006-2007 school year and are attending such schools as Broward Community College, New Hampshire Technical Institute and The University of Arizona.

To learn about the Lilly Reintegration Scholarship, please visit www.reintegration.com or call (800) 809-8202.

Forget the Diagnosis

By Jene Aviram of Natural Learning Concepts
<http://www.nlconcepts.com/autism-theory.htm>

Autism! Pdd nos! Aspergers syndrome! ADHD! High functioning! Low functioning! Delayed! Hearing these words about your child can be crushing. They can devastate you to your very core. The good news is THEY DON'T HAVE TO! Let me tell you why....

It doesn't matter. That's right. It simply doesn't matter. If you want to really help your child then read on. I'm serious. Don't be like the thousands who wish they had "lived" this concept sooner.

Pretend for a moment you have a newborn. He is simply perfect. By the time he is two years old, his fingers are so long, they look strange. You go to a renowned physician and ask "What's wrong with my child? Why are his fingers so long?" The physician smiles and says "Your child has a condition called spindle fingers. He has a natural gift for playing musical instruments. Many dream of having this talent."

You're absolutely thrilled and can't wait to share the news. You rush home but on the way you stop to buy a toy xylophone, piano, drum set and flute. You set them out on the floor when you get home and you watch proudly as your toddler strums each one of them. You don't care that everyone else thinks it just sounds like noise. You have a budding musician on your hands and he's practicing!

As the months go by you encourage your child to play instruments. He gets a little older and expresses his preference for the piano. You take him to piano lessons, listen to famous piano players and perhaps even go to concerts. You explain to your son that his fingers are long because he is talented at playing the piano. Your son plays the piano beautifully. He is proud of his fingers and his talent. You are proud of your son.

You run into the physician a few years later. You tell him proudly about your child's piano skills. He smiles broadly and says "I made it all up. There is no condition called spindle fingers." "What?" you shriek "that's impossible. My child is an excellent player."

"Of course he is," says the physician. "It's called belief. You believed in your child's fingers. You believed in his talent. You encouraged him. It didn't matter how many mistakes he made. You hardly heard them because you knew he was on the path to greatness. Your son felt your belief. He saw it in your eyes. He felt it course through his being. It inspired him. Every time he looked at his long fingers he thought about his talent. He felt proud of himself. He knew he could do it. Your unwavering faith inspired him to be the best he can be."

My advice to you is this. Forget about the boxes and the labels. Ignore the judgments. Your child is fascinating. Your child is a unique and wonderful being who is incredibly special. Give him the tools. Encourage him on his journey. Never lose faith in him. Stand by his side. Teach him as much as you can. Watch in delight as he soars far beyond everyone's expectations. Everyone's except yours and all those who joined your belief along the way!

From the Director:

It is hard to believe that it's almost fall again. The weather is already starting to cool off, days are getting shorter, and the kids and youth are headed back to school. Fall always brings a sense of transition as the leaves change colors. The Federation is undergoing its fair share of transitions. In August, James Sawyer, the Youth Coordinator for the Federation, decided to move across the country. He is enjoying a new life in Sarasota, Florida as the Youth Coordinator for their System of Care. James did so much for Idaho in increasing the involvement of youth statewide. I believe his warm caring personality made youth feel at ease and comfortable with him. We wish James the best of luck in his new venture.

During this time of transition, the Youth Coordinator role will be filled by Lacey Sinn and Nicole Gustafson. It is the intention of the organization to identify and hire two youth who have experienced the CMH system to job share with Lacey and Nicole. In the meantime, the youth activities will continue as planned.

We appreciate your continued support of our organization. Enjoy this wonderful season.

Sincerely, Courtney Lester

Building Community, Taking Action: Mental Illness Awareness Week

October 7-13:

Established in 1990 by Congress, the first week of October is designated as Mental Illness Awareness Week. Bipolar Disorder Awareness Day is held each year on the Thursday of this week, to encourage further understanding and promotion of early intervention and treatment for this mental illness. The community is encouraged to learn more about mental illness and understand its impact on society; participate in free mental health screenings held in many communities; reach out to individuals with mental illness; and encourage individuals to seek treatment.

Real recovery from mental illness requires community action, understanding, and teamwork. Recovery is possible because of improved science, better community supports, and reduced stigma, but significant barriers still remain. Services are at risk, there is minimal insurance available for those who work, and stigma, though less today than when MIAW was founded, is still prevalent.

How To Advocate For Your Child

"We ourselves must be the change we wish to see in others." -- Mahatma Gandhi

WHAT ADVOCATES DO:

- Gather facts and information to learn about your child's needs
- Educate yourself by knowing how decisions are made and by whom
- Learn about rights and responsibilities (both yours and theirs)
- Plan and prepare for meetings
- Ask questions, listen to answers and identify problems
- Negotiate for services, discuss issues, and propose solutions

ADVOCATING EFFECTIVELY

- Choose only one issue or objective at a time to tackle and focus on
- Learn as much as possible about the issue and about the system that needs changing
- Practice public speaking
- Write letters
- Make contact with key decision makers
- Realize it takes time, energy, and hard work
- Be prepared to hang in there for the long haul
- Have stamina and fortitude when confronted with negative attitudes, stigma, or meager resources
- Speak up and make requests firmly and repeatedly until action is taken
- Feel good about yourself
- Be prepared to step forward and take risks

save the date

Youth Suicide Prevention VGR Series

This Youth Suicide Prevention VGR Series is a four week series that will be video-cast throughout Idaho. Speakers will cover topics on substance abuse and mental illness, trauma, community collaboration, and evidence-based approaches to youth suicide prevention. Family members, clinicians, educators, advocates and those who work with or have an interest in youth suicide prevention are invited. All sessions will run on Thursdays from 10:00am to 12:00pm MT (9:00am to 11:00am PT).

October 4, 2007: Why are evidence-based programs critical for youth suicide prevention?

October 11, 2007: The link between mental illness and substance abuse

October 18, 2007: Cultural Issues in Historical Trauma

October 25, 2007: Strengthening your community for suicide prevention

Registration

The session is FREE but seating is limited.

To register, please go to the TeleHealth Idaho website:

telida.isu.edu and click on the VGR registration tab on the left side bar.

Federation Provider Training

Coming this Fall!

19th Annual National Federation of Families Conference

December 7th-9th, Washington D.C. www.ffcmh.org



Facts on Children's Mental Health in America

By: NAMI

The reports by the U.S. Surgeon General¹ and President Bush's New Freedom Commission on Mental Health offer great hope to the millions of children and adolescents living with mental disorders and their families.² Through appropriate identification, evaluation, and treatment, children and adolescents with mental illnesses can embrace the hope of recovery. They can achieve success in school, in work, and in family life. Nonetheless, the overwhelming majority of children with mental illnesses fail to be identified, lack access to treatment, and needlessly struggle throughout their lives. Stigma persists, and as a result, millions of young people in this country are left behind or go without appropriate necessary care.

Prevalence of Child and Adolescent Mental Disorders

- Four million children and adolescents in this country struggle with a serious mental disorder that causes significant functional impairments at home, at school, and with peers. Twenty-one percent of our nation's children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment.¹
- Half of all lifetime cases of mental disorders begin by age 14. Despite effective treatments, there are long delays—sometimes decades—between the first onset of symptoms and when people seek and receive treatment. An untreated mental illness can lead to more severe symptoms, the development of co-occurring mental illnesses.³
- In any given year, only 20 percent of children with mental illnesses are identified and receive mental health services.⁴

Consequences of Untreated Mental Illnesses in Children and Adolescents Suicide

- Suicide is the third leading cause of death in youth aged 15 to 24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.⁵ Over 90 percent of children and adolescents who commit suicide have a mental disorder.⁶
- In 2002, almost 4,300 young people aged 10 to 24 died in this country by suicide.⁷
- States spend nearly \$1 billion annually on medical costs associated with completed suicides and suicide attempts by youth up to 20 years of age.⁸

Failure in School

- Approximately 50 percent of students with a mental illness age 14 and older drop out of high school; this is the highest dropout rate of any disability group.⁹

Juvenile and Criminal Justice Involvement

- Youth with unidentified and untreated mental illnesses also tragically end up in jails and prisons. According to a NIMH funded study—the largest such study on this issue—an alarming 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness.¹⁰ We are incarcerating youth with mental illnesses, some as young as eight years old, rather than identifying their illnesses early and intervening with appropriate treatment and supports.

Spiraling Higher Health Care Costs

- When children with untreated mental illnesses become adults, they generally use more health care services and incur higher health care costs than other adults. Left untreated, childhood illnesses are likely to persist and lead to a downward spiral of school failure, limited or non-existent employment opportunities, and poverty in adulthood. No other illnesses harm so many children so seriously.²

Early Identification, Evaluation, and Treatment are Essential to Recovery and Resiliency

- Research shows that early identification and intervention can minimize the long-term disability of mental disorders.²
- Mental illnesses in children and adolescents are real and can be effectively treated, especially when identified and treated early.
- Research has yielded important advances in the development of effective treatment for children and adolescents living with mental illness. Early identification and treatment prevents the loss of critical developmental years that cannot be recovered and helps youth avoid years of unnecessary suffering.¹¹
- Early and effective mental health treatment can prevent a significant proportion of delinquent and violent youth from future violence and crime.¹² It also enables children and adolescents to succeed in school, to develop socially, and to fully experience the developmental opportunities of childhood.

1 U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

2 New Freedom Commission on Mental Health. *Achieving the Promise: Transforming Mental Health Care in America*. Final Report. DHHS Pub. No. SMA-0303832. Rockville, MD: 2003.

3 National Institute of Mental Health Release of landmark and collaborative study conducted by Harvard University, the University of Michigan and the NIMH Intramural Research Program (release dated June 6, 2005 and accessed at www.nimh.nih.gov).

4 U.S. Public Health Service. Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services, 2000.

5 National Strategy for Suicide Prevention: Goals and Objectives for Action. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, 2001.

6 Shaffer, D., & Craft, L. Methods of Adolescent Suicide Prevention. *Journal of Clinical Psychiatry*, 60 (Suppl. 2), 70-74, 1999.

7 Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports; vol. 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

8 NGA Center for Best Practices. *Youth Suicide Prevention: Strengthening State Policies and School-Based Strategies*

9 U.S. Department of Education. *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Washington, D.C., 2001.

10 Teplin, L. *Archives of General Psychiatry*, Vol. 59, December 2002.

11 The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment. *Blueprint for Change: Research on Child and Adolescent Mental Health*. Washington, D.C.: 2001.

12 U.S. Surgeon General. *Youth Violence: A Report of the Surgeon General*. DHHS. Rockville, MD: 2001.

NAMI is the National Alliance on Mental Illness, the largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a nationwide organization with affiliates in every state and in more than 1,100 local communities across the country. NAMI, 2107 Wilson Blvd, Suite 300, Arlington, VA 22201 (800) 950-6264 www.nami.org

IDAHO YOUTH COUNCIL RETREAT A SUCCESS!

During transition of the Youth Coordinator position, we at the Federation realized planning for the second youth council retreat would begin directly after the departure of James Sawyer. This left us very anxious. However, this feeling was short-lived; with the help of the youth we have since completed another very successful retreat. Our retreat took place August 15th-17th in Boise. The council not only completed the design and content of their soon-to-be-published youth council brochure, but they also established their initial plan for upcoming trainings. It was determined that the council would work with the Federation in a collaborative effort to bring trainings to each region in Idaho. This training curriculum will not only be designed by the youth of the council, but even more exciting it will be taught by the youth themselves. The youth firmly believe that with their different disabilities and skills they can provide firsthand knowledge about mental health diagnoses and experiences that providers would otherwise not have the possibility to observe. Each council member displayed excitement about the opportunity to present to providers around the state. The council believes this training will be an essential part of helping 'youth become an equal partner in all facets of their care.' As the second Idaho Youth Council retreat is completed youth throughout the state should be excited and hopeful for what is to come.

- Lacey

Functional Family Therapy

By Kathleen Mulroy

Functional Family Therapy (FFT) is a family-based intervention program directed toward at-risk children and youth. It is often used with youth who have been in the juvenile justice system, but can also assist youth with mental health issues and their families. FFT is used by various community agencies, including the Department of Health and Welfare, Children's Mental Health, and by private clinicians.

A major goal of FFT is to improve family communication and supportiveness. Within the FFT model, parents are considered equal and indispensable partners in treatment. They are expected to be actively involved in the development of a goal-oriented treatment plan, attend and participate in case staffing, and attend and participate in all scheduled meetings and activities. Parents are considered to be the primary caretakers and decision makers regarding their children's welfare (unless otherwise specified by the court). Family members are responsible for providing accurate, complete information about present and past issues that may impact services. The program is conducted by family therapists who work with the whole family either in a clinical setting or, more often, in the home. The therapist helps the at-risk youth and all family members develop positive behavior changes and conflict management skills. He or she also teaches better parenting strategies and acts as a resource to family members to help them work through problems so that they can remain together as a family. Each phase of treatment includes assessment, specific techniques of intervention, and specific goals. There may be anywhere from 8 to 26 sessions, each lasting about an hour.

FFT has over 50 active, certified service sites in more than 15 states. These sites serve thousands of youth and their families each year. Clinicians who have successfully implemented FFT include trained professionals with master's degrees in public health nursing, social work, marriage and family counseling, clinical psychology, licensed mental health counseling, probation services, criminology, psychiatry and recreation therapy.

FFT is effective in a variety of situations. It can be used to treat adolescents with, among other issues, conduct disorder, ODD, alcohol and drug abuse disorders. Research indicates that FFT can reduce the likelihood of a youth re-entering the criminal justice system. FFT has a strong success rate because it integrates a clear, comprehensive clinical model, has a systematic training and community implementation program, and incorporates a family-focused approach which provides the family with specific goals. It is respectful of individual families, cultures, and community needs.

Membership Information

The Idaho Federation of Families for Children's Mental Health exists in order to provide education, advocacy, and support for families of children with emotional, behavioral or mental health needs. We provide these services throughout the state to all families who request them. Fees are never charged nor sought. The organization exists solely on grant funds, donations, agency services, and memberships. Your membership makes it possible for us to provide these services and to continue our work. We seek your help by becoming a member today. Please help us continue to advocate for children's mental health services in Idaho.

With a membership, families will receive the Federation newsletter, invitations to conferences, opportunities to attend national conferences, updates on policy and legislative activities, and much more.

(CHECK ONE)

- Individual Membership - \$10
- Youth Membership - free
- Family Membership - \$20
- Non-profit Agency Membership - \$75
- Business Membership - \$150
- Unable to pay (family members only)

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

E-Mail _____

I would like to be placed on your email list-serve

Non-Membership tax deductible contribution _____

I would like to sponsor a family membership _____

MAIL TO: The Idaho Federation of Families for Children's Mental Health, 1509 S. Robert St. Suite 101, Boise, ID 83705

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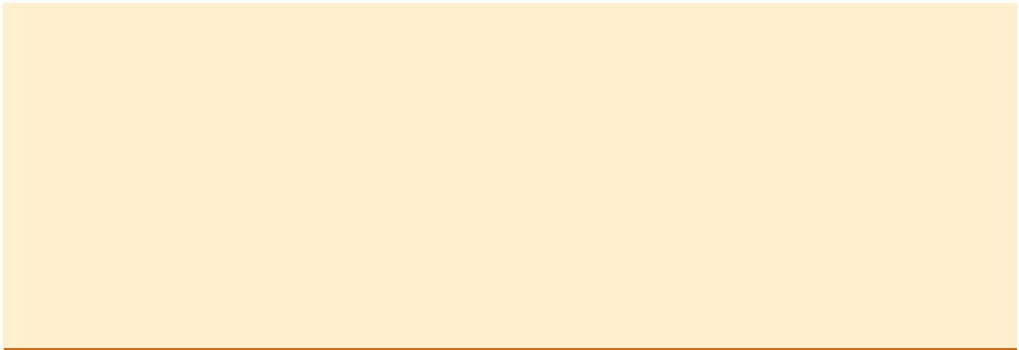


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address correction requested

CALL FOR ACTION

This 'call for action' comes with great urgency and importance. CMS (Centers for Medicare and Medicaid Services) are looking to change rules regarding rehabilitation services covered under Medicaid. "Habilitation" services are to be excluded from the clinic and rehabilitation services categories. If you have a child that receives PSR services, it would be paid under this category. This is of particular importance for children with mental health needs as they probably cannot be funded under another category. Some of the children with developmental disabilities can be paid under a different Medicaid category. What CMS is looking to change is how states are defining rehabilitation services. They state that in order for a service to be paid under this category (PSR for example) they need to strictly work on rehabilitation, not any new skill building. Therefore, if a child receiving PSR is going to be taught a new skill, it would not be covered under this Medicaid service. CMS is accepting public comment until October 12th. Please take a few minutes out of your day to look at the proposal and then submit your comments.

The CMS publication of proposed rules can be found at the following site:

<http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/CMS2261P.pdf>

Please call our office if you have any additional questions or need assistance.

COMPUTERS FOR KIDS, INC.

Computers for Kids, Inc. (CFK) is a non profit organization working to close the "digital divide" by providing youngsters with home PCs with which to equalize their educational opportunities. Without help from CFK, the future for these kids would look bleak. Unable to purchase a home PC because of economic reasons, they would, in all probability, fall behind in their assignments which require Internet based research, and attain lower passing grades. Worse yet, it would lower their expectations towards moving on to higher education, while lowering their sense of self-esteem.

CFK strives to level the playing field, and gives these very capable youngsters hope for a better future. The idea is to expose students to technology, help them improve academically, and give them a feeling of empowerment and accomplishment. A student helped today could be a leader of tomorrow. If you know a child who would benefit from this opportunity, please fill out an application at the following website: <http://www.cfkidaho.org/>

COMPUTERS ARE AVAILABLE WITH: Windows 2000 and 128 Memory

2 Educational Software Programs / Pentium III Grades K-12

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Boise	All Year	Jan, Feb, May, Aug, Nov & Dec
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Idaho Falls	April 1st to July 31st	September
Twin Falls	May 1st to Aug 31st	October

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