

February 22, 2013

To assist Consumers with the problem of finding new Personal Care Assistants, [Consumer Directed Services](http://www.ConsumerDirectedServices.com) created a FREE Employment Information Bridge between Consumers and PCA Candidates.

- [Consumers / Advocates](#)

- To receive a copy of the weekly Newsletter, a Consumer or Advocate need only send me an email to elitcher@consumerdirectedservices.com and include your name and the text **Newsletter Request**.
- To search for a New Personal Assistant go to the [Consumer Directed Services](http://www.ConsumerDirectedServices.com) website and complete the form at the following link [Consumer / Advocate - Search for a PCA Candidate](#). When your information is received it will be distributed to all of the PCA Candidates enrolled in the database and a variety of other Employment Resources.

- [Personal Care Assistant \(PCA\) Candidates](#)

To include your information in the Newsletter and Database, go to the [Consumer Directed Services](http://www.ConsumerDirectedServices.com) website and complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#). As of the above date, **571** [Personal Assistant Candidates](#) have already been enrolled.

To insure that this Newsletter will be available to as many Consumers / Advocates as possible, previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](http://www.ConsumerDirectedServices.com) home page. Finally, if you have any questions, comments, or recommendations about this service, or should you wish to remove your address from this list, please contact send an email to elitcher@consumerdirectedservices.com.

Best Regards, Ed Litcher

Notes

Consumers Wanted: For an Employment Information Bridge to work it requires traffic to flow in both directions. If you are in a Consumer Directed Personal Assistance Program, you will eventually need to find a new Home Care Worker. And up to now you may have relied upon Friends, Family, an Agency or you may have chosen to put your own advertisement on the Internet (See the list of Internet resources on the PCA Employment Agency page of this newsletter). Therefore, to help you find the PCA Candidate of your choice, I urge you, to do everything you ordinarily do, to consider an Internet resource and to try www.ConsumerDirectedServices.com. Finally, if you try Consumer Directed Services, please spread the word. Tell your friends and associates about this **FREE** service.

Consumers Searching
Should you require additional information
Please Contact the Consumer Directly.

PCA Candidates

Consumer Directed Services is not an Agency and makes no representation (positive or negative) regarding the appropriateness of any PCA Candidate, or the terms and conditions of any employment relationship. All employment and payment decisions are the exclusive responsibility of the Consumer.

rosannejackson375@yahoo.com on Thursday, February 21, 2013 at 20:33:10

Personal Assistant Candidate: Rosanne Jackson
Address1: 1930 Harrison Ave 2f Bronx
Phone: [718293-0735](tel:718293-0735)
Best Time: noon
Gender: Female
Type of Position: Personal Care / Home Health
Experience: Children,, Teens,, Young Adults,, Seniors,
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: 35
Days per Week: 71
Preferred Start Time: 10:pm
Days I Would Like to Work: sun Tuesday Wednesday Thursday
Target Salary Per Hour: 9.00
Target Salary Per Day: 45
Target Salary Per Week: 300.00
Comments: I have a childcare certificate. Home health Aide certificate and work home health aide for a couple 5 yrs

christinestnge@yahoo.com on Monday, February 18, 2013 at 18:53:22

Personal Assistant Candidate: Christine
Address1: 4005 college pt. blvd
Phone: [718 930-9719](tel:718930-9719)
Best Time: anytime

Gender: Female

Type of Position: Personal Care / Home Health

Experience: Children,, Teens,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Amputation,, Wheelchairs,, Lifters,, Other Equipment,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,

Description of Languages: English, sign language

Documentation Available: Social Security Number,, Proof of Identity,, Recommendations

Hours per Week: 40

Days per Week: 5

Preferred Start Time: anytime

Days I Would Like to Work: any days

I am willing to work a 24 Hour Sleep-In schedule: yes for 2 or 3 days

Target Salary Per Hour: 10hrly

Comments: I am reliable, dependable, compassionate and patient easy to get along with. I have over 15 yrs experience as a HHA, CNA, and personnel care asst. I also have training in CPR and can provide excellent references

Rildapcrossley@gmail.com on Saturday, February 16, 2013 at 12:37:46

Personal Assistant Candidate: Rilda Royal

Address1: 776 North Oak Drive

Address2: Bronx

Address3: 10467

Phone: 646 286 1777

Best Time: any time

Gender: Female

Type of Position: Personal Care / Home Health

Description of Other Type of Position: domestic homemaking

Experience: Children,, Teens,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Amputation,, Ventilators,, Wheelchairs,, Lifters,, Other Equipment,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,, Special Diets,

Description of Languages: English

Description of Other: no other

Documentation Available: Social Security Number,, Proof of Identity,, Recommendations

Hours per Week: 40+

Preferred Start Time: 8-9

Days I Would Like to Work: any days is good

I am willing to work a 24 Hour Sleep-In schedule: yes

Target Salary Per Hour: 10

Comments: I am HHA certified fully experienced with all types of patients baths, dressing, grooming, serving meals, special diet describe.

Articles Related to the CDPAP

CDPAANYS 2013 Budget and Legislative Agenda

Consumer Directed Personal Assistance (CDPA) is a relatively new Medicaid service in the community based long term care industry, different from traditional community - based long term care in that it gives primary control of the everyday operation of the service to the consumer instead of an agency. The consumer is responsible for recruiting, hiring, training, supervising, and if necessary, terminating his or her own workers. This level of control provides the consumer with a degree of independence to consumers and cost - effectiveness for the state that more traditional models cannot match.

CDPAANYS proposes the following agenda in order to protect maintain and grow CDPA and protect the consumers who rely on the service.

Protect and Incentivize Community - Based Services such as CDPA – As the state transition s new services and populations to managed care and managed long term care, protections must be in place to ensure that reimbursement remains adequate so consumers in CDPA attract and retain high quality workers. A primary component of this must be the rethinking of the long - term care system to create a system that prioritizes care in the community, and puts in place rates and contract language that will reflect these priorities. Such changes will ensure that reimbursement remains adequate for consumers to attract and retain a high quality workforce and fiscal intermediaries will be reimbursed in a timely manner.

Include Fiscal Intermediaries in prompt - pay laws – As CDPA joins managed care and managed long term care, it is imperative that Fiscal Intermediaries be included in the prompt - pay law (Insurance Law 3224 - a) and overpayment recoupment law (Insurance Law 3224 - b). CDPA will not be able to exist without these basic protections.

CDPA must be the “front door” of the long term care system – In Texas and other states, consumers are assessed and educated about consumer direction before any other services. If New York were to employ such a sys tem, it would alleviate many of the strains on the current system, including professional workforce issues, cultural and linguistic shortfalls and cost, all while improving quality of care .

The state must take advantage of the availability of increased federal funds from Community First Choice – The Affordable Care Act gives states the availability of 6% increase in Federal matching funds for increasing services offered through CDPA and similar models. In order to maximize the availability of increased federal resources during these difficult times, the state must submit an application to take advantage of this funding and support access to consumer directed community - based services.

CDPA must be include d in wage parity laws – In the living wage counties of Nassau, New York City, Suffolk and Westchester, home care agencies are required to pay their workers a higher wage based on the prevailing rate of total compensation for New York City in order to receive a contract with a managed care plan. Despite the f act that CDPA was always bound by county living wage laws, the program was not included in this wage parity law. This will degrade workers’ salaries to a point where consumers are unable to attract and retain an adequate workforce and place the viability and quality of the program in jeopardy.

Use funding and capitation to create the system the State wants – Systems do not change by themselves. The state must take appropriate steps to create a long term care system that respects the individual and his or her right to live in the community. To do this, the state must increase capitation rates for health plans for community - based care, including the provision of stepped payment structures for high needs individuals that will deter plans from lowering costs by shifting such consumers to institutional care.

Hold the community - based long - term care system harmless from cuts due to CMS overpayments via OPWDD – CDPAANYS recognize that the state is facing a \$1 billion Medicaid gap as the Federal government seeks recoupments from the reimbursement mechanism that was put in place over 35 years ago. Fiscal intermediaries are already being reimbursed at rates lower than cost in some instances, further cuts would destroy the program's viability. Therefore, while we urge that state to fight these recoupments; CDPA did not benefit from these payments and we insist that CDPA be held harmless in closing any potential gap.

Provide protections and supports for consumers who choose CDPA – CDPA allows people with chronic conditions to become the employers of their own workers, which provides control and freedom at a lower fiscal cost to the state or health plan. However, it also introduces other complexities that can place obstacles in the way of success. In order to aid consumers and enjoy the benefits that the program brings to all parties, the state must enact a series of supports and protections that will tear down the barriers to success and prevent a confusing array of new Managed Long Term Care options.

Fiscal Intermediaries must be certified – Currently, there is no certification or licensure process that needs to be undertaken for an organization to be a fiscal intermediary. Without such standards, managed care companies and consumers have no way in which to know with whom to contract . . Certification or licensure provide a critical tool in protecting the quality of a service being offered, protections that benefit the state, managed care plans and consumers. CDPA should not be without such protections.

Those doing assessments must not be allowed to provide care – Licensed Home Care Service Agencies (LHCSAs) have nurses on staff and are contracting with managed care companies to provide assessments. Agencies that offer services and do assessments can prevent consumers from exercising their choices by selling their own services or agency while doing an assessment . This is a blatant conflict of interest that must be terminated to protect consumers and their ability to determine for themselves without undue influence, what services and providers they wish to use.

Provide funding for peer counseling in CDPA – CDPAANYS piloted a peer counseling program as part of a Legislative initiative. In just under one year, we identified a strong desire for such services among both consumers who are new to the program and those who have been using it for a long time. Peer counseling has successfully been used in other programs to reduce hospitalizations, increase compliance with treatment regimens and other outcomes that would dramatically improve CDPA, improve the quality of care and reduce costs associated with the program.

Protect dual - eligibles, as they transition to managed long term care – Most dual eligibles, those receiving both Medicare and Medicaid, have previously been exempt from managed care. As they enter an increasingly complex and bureaucratic system of managed long term care, mechanisms must be put in place to protect their due process rights and help them navigate the often complex networks of health plans.

Consumers must retain their due process rights in managed care – Consumers have long had the right to request a fair hearing and, while awaiting such hearing, continue to receive services at their current level, a process called “aid continuing.” The elimination of “aid continuing” and the requirement that consumers go through endless bureaucratic appeals will mean that consumers’ disputes will be meaningless and could prevent that individual from successfully remaining in the community.

An Ombuds program must be created to help consumers in managed care – As individuals with complex needs are brought into managed care and managed long term care, they will undoubtedly face challenges to accessing services such as inaccessible doctor’s offices, confusing communications plans, reductions in hours/services without assistance with grievance process, just to name a few. The State must support the creation of an Ombuds program that will help consumers get the services they need and protect their rights as the shift to this new system takes place.

Ensure proper Legislative oversight of the Fully Integrated Dual Advantage (FIDA) demonstration program – FIDA stands to become the predominant means by which the majority of dually eligible individuals and individuals with developmental disabilities receive coordinated Medicaid and Medicare services. It is imperative that proper Legislative and regulatory systems are in place to serve as long-term protections to consumers, including proper Legislative oversight, public input for regulatory changes and transparency for the choice of plans operating in the system.

Expand CDPA beyond Medicaid – Currently, those on Medicaid have access to CDPA through Medicaid and the wealthy have access to CDPA through their ability to avoid scope of practice rules by self-paying. However, there is no way for the increasing number of seniors and individuals with chronic health needs to use this program, a program that can extend their time off Medicaid, increase their independence and enhance their dignity. Further, the lack of a full CDPA option outside Medicaid forces individuals to stay in Medicaid if they become employed, and speeds the path to Medicaid eligibility for others requiring long term care.

The Nurse Practice Act must be protected - CDPA is possible because of an exemption from the Nurse Practice Act that allows personal assistants working in the program to perform nursing tasks, even if they are not a nurse. This works because consumers are self-directing and in full control of the services being provided, including the training of the worker. Proposals that would expand this exemption must be limited in scope and apply only to consumers who are capable of self-directing their own care, whether in CDPA or another model, including the Community First Choice Option.

<http://www.cdpaanys.org/CDPAANYS%20Legislative%20Agenda.pdf>

Federal, state governments preparing for need for aides

By AMY NEFF ROTH - [Observer-Dispatch](#) - Posted Feb 16, 2013 @ 07:45 PM

The federal and state government have taken an interest recently in long-term care. And some of their actions could have an impact on long-term-care workers, such as certified nursing assistants and home health aides.

Here's what the government is up to:

* As part of last year's budget, the state is requiring employers in New York City and three surrounding counties to raise salaries for home health aides to "living wages" (\$10 an hour in New York City). The law corrects a unique situation in the area: home health aides there have been paid less than personal care aides who have less training.

* Gov. Andrew Cuomo has made two proposals that would let home health aides get more training so that they can, in one, give patients medications in certain circumstances and, in the second, become advanced aides. Home health aides already can give out medications in certain circumstances, but with a different training method, said Carol Rodat, policy director for PHI New York, a nonprofit authority on "direct care" jobs in health care. It's not clear yet exactly how either proposal would work if implemented, she said.

* The state's Medicaid reform plan is moving all patients who receive more than 120 days of home or community-based care into managed care plan, which will receive a lump sum payment to care for each patient. These plans might want to give health care aides more duties – or get the state to expand what they're allowed to do — as a way of saving money by reducing the need for nursing care, Rodat said.

* New York's consumer directed personal assistance program allows Medicaid patients who need home care or a family member – if they're deemed capable – to choose, train, supervise and fire their own home health worker. This worker is allowed to perform duties normally reserved for nurses. It's been around for decades, but has become much more popular lately, particularly with younger people with disabilities, Rodat said. Michael Romano, director of the Oneida County Office for Aging and Continuing Care, said that models are being developed to use consumer directed care across the state for people who receive services through money from the U.S. Administration on Aging.

* Congress voted to establish a voluntary long term care insurance program in 2010 as part of health care reform. But Congress then repealed the measure as part of the fiscal cliff deal and instead voted to establish a commission to develop a plan for meeting the nation's long-term -care needs.

<http://www.uticaod.com/news/x206928224/Federal-state-governments-preparing-for-need-for-aides>

U.S. Rep. Ed Markey's economic plan would end corporate tax breaks, cut defense spending, eliminate oil subsidies and reform Medicare

By [Shira Schoenberg, Political Correspondent](#)

on February 20, 2013 at 1:32 PM, updated February 20, 2013 at 1:42 PM

With debate continuing in Washington over [how to avert scheduled budget cuts](#), Democratic U.S. Rep. [Edward Markey](#) has laid out his own economic proposal, which he says would save the federal government \$1.3 trillion.

[Markey's economic plan](#) is the first detailed policy proposal he has laid out during his U.S. Senate campaign. It addresses four areas – ending tax breaks, cutting the defense budget, ending subsidies to oil companies and making reforms to Medicare. Several proposals are key Democratic Party planks and have little chance of passing Congress. But the plan provides insight into Markey's economic views, as the economy remains a top issue for voters who will cast ballots in Massachusetts' special election.

Markey is facing U.S. Rep. Stephen Lynch in the Democratic primary. State Rep. Daniel Winslow, former U.S. Attorney Michael Sullivan and former Navy SEAL Gabriel Gomez are running as Republicans.

Markey released the plan Friday in a report warning of the impact of sequestration - across the board budget cuts set to be implemented next month if Congress does not act - on Massachusetts. "We need a new plan that makes sure the neediest among us can eat, heat their homes and educate their kids before we preserve wasteful programs for nuclear weapons or oil companies," Markey said in a statement.

More than \$1 trillion of the savings in Markey's plan comes from tax reform, and the lion's share of that comes from a bill called the [Stop Tax Haven Abuse Act](#). Versions of the bill were introduced in 2011 by Sen. Carl Levin, a Michigan Democrat, and Rep. Lloyd Doggett, a Texas Democrat, but remained in committee. Similar bills were introduced in 2007 and 2009. The bill would take steps to stop companies from sheltering money overseas. Among other provisions, it would require foreign corporations primarily controlled in the U.S. to register as domestic corporations for tax purposes and would include tighter disclosure requirements and penalties relating to offshore tax shelters.

Markey would also support a change advocated for by Democratic President Barack Obama that would tax carried interest at the same rate as ordinary income. The current tax system allows investment fund managers to have their proceeds taxed at the lower capital gains rate. Markey would reduce corporate tax deductions given for stock options, jets and entertainment and would increase taxes on oil companies.

Michael Goodman, chairman of the Department of Public Policy at the University of Massachusetts Dartmouth, who is unaffiliated with any campaign, said since 1980, the tax burden has shifted away from corporations to individuals. "The proposals contained in this would begin to remedy that," Goodman said, by shifting more of the tax burden onto businesses.

However, the chances of such reforms passing Congress are minimal. Jeffrey Berry, professor of American Politics at Tufts University, said the tax breaks exist because powerful economic industries pushed for them. "These are long cherished Democratic chestnuts that they roll out every time discussion emerges about the need to reduce the federal deficit," Berry said. "In and of themselves, they are laudable, but given Republican intransigence on ending tax expenditures that favor corporations, they are unlikely to ever be enacted." Republicans have opposed raising taxes on businesses, arguing that it will hurt job creation.

Berry said the only chance of getting these changes passed is through broad tax reform that would also lower tax rates, but there is not enough goodwill between the two parties in the current Congress to accomplish that.

In other areas, Markey is proposing cutting \$105 billion from the defense budget, through a [bill he introduced last year](#) cutting the size of the U.S. nuclear weapons program.

This plan could have some regional impact by reducing the U.S. fleet of nuclear submarines and delaying the purchase of new ones. Many of the military's submarines are made by General Dynamics Electric Boat, a company with facilities in Rhode Island and Connecticut.

Markey wants to save \$40 billion by cutting tax breaks to oil companies and using that money to provide additional subsidies to the renewable energy industry. This is another suggestion that has been made frequently by Democrats but never adopted. Markey [introduced a bill](#) to do this last year, but it died in committee. The renewable energy industry already [gets more money in government subsidies](#) than the oil industry.

Markey's proposal has the dual political benefit of appealing to environmentalists – a major constituency for him – and helping Massachusetts. Massachusetts does not produce oil or natural gas, but does have companies and universities researching and developing renewable energy technology.

There are environmental benefits to clean energy, though the technology is not advanced enough to make it cost effective. Goodman said it is sensible fiscal policy to pay for subsidies to those industries by eliminating oil subsidies. Though that could raise consumer oil costs, Goodman said he has not seen a compelling argument for continuing to subsidize the profitable industry. “The idea the federal government should subsidize producers to keep costs lower is not wise economic policy,” he said.

Markey would also support saving \$187 billion through Medicare changes. One proposal Markey authored involves coordinating care for seniors in their homes. Under Obama's Affordable Care Act, the “Independence at Home” program is now a pilot program in 18 locations nationwide, including Boston Medical Center. Markey would expand it. [The Boston Globe](#), reporting on the Boston Medical Center pilot, wrote that studies have been mixed on the cost impact of caring for seniors at home, and the pilot program of 10,000 patients nationally will be a long-term study of both cost and quality.

Markey would also change the way Medicare purchases prescription drugs, requiring drug manufacturers to give the same discounts to low-income Medicare patients as they would give Medicaid patients.

Berry said politically, the proposal lets Markey show a willingness to cut an entitlement program, typically a favored program for Democrats. At the same time, the changes do not negatively impact care, so senior citizens will not worry.

Economically, Goodman said while the efficacy of these proposals remains to be seen, the challenge of controlling Medicare costs without risking the quality of care “may be biggest domestic public policy problem facing the U.S. today.”

http://www.masslive.com/politics/index.ssf/2013/02/us_rep_edward_markeys_economic.html

Local Independent Living Centers

- Bronx Independent Living Services, Inc. (BILS)
4419 Third Ave, #2C, Bronx, NY 10457
TEL [718 515-2800 x 116](tel:7185152800) / TTY [718 515-2803](tel:7185152803) / FAX [718 515-2844](tel:7185152844)
- Brooklyn Center for Independence of the Disabled (BCID)
27 Smith St, #200, Brooklyn, NY 11201
TEL [718 998-3000](tel:7189983000) / TTY [718 998-7406](tel:7189987406) / FAX [718 998-3743](tel:7189983743)
- Center for Independence of the Disabled in NY (CID-NY) (Manhattan)
841 Broadway, #301, New York, NY 10003
TEL [212 674-2300](tel:2126742300) V / TTY [212-674-5619](tel:2126745619) / FAX [212-254-5953](tel:2122545953)
- CID-NY/Queens
137-02A Northern Blvd, Flushing, NY 11354
Phone: [646-442-1520](tel:6464421520) / Sorenson VP [866-948-1064](tel:8669481064) / TTY [718-886-0427](tel:7188860427) / Fax 718-886-0428
- Harlem Independent Living Center (HILC) (Manhattan)
289 St. Nicholas Ave, #21 Lower Level, New York, NY 10027
TEL 212-222-7122 / Sorenson VP 646-755-3092 / Relay 866-326-5876 / FAX 212-222-7199
info@hilc.org
- Staten Island Center for Independent Living (SIILC)
470 Castleton Ave, Staten Island, NY 10301
TEL 718-720-9016 / TTY 718-720-9870 / FAX 718-720-9664
- Long Island Center for Independent Living (LICIL) (Nassau Co)
3601 Hempstead Turnpike, #208, Levittown, NY 11756
TEL 516-796-0144 / TEL (Español) 516-796-6176 / TTY 516-796-0135 / FAX 516-796-0529 licil@aol.com
- Self Initiated Living Options, Inc. (SILO) (Suffolk Co)
2111 Lakeland Ave, Ronkonkoma, NY 11779
TEL (31-880-7929 / TTY 631-654-8076 / FAX 631-946-6377
contact@siloinc.org
- Westchester Independent Living Center (WILC) (Westchester/White Plains)
200 Hamilton Ave, White Plains, NY 10601
TEL 914-682-3926 / TTY 914-682-0926 / Sorenson Video Phone 866-933 5390 / FAX 914-682-8518
- Westchester Disabled on the Move, Inc. (WDOM) Westchester/Yonkers)
984 No. Broadway, #L-10, Yonkers, NY 10701
TEL 914-968-4717 V & TTY / FAX 914-968-6137

PCA Employment Agencies

If your Personal Care Assistant (PCA) Employment Service assists Self-Pay and CDPAP Consumers in the NYC Metro Area, you can have your agency information added to the following list by completing the [Employment Service Enrollment Form](#).

Blessed Healthcare Staffing Agency, Tissha Thomas
1 Belvedere Ave, Suite A, Farmingdale, NY 11735
tithomas@bhcsa.com
(631) 390-8646

Bronxwork Inc, Kedon Wilson
391 E 149th St, Bronx, NY 10455
kwilson@bronxworks.org
(718) 993-8880 ext. 237

Center For Family Life Employment, Maria Ferreira
443 39th St, Brooklyn, New York 11232
mferreira@cflsp.org
718-633-4823

El Barrio's Operation Fight, Gustavo Rosado
413 E 120th St # 403 New York, NY 10035-3602
ebobf413@aol.com
212-410-7900

Fifth Avenue Committee, Aaron Shiffman
621 DeGraw Street, Brooklyn, New York 11217
ashiffman@fifthave.org
718-237-2017

Kingsborough Comm. College, Marisa Joseph
2001 Oriental Blvd, Brooklyn, NY 11235
marisa.joseph@kbcc.cuny.edu
718-368-5563

Konedu Home Care, LLC, Carie Jones Smith
140 Captain Thomas Blvd West Haven, CT 06516
helpingfamilies@koneduhomecare.com
Phone: [800 418-3299](tel:8004183299)

Mercy Center, Mary Ellen Gianino
377 East 145th Street, Bronx NY 10454-1006
meg@mercycenterbronx.org
(718) 993-2789

Reliable Homecare Solutions LLC
Contact: Reshmi Maharaj, Director
104-28 117 St, 2E, Richmond Hill New York 11419
caresolutions09100@gmail.com
917 378 5769

New York City College of Technology
NYC Technical College Placement Office
300 Jay St, Brooklyn, NY 11201
employmentsvc@citytech.cuny.edu
(718) 260-5050

Northern Manhattan Improvement Corp
Evan Hess
76 Wadsworth Ave, New York, NY 10033
evanhess@nmic.org
212-822-8300

Our Planet Management Institute, Lisa Ying
116 John Street, #200, New York, NY 10038
lisa@opmi.org, 212-269-4000

Supreme Aid Home Care, LLC
Contact: Anna Basel - Owner
37-53, 90th St, Suite 16 Jackson Heights, NY, 11372
info@supremeaidhomecare.com [347-421-2045](tel:3474212045)

YWCA of NYC, Anne Alfred
50 Broadway, New York, NY 10004
aalfred@ywcanyc.org
718-723-6170

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(cost determined by number of weeks)
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