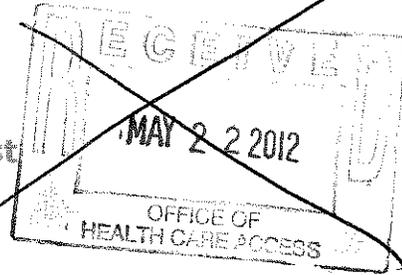


Application Checklist



Instructions:

1. Please check each box below, as appropriate; and
2. The completed checklist *must* be submitted as the first page of the CON application.

- Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.

For OHCA Use Only:

Docket No.: 12-31763-CON Check No.: 1058
 OHCA Verified by: [Signature] Date: 6-7-12

- Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 428-7053, at the time of the publication)
- Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.
- Attached are completed Financial Attachments I and II.
- Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.

Note: A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to ohca@ct.gov.

Important: For CON applications (less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of \$500 must be delivered to OHCA in hardcopy.

- The following have been submitted on a CD
 1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
 2. An electronic copy of the documents in MS Word and MS Excel as appropriate.

JOURNAL REGISTER **PAYMENT RECEIPT**

Account No: 467709

****PAYMENT RECEIPT** & AD COPY**

Ad Number: 2495039

Customer: CARA POWERS, LPC, PH.D CANDIDATE Phone: 2039311184 Fax:

415 MAIN ST.
WEST HAVEN, CT 06516

Class: 1200; LEGALS	Size: 1 X 30.00	
Start Date: 05/15/2012	End Date: 05/17/2012	Times Ordered: 6
Price: \$405.00	Amount Paid: \$405.00	Payment Method: CC

Notes:

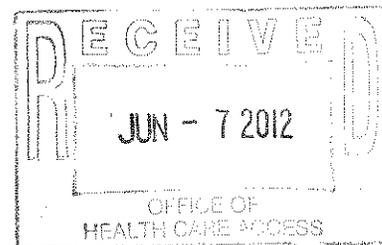
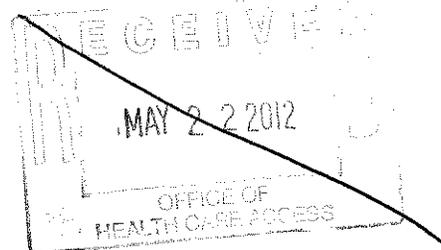
Dates: 05/15/2012 05/15/2012 05/16/2012 05/16/2012 05/17/2012 05/17/2012

Printed By: JSASLAFS

Date Printed: 05/15/2012

LEGAL NOTICE

"Shoreline Wellness Center, LLC is applying for a certificate of need pursuant to Connecticut General Statutes Section 19a-638. Shoreline Wellness Center, LLC is seeking Licensure as a free standing behavioral health clinic that will continue to provide mental health services to children, adults and families. Shoreline Wellness Center, LLC will not provide substance abuse programs or counseling. There will be no changes in Shoreline Wellness, LLC's current operations or the types of services to be provided. Shoreline Wellness Center is located at 415 Main Street, West Haven, Connecticut. The total capital expenditure for the project is \$5,000."
2494520



SHORELINE WELLNESS CENTER

415 MAIN ST
WEST HAVEN, CT 06516
PH 203-931-1184

1058

51-110/211 7561
9152356623

Date 5/16/2012

Pay To The Order of Treasurer State of Connecticut \$ 500.00

five hundred dollars and 00/100 Dollars

 Security Features Details on Back.



Wells Fargo Bank, N.A.
Connecticut
wellsfargo.com

For OHCA-CON APPLICATION

Cara M. Powers MP

⑈0000001058⑈ ⑆021101108⑆ 9152356623⑈

AFFIDAVIT

Applicant: Shoreline Wellness Center, LLC

Project Title: Clinic licensure

I, Cara Powers, Executive Director
(Individual's Name) (Position Title – CEO or CFO)

of Shoreline Wellness Center being duly sworn, depose and state that
(Hospital or Facility Name)

Shoreline Wellness Center's information submitted in this Certificate of
(Hospital or Facility Name)

Need Application is accurate and correct to the best of my knowledge.


Signature

5-18-2012
Date

Subscribed and sworn to before me on May 18th 2012

Notary Public/Commissioner of Superior Court

My commission expires: _____

MARC CINGO
NOTARY PUBLIC OF CONNECTICUT
ID # 160293
My Commission Expires 3/31/2017



**State of Connecticut
Office of Health Care Access
Certificate of Need Application**

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number:

Applicant: Shoreline Wellness Center, LLC

Contact Person: Cara Powers

Contact Person's Title: Executive Director

Contact Person's Address: 415 Main Street
West Haven, CT 06516

Contact Person's Phone Number: (203) 931-1184

Contact Person's Fax Number: (203) 931-0063

Contact Person's Email Address: carampowers@yahoo.com

Project Town: West Haven, CT

Project Name: Clinic Licensure

Statute Reference: Section 19a-638, C.G.S.

Estimated Total Capital Expenditure: \$5,000.00

Shoreline Wellness Center, LLC

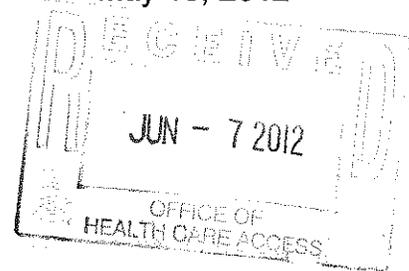


Practice Wellness

415 Main Street
West Haven, CT 06516
(203) 931-1184
www.shorelinewellnesscenter.com

May 18, 2012

**Re: Certificate of Need (CON) Application
New Service (Behavioral Health/Substance Abuse)**



To Whom It May Concern:

Enclosed is our application for a certificate of need (CON) to start the process of becoming credentialed as a free-standing mental health clinic with the Department of Public Health (DPH).

We appreciate your time and attention to this matter and if you should require any additional information or have any questions please do not hesitate to contact us.

Thank you.

Sincerely,

Cara M. Powers, LPC
Executive Director

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1. Project Description

Shoreline Wellness Center, LLC (SWC) is submitting this application as part of a proposal to be credentialed by the State of Connecticut Department of Public Health as a free-standing mental health clinic. If granted this credential, SWC will be able to continue to provide additional graduate student placements for practicums and internships in the fields of Counseling, Social Work and Marriage and Family Therapy. Additionally, the Center will be able to provide employment opportunities for post-graduate, Master's Level Clinicians that are seeking to obtain State of CT licensure in their specific, specialty areas of Counseling, Social Work and Marriage and Family Therapy.

All of these specialties require a minimum of 1500 internship/practicum hours and an additional 3000 post graduate hours of direct client/patient care under the supervision of a licensed professional. Each clinician and graduate student obtaining said hours is required to receive a minimum of one hour of direct supervision per week which includes, but is not limited to; signing and reviewing progress notes, signing and reviewing treatment plans, signing and reviewing treatment plan reviews and discussing and presenting cases on an on-going basis throughout their placement at the Center.

2. Clear Public Need

- a. The proposal's location is the Center's current location. It is located at 415 Main Street, West Haven, CT 06516 and is where SWC currently operates as an independent, multi-specialty group, behavioral health practice.

- i. The rationale for choosing the proposed service location is that SWC is already fully operational at this site as a behavioral health practice. There will be no significant changes to the Center's daily operations if permitted licensure as a free-standing mental health clinic therefore the Center will function in the same manner as it currently operates.

- ii. The service area towns that surround SWC are; West Haven, New Haven, Milford, Orange and Woodbridge. However, SWC currently services clients from all areas of CT and will continue to do so as need allows.

- iii. The population and communities that SWC currently serves is predominantly Caucasian, followed by African American, then Hispanics/Latino. The communities are made up of a small percentage of Asian, Native American, Pacific Islander and multi-racial individuals as well. Additionally, the individuals are predominantly middle to lower income families. SWC is currently averaging at least 5-6 new patient calls per day for individual, group, couples/family services as well as medication management.

SWC continues to expand at a steady pace and hopes to continue this expansion by being permitted to credential and obtain licensure as a free-standing mental health clinic. Throughout this initial expansion thus far, the Center has been hiring licensed per-Diem clinical staff, and has begun providing limited placements for Post-Graduate Clinicians looking to obtain licensure hours and for graduate students requiring internship and practicum placements.

Due to the overwhelming need of mental health services in this specific area of West Haven, Connecticut and in the nation as a whole, the need for quality professionals entering the field of Mental Health is quite evident. Current statistics show that 1 in 4 adults and 1 in 10 children suffer from a mental illness

which equates to approximately 60 million Americans affected by a mental illness (National Institute of Mental Health, 2008). Without placement opportunities that can provide quality training and supervision of these incoming behavioral health professionals the overwhelming need for quality and cost effective mental health services will not be met. Current statistics further show that when individuals receive quality and appropriate mental health care their use of other medical services declines (Rhode Island Psychological Association, 2009). A previous study conducted on individuals diagnosed with anxiety disorders demonstrated that after successful, psychological treatment, the number of medical visits decreased by 90%, laboratory costs decreased by 50%, and overall treatment costs dropped by 35% (Rhode Island Psychological Association, 2009). Research has also shown that individuals with untreated mental health problems visit a medical doctor twice as much as individuals who receive mental health treatment (Rhode Island Psychological Association, 2009).

Additionally, people with good mental health also are better employees as good mental health is associated with higher productivity, better performance, more consistent work attendance, and fewer workplace accidents which are all extremely important benefits in this struggling economy (Rhode Island Psychological Association, 2009).

Unfortunately, when individuals are unable to obtain quality mental health care due to long waiting lists, lack of quality providers, lack of insurance benefits, etc. it is detrimental for the individual as well as society as a whole. Previous research has further indicated that excessive anxiety and stress when left untreated, can contribute to numerous physical problems such as; heart disease, ulcers, and colitis just to name a few (Rhode Island Psychological Association, 2009). Untreated anxiety and stress can also reduce the strength of the immune system, making people more vulnerable to conditions ranging from the common

cold to cancer (Rhode Island Psychological Association, 2009). Furthermore, untreated psychological problems also increase the likelihood that people will make poor behavioral choices which then contributes to more medical problems and legal problems. Smoking, excessive alcohol or drug use, poor eating habits, and reckless behaviors can all result in severe physical problems and an increased need for other types of medical services. These poor behavioral choices also contribute to increased levels of crime and deviant behaviors (Rhode Island Psychological Association, 2009).

Research has shown that half of all lifetime mental illnesses begin by age 14 (Kessler, Chiu, Demler, & Walters, 2005). Children that have undiagnosed and untreated mental health problems will generally go on to have many problems as an adult. Also, children with untreated mental illnesses often do poorly in school, get in trouble with the law, have poor peer relationships and are at risk for a host of other negative and potentially dangerous behaviors. Successful treatment in childhood can often help children lead happy and productive lives and will provide children and their parents the tools to control or possibly help rid the child of the disorder (Tep, 2010).

The need for mental health services as current research has clearly shown is increasing with an overwhelming demand. Through the inclusion of these additional services at SWC the Center will be better able to meet these demands. Furthermore, with continued mutual collaboration with local Universities and State licensing boards the Center will help guide the future of quality mental health care through the continued and ongoing placement of incoming graduate students and post-graduate students.

iv. The proposed patient population is currently being served at our current location at 415 Main Street. Licensure as a free-standing mental health clinic will not change this.

v. Please see SWC Flow Chart in Appendix A

vi. There will be no significant effect of the proposal on the Center's existing staff and/or providers with the exception of the Center's licensed staff possibly seeing more commercially insured clients and being eligible to take Tri-Care clients due to the clinic status. The Center will need to hire an additional Assistant Clinical Director if proposal is approved to assist with counselor supervision and on-call services. The Center will also hire additional administrative staff as necessary if proposal is approved.

3. Projected Volume

a. Table I. Projected Volume

Service Type	Projected Volume (First 3 full operational Fiscal Years and Partial FY)			
	2012 ¹	2013 ²	2014 ³	2015 ⁴
Individual Counseling Sessions	1248	2496	2912	3328
Group Counseling Sessions	60	120	130	140

¹ July 1- December 31, 2012

² Full Calendar Year

³ Full Calendar Year

⁴ Full Calendar Year

Family/Couples Counseling Sessions	312	624	728	832
Total	1620	3240	3770	4300

- b. The projected volume was calculated by including billable services for interns and Master's Level Clinicians' if licensed as a free-standing mental health clinic by September 2012. In the second half of 2012 (starting September 2012) the Center will have 3 graduate students and 3 Master's level clinicians. The total number derived consists of individual, group and family/couples counseling sessions based on each clinician/intern seeing an average of 10 clients per week and running 1 group counseling sessions per week for 8-10 weeks. The number for the family sessions was calculated by taking 20% of the total number of sessions.

The 2013 year numbers were calculated using a full- year with the same numbers.

The 2014 year numbers were calculated the same way as before with the addition of 1 intern/Master's level clinician making the total number of interns/clinicians working at the Center 7.

The 2015 year numbers were calculated the same way as before with the addition of another intern/Master's Level Clinician making the total number of interns/clinician's working at the Center 8.

- c. As stated in Section 2 of this application there is a definite need for more behavioral health services and for placement for incoming mental health students and professionals. Due to the state of the economy the majority of

the client's that SWC services are Medicaid clients specifically, Husky A, Husky B, Husky C, Husky D and Charter Oak. Additionally, the Center sees clients without insurance on a sliding scale and offers pro bono services in certain circumstances. There is a large majority of private clinicians in the surrounding area as well as some of the larger group practices in the surrounding areas that do not accept Medicaid clients and there are very few Psychiatrists and Psychiatric APRN's that accept Medicaid thus limiting the amount of medication management providers substantially in this area. Even with the increasing amount of Per-Diem Clinicians and Graduate and Clinical interns currently at SWC the Center has found it difficult to not wait list clients due to not being able to bill for intern services and being required to provide ongoing weekly supervision without being able to hire additional staff. Due to these factors this substantially reduces the amount of services the Center can afford to provide. If granted status as a free-standing mental health clinic the Center would be able to bill Medicaid for Graduate and Clinical intern services which as the numbers above indicate would allow for a greater volume of clients/patients to receive necessary behavioral health services.

- d. Currently in the United States as stated above, mental illness affects 1 in 4 adults and 1 in 10 children which equates to approximately 60 million Americans affected (National Institute of Mental Health, 2008). In CT there are approximately 400,000 children and families receiving Husky A Medicaid coverage which is up at a 3% increase from 2010 (CT Department of Social Services, 2011). In a 2006 study conducted by the National Alliance for Mental Illness (NAMI) the researchers found that no states were focusing on wellness and/or survival for people with mental illnesses. The researchers for this NAMI study stated that "In no state was NAMI able to find comprehensive, integrated, and preventive action, or outcome measurement related to wellness and survival. Most states do not even study causes of

death among people with serious mental illnesses (instead they tend to track only suicides or hospital-based deaths)." (NAMI, 2009).

Due to the increases in mental illness in the United States as a whole and the increases in CT Medicaid recipients over the past few years the statistics support the need for more behavioral health clinicians and more behavioral health clinics that can and will accept Medicaid clients.

4. Quality Measures

a. Please see Appendix B

b. The proposal to become a free-standing mental health clinic contributes to the quality of health care delivery in the region because the need for qualified mental health providers is more important than ever and helping people obtain quality mental health care is and definitely should be a priority. Also, the focus on illness needs to be shifted to a focus on wellness which is the goal of SWC. SWCs philosophy is centered around treating the whole person which includes the mind, body and spirit and the Center's mission is founded on the premise of guiding clients to obtain optimal wellness. As more and more empirical data emerges to support this notion of wellness it becomes clearer than ever to see the link between a person's thoughts and actions, thoughts and feelings and how these impact a person's overall health.

c. SWC is committed to the following guiding principles within all of its services and programs; cultural competence, strengths-based approaches, person centered services, and safety and gender responsiveness. These same

tenets will be the guiding principles of the free-standing mental health clinic if licensure is obtained. Additionally, the Center will adhere to the following:

- Actively developing and practicing appropriate, relevant, and sensitive strategies and skills in interacting with culturally different persons;
- Assessing the inherent strengths in a person or family and use them as a foundation for growth and change;
- Creating an environment based on physical and emotional safety, respect and dignity.

All clinicians that work at the center both licensed and non-licensed will uphold the following standards of practice:

- Practitioners are alert for identifying and addressing co-occurring conditions;
- Practitioners employ the best interventions currently available;
- Practitioners are attentive to medical issues and the impact of psychiatric medications on the person's overall health and well-being (Connecticut Department of Mental Health and Addiction Services (DHMAS), 2006).

All patient care will be recovery-oriented and consistent management by SWC Clinical Director(s)/supervisors will ensure that all patient care provided will be efficient, equitable, and effective.

5. Organizational and Financial Information

- a. **Please see Appendix C**
- b. SWC is not a non-profit organization.
- c. **Please see Appendix D**
- d. **Please see Appendix E**
- e. Submit a final version of all capital expenditures/costs as follows:

Table 2: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	\$0
Imaging Equipment Purchase	\$0
Non-Medical Equipment Purchase	\$5000.00
Land/Building Purchase *	\$0
Construction/Renovation **	\$0
Other Non-Construction (Specify)	\$0
Total Capital Expenditure (TCE)	\$5000.00
Medical Equipment Lease (Fair Market Value) ***	\$0
Imaging Equipment Lease (Fair Market Value) ***	\$0
Non-Medical Equipment Lease (Fair Market Value) ***	\$0
Fair Market Value of Space ***	\$0
Total Capital Cost (TCC)	\$0
Total Project Cost (TCE + TCC)	\$5000.00
Capitalized Financing Costs (Informational Purpose Only)	\$0
Total Capital Expenditure with Cap. Fin. Costs	\$5000.00

f. The funding will be paid through SWCs expense account.

6. Patient Population Mix: Current and Projected

a. **Table 3: Patient Population Mix**

	Current FY 2012	Year 1 FY 2013	Year 2 FY2014	Year 3 FY 2015
Medicare*	0	0	0	0
Medicaid*	80	140	150	160

CHAMPUS & TriCare	0	10	12	14
Total Government	80	150	162	174
Commercial Insurers*	60	80	100	120
Uninsured	15	30	45	50
Workers Compensation	0	0	10	20
Total Non-Government	75	110	155	190
Total Payer Mix	155	260	318	470

- b. The basis for our assumptions in Table 3 Patient Population Mix was calculated using SWCs current client/patient caseload. The Medicaid volume and Tri-Care numbers will increase if SWC obtains free-standing clinic status as Graduate students/Clinical Interns will be eligible to see Medicaid clients and Licensed Master's Level Clinician's will also be able to take TriCare clients due to SWC being under the direction of a Medical Director. As the number of clinicians increases (both licensed and intern) the numbers of clients increases for government payors and the number of commercial insurers increases as licensed staff will have more availability for commercial policy holders.

7. Financial Attachments I & II

a. Please see Appendix F

b. Please see Appendix G

c. The assumptions that were utilized in developing financial attachments I and II were calculated as follows;

If SWC is credentialed as a free-standing mental health clinic SWC will provide internship and licensure hour placement for 6-8 interns per year which allows the Center to see more patients per year as evidenced and explained in the tables above. The numbers were derived by taking the Center's current 4 month financial statements from the Center's billing company statements and using this

data to establish a weighted annual average per client per fiscal year for both government and non-government insured.

In regards to expenses the numbers are based on the increase in patient volume which then creates a higher demand for office supplies and an increase in administrative and managerial staff required. Directly related to the additional revenue that would be generated, roughly 10 percent of this revenue is paid directly to the Center's billing company.

d. Please see Appendix H

e. The minimum number of units required to show an incremental gain for SWC operations for each year are as follows;

- Fiscal Year 2013 is projected to have a loss of \$14,700.00 without approval to become a clinic. The number of units required to break even or to show a gain is 10.
- Fiscal year 2014 is projected to have a loss of \$12,500.00 without approval to become a clinic. The number of units required to break even or to show a gain is 8.5.
- Fiscal year 2015 is projected to have a loss of \$9500.00 without approval to become a clinic. The number of units required to break even or to show a gain is 6.5.

f. Not Applicable due to the fact that if the Center is approved to become a clinic financially it would only impact the Center in a positive way.

g. As the numbers from the tables, charts, and financial worksheets indicate without the approval to become a clinic SWC operates at a loss. In being able to utilize and bill for the services of interns more clients will be serviced and

more jobs will be created. Through the continued and increased opportunity for intern placement at the Center, the Center will be instrumental in the training and licensing of qualified behavioral health professionals, where the demand for these individuals and services is continuously growing and is extremely vital.

References

- Connecticut Department of Mental Health and Addiction Services (DHMAS). (2006). *Practice guidelines for recovery-oriented behavioral health care*. Retrieved from <http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf>
- Connecticut Department of Social Services. (2011). *State fiscal year report 2011*. Retrieved from <http://www.ct.gov/dss/lib/dss/pdfs/reports/annualreportsfy2011.pdf>
- National Alliance Mental Health (NAMI). (2009). *Grading the states*. Retrieved from <http://citationmachine.net/index2.php?reqstyleid=2&mode=form&rsid=5&reqsrcid=APAWebPage&more=yes&nameCnt=1>
- National Institute of Mental Health. (2008, June 26). *The numbers count: mental disorders in America*. Retrieved from <http://wwwapps.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>
- Kessler R.C., Chiu, W.T., Demler, O., Walters, E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 6, 617-27.
- Rhode Island Psychological Association. (2009). *Importance of mental health*. Retrieved from <http://www.ripsych.org/importance-of-mental-health>
- Tep, J. (2010, March 10). *Mental illness in children: Understanding and diagnosing the problem*. Retrieved from <http://voices.yahoo.com/mental-illness-children-understanding-diagnosing-5664080.html?cat=5>

Appendices

- A – Shoreline Wellness Center, LLC Flow Chart
- B – Current Staff Resumes and Curriculum Vitae
- C – Shoreline Wellness Center Articles of Organization
- D – Copy of Current CT License
- E – 2011 Tax Return
- F – Financial Attachment I
- G – Financial Attachment II
- H – Current Provider Fee Schedules

SWC FLOW CHART

Shoreline Wellness Center, LLC
Cara Powers – Ph.D. Candidate, LPC, Executive Director
Victoria Nitcher-Sherman – LMFT Clinical Director

Medical Director
Dr. Gabriela Balf
Psychiatrist

APRN
Rhianon Iassagona - Roman

Administrative Staff

CIO - Robert Powers

CFO - Marc Cingo

Receptionist
Gianee Benavides
Translator

Program Coordinator
Amanda Lelyveld

Graduate Students Interns & Paraprofessionals

Grad Intern – Joanne
Bocialetti

Post Grad – Carrie
Mulqueen

Ph.D. - Sara Barnes

Clinical Staff

Chrystal Long, LPC

Barbara Jarry, LMFT

Julie Hutchinson, LPC

Jerry Weber, LMFT

Craig Gillespie, LPC

Shirley Leto, LCSW

Cathy Dziekan, LPC

John Liberman, LPC

Suzanne Arnone, LPC

GABRIELA BALF-SORAN, MD

MAILING ADDRESS:

141 Birchwood Dr
Hamden, CT 06518
E-mail: gabriela.balf@yale.edu
Phone: (203) 464 1458



POSTGRADUATE TRAINING:

07/2011 – 05/2013 Masters in Public Health – Yale Univ New Haven CT
07/2009 - 06/2011 Research Fellowship – Yale Univ New Haven CT
07/2006 - 06/2009 Psychiatry Residency – Yale New Haven Hospital, New Haven, CT
06/1998 - 07/2001 Internal Medicine Residency - Hospital of Saint Raphael, New Haven, CT

EDUCATION:

10/1990 -10/1996 “Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

CERTIFICATION:

06/2010 Diplomate – American Board of Psychiatry and Neurology
08/2001 Diplomate – American Board of Internal Medicine
09/1997 ECFMG Certification # 0-558-913-0

LICENSURE:

10/2000 – present Connecticut State License # 039083

PROFESIONAL EXPERIENCE:

Private sector:

07/2010 – to date Psychiatry – Owner - Behavioral Care, Integrated, LLC– West Haven, CT
10/2008 - to date Psychiatry - Attending Psychiatry Emergency Room- VAMC West Haven, CT
07/2001– 06/2009 Internal Medicine Practice – West Haven Medical Group- West Haven, CT
Hospital Affiliations: Hospital of St. Raphael – New Haven, CT
Yale New Haven Hospital – New Haven, CT
As of 7/2012 Psychiatry - Medical Director- Shoreline Wellness Center – West Haven, CT

Career/Academic Appointments:

1998-2001 Internal Medicine Residency- Hospital of St. Raphael, New Haven, CT
2001-2006 Community Ambulatory Preceptor - Hospital of St. Raphael, New Haven, CT
2006-2009 Psychiatry Residency – Yale University School of Medicine, New Haven, CT
2009-2011 Postdoctoral Fellow Chronic Mental Illness Research, Yale University School of Medicine, New Haven, CT
07/2011-06/2012 - Clinical Instructor- Department of Psychiatry, Yale University School of Medicine, New Haven, CT
09/2010 – to date - Psychiatry in Primary Care Clerkship Preceptor – Yale Primary Care Center , New Haven CT
As of 07/2012 -Assistant Professor Department of Psychiatry- Yale Univ New Haven, CT

Administrative Positions:

09/2010-present Director, Behavioral Medicine Clinic, Yale New Haven Hospital, New Haven, CT

Professional Honors & Recognition

2006: Community Ambulatory Preceptor of the Year- Hospital of St. Raphael, New Haven, CT
1990-1996: Governmental Merit Scholarship – Carol Davila University, Bucharest Romania

Lectures, Courses:

- 2012 Society of General Internal Medicine Annual Meeting –Orlando, FL- “I’m Talking about Pain?: Sickle Cell Disease Patients With Extremely High Hospital Use”- (poster) – Weisberg D, Balf G, Sledge W
- 2012 Yale New Haven Hospital Social Work In-Service Conference- “The Difficult Patient”
- 2011-present Yale New Haven Hospital Internal Medicine Residency Ambulatory Block Conference series- monthly lecture on “Anxiety Management in Primary Care Clinic”
- 2011 Yale New Haven Hospital Primary Care Clinic Conference – ‘The Difficult Patient”
- 2010-2011 Yale New Haven Hospital Internal Medicine Residency Ambulatory Block Conference series- monthly lecture on “Depression Management in Primary Care Clinic”
- 2011 University of Washington, Seattle WA-“ DBToolkit for Primary Care Providers”- part of the International Strategic Planning Annual Meeting (collaboration with Dr. S. Axelrod)
- 2010 Behavioral Intervention Team – 11 Months of Experience – oral presentation at the Academy of Psychosomatic Medicine Annual Meeting – (collaboration with Drs. W. Sledge and P. Desai)
- 2010 More Transplant Psychiatry Education is Needed – poster presented at the Academy of Psychosomatic Medicine Annual Meeting – (collaboration with Drs. P. Zimbrea and R. Desai)
- 2010 National Council Meeting- CMHC-Yale PCC Collaborative Project– Washington, DC
- 2008 Between Scylla and Charybdis: Chronic Non-Malignant Pain and History of Substance Abuse – Workshop presented at the American Academy of Addiction Psychiatry Annual Meeting-(collaboration with Drs I. Petrakis and L. Trevisan)
- 2008 Addiction in Film: The Youth Are Getting Restless - Workshop presented (in collaboration with Dr. B. Arnaut) at the American Academy of Addiction Psychiatry Annual Meeting-
- 2007-2009 Yale University School of Medicine Dept of Psychiatry- “Overdose”– CAPE series presentation for the Yale Psychiatry Residents (collaboration with Dr. M. Randall)
- 2007 Primary Care Perspectives with regards to Psychiatry Interventions –Speakers Panel at the Integrating Primary Care and Mental Health Conference- White River Junction VAMC
- 2007 Catatonia - Bowers Rounds – Yale Psychiatry Dept
- 2007 Borderline and Bipolar Disorders - Where’s the Overlap – Bowers Rounds- Yale Psychiatry Dept
- 2007 Donepezil in patients with severe Alzheimer’s dementia – Confernce for gEriatric Fellowship Yale Psychiatry Dept
- 2007 End-of-Life Issues in Patients with Severe Dementia – Geriatric Fellowship – Yale Psychiatry Dept
- 2006 Antipsychotics – What About Them – Yale University School of Medicine Dept of Psychiatry Dept - CAPE series conference – (collaboration with Dr. T. Stewart)
- 2006 Psychiatry in Primary Care – Hosp of St. Raphael Grand Rounds
- 2001 The Power of Denial – poster at the 2001 ACP Conference – Honorable mention
- 2000 Blastomycosis in CT – Presentation at the CT Chest Conference 12/00
- 2000 How to lose 30 lbs in 30 days – approach to obesity – HSR Dept of Medicine Conference

PROFESSIONAL SERVICE

Professional Organizations

2010- present American Psychosomatic Medicine Academy
2008 American Academy of Addiction Psychiatry
2001 American Medical Association
1999-2001 American College of Physicians

Yale University Service

2010-present Member, Sickle Cell Disease Quality Improvement Project (collaboration with Dr. W. Sledge, D. Weisberg YMS 2014 and Dr. W. Becker)
2009-present High Utilizers in Primary Care – Quality Improvement Project (collaboration with Dr. W. Sledge)

Public Service

1992-1996 Organizational committee of the Soci  t   Amiti  - Partage - Family Planning implementation activities in Romania
1996- 1997 Volunteered as a provider of Internal medicine for low income families- Claude Duroch Center – Bucharest, Romania

BIBLIOGRAPHY:

Peer-Reviewed Manuscripts

Balf G, Stewart TD, Whitehead R, Baker RA. Metabolic adverse events in patients with mental illness treated with antipsychotics: a primary care perspective. *Prim Care Companion J Clin Psychiatry*. 2008;10(1):15-24

Case Reports, Technical Notes, Letters

Balf G. (letter) Olanzapine treatment and weight gain: considering the lipid side effects of antipsychotics. *Am J Psychiatry*. 2008 Sep;165(9):1206-7

Curriculum Development- Yale University School of Medicine, Dept of Psychiatry- co-director of the “Physical Health and Psychiatry” curriculum for the PGIII residents (collaboration with Drs Chwastiak and Annamalai)

Papers in Press

“Extremely High Hospital Utilization in Sickle Cell Disease” – Weisberg D, Balf G, Becker W, Sledge W

“Transplant Psychiatry Education among Psychiatry Residency Programs and Psychosomatic Medicine Fellowships” – Balf G, Desai R, Zimbrea P

PERSONAL DATA:

Marital status: married, 2 children

Place of birth: Bucharest, Romania

Travels to Algeria, Peru, Aruba, extensively in Europe and North America

Citizenship: US and Romania

Hobbies: Family, Friends, Music, Travel, Sports (hiking, mountain biking, skiing etc), Photography

Languages: English, French, Romanian – fluent; Spanish- conversational; German- written

CARA M. POWERS, LPC
Executive & Clinical Director
Shoreline Wellness Center, LLC
415 Main Street
West Haven, CT 06516
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(203) 931-1184

OBJECTIVE: To continue to maintain a rewarding career as a Counselor and a Counselor Educator

EDUCATION: **Central Connecticut State University**, New Britain, CT

- Bachelor of Arts, Psychology (May 1997)
- Master of Science, Counseling (May 2001)

Southern Connecticut State University, New Haven, CT

- Sixth Year Certificate of Advanced Graduate Studies, Mental Health Counseling (May 2003)

North Central University, Prescott, AZ

- Ph.D in Health Psychology (intended completion May 2013)

CERTIFICATION: State of Connecticut School Counselor K-12 Certification
LICENSURE: State of Connecticut Licensed Professional Counselor

EXPERIENCE:

7/05-Present

Shoreline Wellness Center, West Haven, CT
Licensed Professional Counselor
Executive & Clinical Director
Owner

- Created and established a private, counseling, practice in West Haven, CT where I conduct individual, couples, family and group psychotherapy on an ongoing weekly basis
- Created, run and supervise an independent, multi-specialty group counseling, practice which now employs 12 licensed clinicians, 3 clinical interns and 5 administrative staff members
- Develop, research and implement ongoing counseling programs designed to meet the growing needs of the members of the community
- Provide ongoing weekly supervision for graduate student interns and post master's level clinicians looking to obtain licensure
- Run ongoing monthly CEU workshops for licensed clinical staff

8/01-6/05

Ansonia Middle School, Ansonia, CT

School Counselor

- Created and established first time School Counselor position for Ansonia Middle School
- Conducted personal, social, and academic counseling with a caseload of 662 middle school students
- Coordinator of the Connecticut Mastery Test and National Education Assessment Testing
- Student Assistance Team coordinator for sixth, seventh and eighth grade as well as case manager for students
- Participated on district wide crisis team and one of the leaders of the school crisis team
- Participated in attendance consortium with other CT school districts
- Created and taught two attendance in-services for Ansonia personnel
- Nominated as chair for the attendance committee. Responsibilities included, but were not limited to; recruiting community volunteers to participate in district wide attendance meetings with families of Ansonia whose students were truant and leading meetings for the attendance committee.
- Assisted with supervision of seven social work interns from SCSU
- Created and taught developmental guidance curriculum for sixth grade
- Obtained tenure in School Counselor position

PROFESSIONAL ORGANIZATIONS

CT Counseling Association (CCA)

- Chair of Public Relations Committee 2008-2009 (received President's Award for Excellence to the field of Counseling)

CT Mental Health Counselor Association (CHMCA)

CT Counselor Association for Counselor Education and Supervision (CACES)

Our Lady of Victory Church, (OLOV)

Beacon on the Hill Social Justice Ministry Board Member

- Provide voluntary outreach, support and social services to members of the West Haven community and other surrounding towns

VICTORIA NITCHER-SHERMAN

81 PHILLIPS TERRACE
WEST HAVEN, CT 06516
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Education

Kansas State University **Manhattan KS**
Master of Science: Family Studies and Human Services, December 1995
Marriage and Family Therapy Specialization: Licensed Marriage and Family Therapist
Master's Thesis:
The Predisposition Toward Suicide When a Family Member Has Committed Suicide
Bachelor of Science: Family Studies and Human Services, May 1992

Employment

Private Practice **West Haven, CT**
Licensed Marriage and Family Therapist - June 2007 – Present

- ◆ Conduct intakes, provide individual, couple and family therapy services
- ◆ Complete initial clinical assessments, diagnosis, clinical treatment planning and implementation, and necessary referrals to outside providers.
- ◆ Collaborate and consult with other professionals and providers regarding client's care to insure an integrated and holistic treatment plan.
- ◆ Maintain necessary community/professional contacts.
- ◆ Medical Coding and Electronic Billing of Insurance Providers

Advanced Behavioral Health, Inc. **Middletown, CT**
Program Manager – October 2004 – July 2010

- ◆ Responsible for all aspects of program start up, staff hiring, development and ongoing learning and curriculum development for "The Women's Behavioral Health Services Program" funded by the Department of Mental Health and Addiction Services (DMHAS).
- ◆ Provide leadership and supervision to staff regarding mental health and substance abuse issues, making appropriate community referrals to local community mental health and substance abuse agencies, accessing community resources, and providing overall support and direction relative to supporting the needs of their clients.
- ◆ Provide consultation, support and technical assistance to DMHAS Funded Women and Children's Residential Treatment Program direct service staff, managers, and executive teams to engage them in developing program cultures that are gender sensitive, trauma informed and person-centered.
- ◆ Assist in the development and implementation of statewide initiatives that provide coordinated care, case and utilization management for public sector recipients throughout the state.
- ◆ Serve as liaison to community agencies and state organizations as necessary to develop relationships that ensure continuity of care and services for clients and their families.
- ◆ Responsible for adhering to contract requirements and guidelines.
- ◆ Work with DMHAS to identify training needs of DMHAS funded Women and Children's Residential Treatment Providers.

- ◆ Provide professional training in the areas of Domestic Violence, The Connection between Substance Abuse and Domestic Violence; Developing Gender Focused Treatment to ABH Employees and other professional agencies and organizations.

Active member of a number of statewide public sector initiatives in behavioral health including:

- The DMHAS Commissioner's Women's Services Practice Improvement Collaborative
- The DMHAS Commissioner's Trauma Initiative
- CT Children and Domestic Violence Statewide Collaborative
- The Department of Public Health's Sexual Violence Prevention Planning Committee for the State of CT

The Center for Women & Families of Eastern Fairfield County Bridgeport, CT

Director of Programs – March 2002 – October 2004

- ◆ Directly responsible for clinical supervision, programmatic, administrative and budgetary oversight of the following programs and staff:
 - Women Offenders Program that provided support and case management to women in and being released from The York Correctional Facility, Niantic, CT.
 - Multi-disciplinary Investigative Team that conducted forensic interviews with under-age victims of violence. Served as a member of the multi-disciplinary team which included prosecutors, DCF, Hospital Personnel, Police Investigators, Probation and Parole, and Treatment Providers in an effort to work together to identify the best course of treatment for the victim.
 - Family Violence Outreach Program, which is a program funded by DCF to provide individual counseling and group support to families involved with DCF due to Domestic Violence.
 - Sexual Assault Program, which provided individual and group, and case management to victims of sexual assault, and served as an active member of the College Consortium against Sexual Assault
 - Community Education and Outreach Program – Oversaw and assisted in the development of curriculums and presentations for:
 - Schools – elementary, middle, high school and college students as well as school and college personnel
 - Parent organizations
 - Community members, professional organizations and agencies.
 - Volunteer Program – Assisted in the coordination and presentation of volunteer training bi-annually, volunteer recognition and oversight, marketing of volunteer program and technical assistance.
- ◆ Off-site supervisor to Master's Level College Students in the field of social services.
- ◆ Served as liaison to community agencies as necessary to develop relationships that ensure reserves for clients and/or collaboration.
- ◆ Responsible for adhering to contract requirements and guidelines.
- ◆ Crisis intervention, assessment, counseling and referral.
- ◆ Revised current programmatic and clinical requirements to insure compliance with state regulations.
- ◆ Provided training to staff, volunteers, professionals and community providers.
- ◆ Active member of The Center's Senior Management Team and in the development of the Center's Strategic Plan
- ◆ Agency representative and Active Member of The CT Sexual Assault Coalition and The CT Coalition Against Domestic Violence.

Advanced Behavioral Health, Inc.

Middletown, CT

Clinical Care Manager – December 1999 – March 2002

- ◆ Performed clinical reviews of behavioral health cases.
- ◆ Worked with diverse populations insuring that services are sensitive to cross-cultural issues.
- ◆ Pre-/Post-Admission, Continued Stay, Discharge and Informational Reviews conducted.
- ◆ Worked closely with the provider community.
- ◆ Worked from a multi-systemic perspective to provide quality services to clients.
- ◆ Oversaw the assessment, diagnosis, treatment, and discharge planning of community providers.
- ◆ Authorized continued care and treatment for clients with mental health and substance abuse issues.
- ◆ Operated within guidelines of state and grant expectations.
- ◆ Provided education regarding expectations of managed care.

**North American Family Institute's Professional Parent Program
Rocky Hill, CT**

Program/Clinical Director – November 1998 – December 1999

- ◆ Oversaw all aspects of program operations including clinical, programmatic, reporting, and administration.
- ◆ Recruited, interviewed, trained and supervised staff.
- ◆ Revised current programmatic and clinical requirements to insure compliance with state regulations.
- ◆ Assessed and interviewed DCF committed youth ages 11 through 17 years of age for program intake.
- ◆ Provided individual and group sessions to support youth, biological and foster parents.
- ◆ Provided education and training to foster parents around the expectations and needs of committed youth including but not limited to: The Effects of Domestic Violence on Children, Sexual Abuse, Dating Violence, Substance Abuse, The Effects of Substance Abusing Parents on Youth.
- ◆ Worked toward reunification with biological families where appropriate and indicated.
- ◆ Worked collaboratively with DCF Workers, Parole Officers, Probation Officers, School and State Personnel.
- ◆ Provided clinical assessments, devised treatment plans, completed written evaluations and provided comprehensive discharge planning.
- ◆ Provided on-call support and crisis intervention to families and youth.

The Crisis Center, Inc.

Manhattan, KS

Director of Clinical Services – June 1995 – September 1998

- ◆ Worked collaboratively with law enforcement, judges and attorneys, state personnel and mental health professionals to provide a continuum of care in a 5 county service area regarding the service and treatment of victims of domestic violence and/or sexual assault.
- ◆ Provided professional training to teachers, community and civic groups, military personnel, judges, attorneys, law enforcement, volunteers and staff.
- ◆ Performed a variety of duties including referrals, client admission, crisis intervention and case documentation.
- ◆ Provided program development and oversight.
- ◆ Conducted clinical supervision and reporting management.
- ◆ Provided individual, couple, family and group therapy.

- ◆ Consulted with school faculty and personnel regarding the rates of domestic violence and sexual assault in the college communities.
- ◆ Developed an internship program with Kansas State University for Master's Level Marriage and Family Therapists at The Crisis Center Inc.,
- ◆ Was an active member of The Riley County Domestic Violence Task Force
- ◆ Presented at the 21st Annual Governor's Conference
- ◆ Presented to The Kansas Coalition Against Sexual and Domestic Violence
- ◆ Assisted in devising *Circles of Affection* – a manual on working with children in a shelter setting.
- ◆ Developed a Domestic Violence Support Group Facilitator Manual for Domestic Violence Shelters

Rhianon N. Iassogna-Roman, MSN, FNP, APRN-BC, FCNS

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Seymour, CT 06483

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Education

University of Arizona, Tucson, AZ
Doctor of Philosophy in Nursing, expected graduation date of May 2013

Quinnipiac University, Hamden, CT
Masters of Science in Nursing, Family Nurse Practitioner
Program/Forensic Clinical Nurse Specialist Program, May 2005

University of Connecticut, Storrs, CT
Bachelors of Science in Nursing, May 2002

Professional Experience

- 01/11 – Pres. **MidState Medical Center**, Meriden, CT
Advanced Practice Registered Nurse/Hospitalist Medicine
- * Provide cost effective, comprehensive client care to a culturally diverse population as a member of the healthcare team.
 - * Admit/manage patients within the emergency room for inpatient treatment.
 - * Utilize knowledge of pathophysiology of cerebrovascular, oncologic, orthopedic, and cardiac disease to improve the delivery of patient care.
 - * Rapidly, safely, and appropriately assess, diagnose, and manage adult cardiac, neurological, oncologic, and general medical conditions within a community setting.
 - * Provide patient education to individuals and families with varying medical, socioeconomic, and psychological issues.
 - * Diagnose, manage, and make appropriate referrals of adult medical conditions.
 - * Utilize strong analytical and problem solving skills and work independently managing multiple priorities concurrently.
- 10/09 – 07/10 **Morris Foundation**, Waterbury, CT
Advanced Practice Registered Nurse - Psychiatry
- * Provide cost effective, comprehensive psychiatric care to a culturally diverse, inner city population as a member of the healthcare team.
 - * Rapidly, safely, and appropriately assess, diagnose, and manage adolescent/adult co-occurring psychiatric conditions within an outpatient setting.
 - * Provide patient education to individuals and families with varying medical, socioeconomic, and psychological issues.
 - * Diagnose, manage, and make appropriate referrals of adult medical conditions.
 - * Appropriately manage psychiatric crisis situations to maintain safety of clients and staff.
- 09/07 – 09/09 **Bridgeport Hospital**, Bridgeport, CT
Advanced Practice Registered Nurse/Hospitalist Medicine
- * Provide cost effective, comprehensive client care to a culturally diverse, inner city population as a member of the healthcare team.
 - * Utilize knowledge of pathophysiology of cerebrovascular and cardiac disease to improve the

delivery of patient care.

- * Rapidly, safely, and appropriately assess, diagnose, and manage adult cardiac, neurological, and general medical conditions within a Level I Trauma Center.
- * Provide patient education to individuals and families with varying medical, socioeconomic, and psychological issues.
- * Diagnose, manage, and make appropriate referrals of adult medical /orthopedic conditions.
- * Utilize strong analytical and problem solving skills and work independently managing multiple priorities concurrently.

10/05 – 12/09

Yale New Haven Hospital, New Haven, CT

Emergency Medicine Advanced Practice Registered Nurse

- * Provide cost effective, comprehensive client care to a culturally diverse, inner city population within the emergency room setting as a member of the healthcare team.
- * Rapidly, safely, and appropriately assess, diagnose, and manage both adult and pediatric medical/orthopedic conditions within a Level I Trauma Center.
- * Provide patient education to individuals and families with varying medical, socioeconomic, and psychological issues.
- * Diagnose, manage, and make appropriate referrals of adult and pediatric medical conditions within the emergency room setting.
- * Educate patients concerning health maintenance and prevention.

Licensure

- * State of Connecticut Registered Nursing License
License #068999, expires 12/31/12
- * State of Connecticut Advanced Practice Registered Nursing License
License #003348, expires 12/31/12

Certifications

- * Basic Life Support, November 2009 – November 2011
- * Advanced Cardiac Life Support, October 2011 – October 2013
- * Sexual Assault Nurse Examiner Certification, received December 2004
- * Critical Incident Stress Management Training, March 2005

Professional Affiliations

- * International Association of Forensic Nurses
- * American Academy of Nurse Practitioners
- * American Nurses Credentialing Center

Honors

- * Quinnipiac University Graduate Nursing Honors Society
- * Sigma Theta Tau, International Nursing Honors Society

Scholarships/Grants

- * National League of Nursing Scholarship for Nursing Excellence
- * Nurses Training Grant

References

- * Available upon request

Barbara Gallagher Jarry M.Ed., M.S., LMFT
39 Honor Road
West Haven, CT 06516
(cell) 413 478-9105 (home) 203 745 - 4185
barbgjarry@gmail.com

PROFILE

I am a licensed marriage and family therapist, with over 10 years experience. My extensive professional work as a therapist, program director, facilitator and trainer, retreat leader, and teacher has provided me the opportunity to work in diverse settings, including a residential treatment center, intensive home-based family therapy program, pastoral care center, schools, hospice and a substance abuse center.

PROFESSIONAL ACCOMPLISHMENTS

- Created and implemented mind/body skill program for youth and adults based on the work of Dr. Herbert Benson to address stress reduction in those suffering anxiety, depression and other related trauma issues.
- Organized and supervised implementation of sensory processing strategies as a treatment modality for residential youth struggling with trauma issues.
- Developed, facilitated and implemented a cultural diversity program for staff working with youth in a residential setting.
- Developed, organized and directed spiritual life educational programs, service projects and worship/prayer services; coordinated and integrated spiritual life programs with clinical services.

WORK EXPERIENCE

Providence Behavioral Health Hospital, Holyoke, MA
Chaplain to Families, Young Children and Adolescents

2010-present

- Facilitate groups.
- Provide individual and family support.
- Attend clinical meetings.

**Brightside for Families and Children, Residential Treatment Center,
West Springfield, MA**
Director, Spiritual Development

2003-2010

- Organized and facilitated mind-body skills program and sensory integration treatment for youth. Trained staff in implementation of programs.
- Developed, organized and directed spiritual life educational programs, service projects and worship/prayer services.
- Coordinated and integrated spiritual life programs with clinical services.
- Provided individual and/or group therapy for residents and staff.
- Provided clinical chaplaincy services for issues of loss and grief.
- Delivered agency training on cultural diversity; cultivating the spiritual life in at-risk youth; and spirituality in the workplace.

South Bay Mental Health, Lawrence, MA
Therapist

2001

- Provided home-based family therapy to families at risk of neglect, abuse and trauma.
- Worked on multi-disciplinary team.

Barbara Gallagher Jarry

Assabet Valley Pastoral Counseling Center, Westborough, MA 1997-2000
Therapist

- Provided therapy for individuals, couples, families and groups.
- Provided presentations on "loss and grief," "spirituality and health."
- Developed and led groups: stress management, grief and depression.

Primavera Alternative School, Bellingham, MA 1997-2000
Student and Family Therapist

- Provided individual, family and group therapy in school setting.

Family Continuity Program, Whitinsville, MA 1995-1998
Family Therapist

- Worked with multi-disciplinary team to provide intensive home-based family therapy to multi-stressed families.
- Provided treatment for issues of abuse, neglect and trauma.

**Alcohol & Chemical Dependency Treatment Center,
Mountainside Hospital, Montclair, NJ** 1989-1992
Therapist

- Provided individual, couple and family therapy for issues of dependency and co-dependency.
- Facilitated intensive outpatient groups and women's aftercare groups.

OTHER RELATED WORK EXPERIENCE

- **Bradford Elementary School, Montclair, NJ**
Student Assistance Counselor
- **The Hospice, Inc., Montclair, NJ**
Bereavement Counselor

EDUCATION

- M.S., Marriage and Family Therapy, University of Bridgeport, Bridgeport, CT
- M.Ed. (With Distinction), Boston College, Boston, MA
- B.A., Education, St. Joseph College, West Hartford, CT

LICENSURE AND CERTIFICATION

- Licensed Marriage and Family Therapist, State of Connecticut
- Licensed Marriage and Family Therapist, Commonwealth of Massachusetts
- Certification in Spirituality Studies and Spiritual Direction, Loyola University, Chicago, IL
- Certification, Clinical Pastoral Education, Yale-New Haven Hospital, New Haven, CT

CONTINUING PROFESSIONAL EDUCATION

- Innovations in Trauma Treatment, Worcester Trauma/Loss Institute
- Sensory Processing Strategies, Candee Gibbs OTR/L
- Advanced Application of DBT Tools with Adolescents, Jay Indik, Rosemary Roy
- Spirituality and Healing: Creating a Healing Environment for Mind, Body and Spirit, Thomas Moore
- Spirituality and Brief Therapy, Bill O'Hanlon
- Living a Fearless Life, Jon Kabat-Zin
- Spirituality and Religion, Cambridge Health Alliance, Harvard Medical School

Barbara Gallagher Jarry

- Releasing the Power of Relational Intelligence in the Workplace, Maureen Walker
- Clinical Training in Mind/Body Medicine, Harvard Medical School and the Mind/Body Medical Institute of Beth Israel Deaconess Medical Center, Boston, MA

PROFESSIONAL DISTINCTIONS

- Clinical Member, American Association of Marriage and Family Therapists
- 2005 Sisters of Providence Health Care System - Heart of Caring Award

Curriculum Vitae

SARA BARNES, Ph.D.

OFFICE

415 Main St.
West Haven, CT 06516
(203) 610-2730
sbarnesphd@yahoo.com

EDUCATION:

- Ph.D.** September, 2006, Clinical Health Psychology
Yeshiva University, Bronx, New York
Dissertation: *Coping and Distress in Gastric Bypass Patients Pre- and Post-Surgery*
- B.A.** May, 2000, Psychology
Minor in Nutrition
Syracuse University, Syracuse, New York

CLINICAL EXPERIENCE:

May 2008-present Private Practice

- Individual, group, family and couples' therapy to address eating disorders, mood and anxiety disorders, substance abuse, bereavement, and family dynamics including marital problems, divorce, separation, parenting skills and transitions in the family
- Conduct psychological assessments and SCID-I for bariatric surgery candidates, and produce comprehensive case reports and recommendations for surgeon

**September 2006-
May 2008 Yale Center for Eating and Weight Disorders, New Haven, CT
Post-doctoral associate**

- Served as interim clinical director providing supervision of graduate students, collaborated with outside supervisors, coordinated weekly clinical team meetings, administrative duties such as billing for clinic services
- Conducted individual and group cognitive-behavioral therapy for adolescents, young adults, and older adults. Presenting problems included anorexia nervosa, bulimia nervosa, binge eating disorder in average weight and morbidly obese individuals, weight management, anxiety, depression, characterological disturbances, marital problems, interpersonal difficulties, and substance abuse.

- Conducted intake interviews, Eating Disorders Exam (EDE), and presented cases to triage team for disposition
- Individual and group supervision provided by clinic (cognitive-behavioral orientation) and community psychologists (psychodynamic orientation informed by cognitive-behavioral perspectives)
- Triage all patients seeking psychological assessment prior to bariatric surgery and conducted psychosocial evaluation and SCID-I for bariatric surgery candidates, and produced comprehensive case reports and recommendations for surgeon
- Guest lecturer for Yale University medical students and physician's assistant students on topic of detection, diagnosis and treatment of eating and weight disorders
- Community outreach
Supervisors: Kathryn Henderson, Ph.D. Kelly Brownell, Ph.D., Marlene Schwartz, Ph.D., Lisa Silberstein, Ph.D.

**September 2005-
September 2006**

**The Renfrew Center of Southern Connecticut, Wilton, CT
Primary Therapist**

- Conducted individual, group, and family therapy in the Day Treatment Program, Intensive Outpatient Program, and Outpatient Services. Presenting problems included anorexia nervosa, bulimia nervosa, binge eating disorder, depression, anxiety, self-harm, substance abuse, and characterological disturbances.
- Conducted initial assessments to determine diagnosis and appropriate level of care.
- Case management including: facilitating transition for patients from one level of care to another; pre-certifications and utilization reviews with insurance companies; treatment planning; consultation with outside providers
- Facilitated multi-family group in the Intensive Outpatient Program
- Mealtime Support Therapy
- Individual and group supervision
- Participated in multi-disciplinary rounds

**September 2004-
August 2005**

**Clinical Psychology Intern, Augustus F. Hawkins Community Mental
Health Center-L.A. County Department of Mental Health**

- Clinical rotations in adult outpatient, adult inpatient, dual diagnosis, and child/adolescent outpatient services in a multi-cultural underserved population
- Completed a minimum of 10 testing batteries
- Individual and group supervision
- Cultural competence training
- Participated in multidisciplinary rounds
- Crisis intervention
- Individual, group, and family therapy

**August 2003 –
June 2004**

**Clinical Services and Outreach Coordinator, Yale Center for Eating and
Weight Disorders, New Haven, CT.**

- Assisted in coordination of clinical and research training

- Coordinated outreach efforts in community, public and private schools, and various organizations
- Served as liaison to healthcare professionals and agencies in coordinating treatment plans

**January 2002-
June 2004**

**Yale Center for Eating and Weight Disorders, New Haven, CT
Student Therapist in Eating and Weight Disorders Practicum.**

- Conducted individual and group cognitive-behavioral therapy for adolescents, young adults, and older adults. Presenting problems included anorexia nervosa, bulimia nervosa, binge eating disorder in average weight and morbidly obese individuals, anxiety, depression, characterological disturbances, marital problems, interpersonal difficulties, and substance abuse.
- Conducted intake interviews, Eating Disorders Exam (EDE), and presented cases to triage team for disposition
- Individual and group supervision provided by clinic (cognitive-behavioral orientation) and community psychologists (psychodynamic orientation informed by cognitive-behavioral perspectives)
- Conducted psychological assessments and SCID-I for bariatric surgery candidates, and produced comprehensive case reports and recommendations for surgeon

Supervisors: Kelly Brownell, Ph.D., Marlene Schwartz, Ph.D., Mary Ann Frank, Ph.D., Kathryn Henderson, Ph.D.

**January 2002 –
June 2003**

**Albert Einstein Cancer Center, Bronx, New York
Psychosocial Oncology Program
Student Therapist in Psychosocial Oncology Externship.**

- Conducted individual cognitive-behavioral therapy for young adults and older adults with various cancer diagnoses. Presenting problems included depression, anxiety, body image disturbance, adjustment reaction, post-traumatic stress disorder, end of life issues, bereavement
- Facilitated a weekly support group for cancer patients, which introduced cognitive-behavioral concepts
- Facilitated a six week cognitive-behavioral smoking cessation/education program for young adults and older adults

Supervisors: Alyson Moadel, Ph.D., Fred Foley, Ph.D.

**February 2002-
May 2002**

**Albert Einstein Cancer Center, Bronx, New York
Psychosocial Oncology Program
Program Coordinator, Helping Oncology Patients through Education Program**

- Coordinated topics and guest speakers for 6-week psychosocial oncology support and psycho-education group
- Facilitated session titled “Communicating Your Needs”
- Responsible for patient recruitment and tracking as well as securing sponsorship from pharmaceutical companies

Supervisor: Alyson Moadel, Ph.D.

Robert J. Powers, Jr.

21 Phipps Drive
West Haven, CT 06516

(203) 815-3041
rpowers@ansonia.org

OBJECTIVE

To expand my career as a Health Educator and to help improve the lives of those I teach through education and knowledge

EDUCATION

CAGS - Educational Leadership
Southern CT State University

August (2012)
New Haven, CT

MS-Educational Technology
Eastern CT State University

May (2006)
Williamantic, CT

BS-Education
Southern CT State University

May 2004
New Haven, CT

CERTIFICATIONS

Health Education K-12

Physical Education K-12

Educational Leadership (092) (intended receipt Aug. 2012)

PROFESSIONAL EXPERIENCE

Ansonia Board of Education
Physical Education and Health Educator

2003-Present
Ansonia, CT

- *Teach Physical Education and Health (including Family Life Skills courses) to students in grades K-12*
- *Teach students and their parents the benefits of exercise and overall health and wellness*
- *Work with teen parents through the Family Life skills program which includes; educating teen parents on job skills, parenting skills and overall life changes*

21st Century Boys and Girls Club Mentor

2001 - 2004

21st Century Boys and Girls Club Freshman Experience Director

2008 - 2010

Mentor/Educator/Director

Ansonia, CT

- *Worked with at-risk students and their parents through a grant funded program designed to help keep students from dropping out of school*
- *Emphasis on cultural awareness and how different cultures view education while respecting their views but stressing and guiding parents to see the importance of education*

United States Army Infantry

1995-2000

CT National Guard

- *Unit trainer on various skill related tasks for incoming soldiers*

Joanne Bocioletti

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EDUCATION

Current Student, Masters of Science, Mental Health Counseling
Capella University (Online, CACREP Accredited), Minneapolis, MN

Expected Graduation Date: October 2012

Relevant Coursework:

Survey Research in Human Development
Theories of Personality
Mental Health Counseling
Ethical and Cultural Awareness
Theories of Psychotherapy
Group Counseling & Psychotherapy
Counseling Residency Track I Online Course
Foundations of Addictive & Compulsive Behaviors
Counseling Residency Track II Online Course
Child and Adolescent Counseling
Integrative Project
Clinical Internship I** (Winter 2012)
Clinical Internship III** (Summer 2012)

Marriage and Family Systems
Professional & Scientific Ethics
Survey of Research Methodology
Assessments, Tests, and Measures
Introspective & Personal Growth Seminar
Counseling Residency Track I (6-day Live Classroom)
Principles of Psychopathology: Diagnosis and Treatment
Counseling Residency Track II (6-day Live Classroom)
Human Sexuality
Life Planning and Career Development
Clinical Practicum** (Fall 2011)
Clinical Internship II** (Spring 2012)

Bachelor of Science, Biology

Southern Connecticut State University, New Haven, CT

May 1999

PROFESSIONAL ORGANIZATIONS

Connecticut Counseling Association (CCA), Student Member

March 2011 - present

American Mental Health Counselors Association (AMHCA), Student Member

May 2010 – present

Association for Comprehensive Energy Psychology (ACEP), Student Member

October 2009 – October 2010

EMPLOYMENT HISTORY

MANKIND CORPORATION, Danbury, CT

2007 - 2011

Quality Control Associate II Microbiologist

Monitored for acceptable environmental conditions throughout clinical and commercial manufacturing suites. Analyzed microbial content for disinfection effectiveness and objectionable microorganisms that could have affected the quality of the product and associated manufacturing processes. Sampled and assessed NPDW/PW/CS water systems for microbial content ensuring acceptable bioburden levels for product manufacture. Performed phenotypic microbial identification procedures, then assessed colorimetric identification readings via the Vitek II™. Managed quality control sampling, inspection, and release of raw materials and components for manufacture of Afrezza™; provided daily QC oversight of raw materials and final bulk drug shipping operations, ensured supply chain processes remained in compliance with strict company standards and external regulations while continuing to meet growing business needs.

Key Contributions:

- Development and execution of method validation procedures for Afrezza™ NDA. Membrane filtration vs. pour plate bioburden, Gel-Clot Limulus Amebocyte Lysate (LAL) testing, Autoclave cycle validation procedures, Media/Broth/Buffer Expiration Dating Analysis, USP <61> and <62> Microbial Enumeration

...continued...

and Specified Organism Limits Testing, Objectionable microorganism assessment & trending, and Quantitative vs. Qualitative Growth Promotion procedures.

- Assisted with the development and implementation of controlled documentation & 21CFR Part11 compliant electronic databases. (i.e., eInfotree, protected worksheet audit trail documentation systems).
- Streamlined laboratory procedures and processes in order to better meet company objectives and timelines. (i.e., implemented screening tests to add robustness to full microbial identification assays, implemented RTU BioBall™ quantitative specified microorganisms replacing preparation of in-house seed and stock ATCC cultures)
- Prepared for FDA approval by taking part in mock internal/external audits, PAI Readiness, and ISO 9000 certification processes.

CUNO, INC. (A 3M COMPANY), Meriden, CT

2003 – 2007

Quality Assurance Associate Microbiologist

Assessed and certified consumer filtration products for quality specifications via ISO 9000 regulations. Monitored, documented, and trended environment for objectionable isolates that may have affected aseptic manufacturing processes. Assisted engineering with pipeline product qualification procedures.

Key Contributions:

- Performed Filtration testing such as: Oxidizables, Extractables, LAL Gel-Clot Endotoxin Testing, Diffusion, Water & Air Flow Rate testing, Differential Pressure (ΔP), FFBP, and Bacterial Challenge Retention testing.
- Prepared and sterilized necessary equipment, media and solutions required for testing.
- Developed and maintained environmental monitoring & microbial identification procedures utilizing the: MicroBio©MB2 viable air sampler, SAS™ Super 180 Viable Air Sampler, MetOne® Laser Non-Viable Particulate Counter(portable and hand-held), BBL® Crystal Identification Test Kits.
- Written and revised standard operating procedures (SOPs).
- Attended monthly safety committee meeting to assess and monitor current company practices.
- Prepared requisition and tracked inventory. Maintained supplies, reagents and instrumentation.

WYETH BIOPHARMA, Andover, MA

2001 – 2003

Biopharmaceutical Analysis Microbiology Development Associate II

Managed and performed daily lab operations. Tested product intermediates for microbial content. Performed new product method validations, conducted data reviews & approvals, assisted with IQ/OQ/PQ execution. Delivered staff training on lab testing procedures and equipment, ensuring operations complied with cGMP standards.

Key Contributions:

- Performed Environmental Monitoring per cGMP regulations as outlined by the FDA. Provided support for class 100 aseptic media fills and product fills.
- Performed in-depth QC analysis on product that included Endotoxin testing (i.e., gel-clot & kinetic chromogenic) microbial culture/plate counting, microscopic assessment/identification (i.e., Vitek™ I and API® colorimetric systems), water bioburden (i.e. membrane filtration via the Milliflex® Plus Pump systems).
- Developed microbiological methods for novel raw materials used in clinical manufacturing operations. Provided supporting data/test methods on pipeline products. Adhered to strict deadlines to ensure that IND applications could be filed in a timely manner.
- Tested cell culture media for the presence of Mycoplasma per approved protocols.
- Participated on the Environmental Review Committee (ERC) to discuss and review the environmental status within the manufacturing facilities.

John David Lieberman, MA LDC
468 Midland St.
Bridgeport, CT 06605
203.919.9449

Youth and Family Specialist, Leeway, Inc. 3/2011-

Was selected to enhance a supportive housing organization via a DCF-funded, DMHAS-facilitated grant. Created original training materials and outreach interventions to promote strategies and service delivery, which were designed to develop the engagement and retention skills of the case management team. Facilitate group workshops using consultation, supervision, case-conceptualization and training. Ensure exceptional record keeping, budgetary efficiency, and regulation compliance while working alongside high level administrators and state-wide funders.

Practicing Therapist, Therapeutic Center for Children and Families, 5/2011-

Working among an interdisciplinary team of MD's, APRN's and clinical social workers providing enhanced clinical and psychiatric care. Maintaining a small caseload requiring minimal hours per week, offering child and adolescent assessment, treatment planning and clinical intervention, as well as familial collaboration to ensure effective implementation.

Director, AxisMind, LLC, 10/2009-

Managed small business specializing in contemplative instruction for children, adults, families, and groups. Utilizing numerous instruction techniques, conceptual exercises, and related teachings, providing insight and guidance for those seeking to enhance ongoing psychological or medical treatments.

Clinician/Interim Director, Prospects, Child Guidance of Mid-Fairfield, 8/2007-11/2009

Redefined the position's roles and responsibilities and achieved remarkable success. Completely expanded the clinical, administrative, and fund-raising capabilities. Generated programmatic breadth and depth in conceptualization of treatment, collaborative problem-solving, and impact upon clients. Was fundamentally critical in defining the program as one of the most effective, comprehensive and professional programs in the state. Excelled in the areas of therapeutic intervention, administration, supervision, team-leading, and overall management of staff. Assumed director's role on interim basis.

On-Call Clinician, EMPS, Child Guidance of Mid-Fairfield, 8/2007-11/2008

Concurrent to serving as Clinician in above-mentioned position, provided consultation, on-site crisis intervention, and de-escalation for the 2-1-1 mobile crisis hotline serving the Mid-Fairfield county towns. Developed exceptional skills in regards to situational and environmental assessment, identification of barriers and risks, and facilitation of solutions in extremely high-stress situations.

Education:

Naropa University, Boulder, CO.

MA: Psychology; Contemplative Psychotherapy, 2004

Naropa University was founded by a revered Tibetan scholar whose goal was to bring both the art and the science of mindfulness to the West. The three-year, accredited Master's degree program provided clinical and theoretical training of the therapeutic relationship and psychotherapy. Its philosophical foundation is based on secular Buddhist conceptualizations of meditation and developing genuine respect for self and others.

Ithaca College, Ithaca, NY.

BA: Sociology; Clinical Sociology, 2000

Pursued the "hands-on" approach to therapeutic interaction and societal impact. Excelled as a TA/Group Leader in Group Counseling course senior year. Participated in Semester Abroad program via the School for International Training during fall of 1999. Course of study was the Culture and Ideologies of the South Pacific.

Professional Licensure and Provider information:

Professional Counselor License No. 002039

NPI Number 1073804290

Organizational Trainings:

Trauma Informed Care, (Roger Fallot, PhD), *Pediatric Psychopharmacology* (Andrew Lustbader, MD), *CBT for Children and Adolescents* (Annalise Caron, PhD), *Understanding and Treating Autism Spectrum Disorders* (Ami Klin, PhD), *Attachment-focused Family Therapy* (Daniel Hughes, PhD), *Multiple Family Groups* (Mary McKay, LCSW, PhD), *Ackerman Institute's Relational Model for Treating Sexual Abuse* (Fiona True, LMSW), *Risking Connections* (DCF), *Engaging Families in Service Learning Collaborative*, (DCF)

Suzanne Arnone
69 Taunton Lake Road
Newtown, CT 06470
203-470-5352
suzannearnone@gmail.com

Certifications

*CT Licensed Professional Counselor #000985
CT School Counselor K-12*

Education

*Boston University
MEd in School Counseling
May 1986*

*Boston College
BA in Elementary and Special Education
May 1980*

Professional Experience

*Weston Public Schools
August 1989-95; 1996- present
School Counselor, Pre-K- gr. 4*

Weston, CT

- Provide individual counseling and crisis counseling for students in need; caseload approximately 375 students
- Provide small group counseling for varied issues, including social skill development, anger management, impulse control, separation and divorce, and loss and grief
- Developed curriculum and deliver classroom lessons on topics such as problem solving, conflict resolution, bullying and communication skills
- Provide parent counseling in 1-1 setting
- Co-created and co-led parent support groups
- Consult and plan daily with teachers regarding students of concern
- Confer with professionals outside of the school system regarding needs of individual students determined through evaluation and/or therapy
- Member of SRBI data team, PPT teams, School Crisis Team
- Successfully manage many administrative duties
- Site supervisor to graduate interns and practicum students

- Well-versed in conflict resolution, anger management, listening skills, behavior management strategies and classroom modifications
- Excellent knowledge and understanding of childhood disruptive disorders, psychology of behavior, child and adolescent development and effective treatments

Brown Junior High School
August 1986-June 1989
School Counselor, gr. 7 & 8

Newton, MA

- Provided individual and group counseling, and crisis intervention for students with wide range of academic, social and behavioral problems
- Worked with students, teachers and parents to develop plan of action for students in need
- Case manager for special education students, responsible for IEPs

Longview Middle School
August 1983-June 1985
Grade 6 Teacher

Phoenix, AZ

- Responsible for instruction in all academic areas
- Successfully employed behavior modifications
- Assisted development and implementation of outdoor education program

Longview Middle School
August 1981-June 1983
Teacher of Emotionally Handicapped Students
Grades 5-8

Phoenix, AZ

- Developed highly structured program designed to foster self-control, and teach appropriate social behaviors and study skills
- Worked closely with administrators and teachers to ensure successful mainstreaming when implemented
- Facilitated weekly support groups with students
- Provided crisis intervention and counseling to students and parents
- Evaluated students in referral process
- Developed and implemented student IEPs

*Davis Elementary School
September 1980-June 1981
Teaching Assistant, gr. 1-3*

Bedford, MA

- Individualized instruction of reading, math and communication skills for children with language disabilities

Awards

- *2005 Special Education Parent Teacher Association (SEPTA)
Educator of the Year
Weston, CT*

Areas of Interest/Expertise

*Academic Underachievement
ADHD
Adoption
Anger Management
Anxiety
Behavior Management
Bullying
Changing Families (separation/divorce)
Depression
Effective Parenting
Loss and Grief Counseling
Problem Solving*

Professional Affiliations

American Counseling Association (ACA)

CT Counseling Association (CCA)

CCA Ethics Committee chair, 2005-present

CCA Ethics Committee member, 1999-2005

Shirley A. Leto

11 Sharon Court
Milford, CT 06461
Home Phone: 203-874-7304
Cell Phone: 203-913-7733
shirley_letto@yahoo.com

WORK HISTORY

09/07 – present **Bridges...A Community Support System, Inc., Milford, CT**
Young Adult Services (YAS) Recovery Coordinator

Oversight of YAS Vocational and Social Rehabilitation programs, including recovery-based initiatives such as “Bridges to Business” supported-employment venture (client businesses, retail gift store, etc.). Assist staff in designing, developing, and implementing program-specific planning. Facilitate various developmental team meetings and psycho-social groups. Supervise, coach and provide guidance to supervisees, including staff and student interns. Represent YAS Program at regional and statewide meetings. Public speaking engagements presenting YAS Program in community settings. Oversee the development and implementation of social, educational and vocational tools for purpose of assessment and outcome monitoring. Collaborate with local agencies. Any other department or agency-related duties/special projects.

03/07 – 09/07 **Bridges...A Community Support System, Inc., Milford, CT**
Jail Diversion Program Manager

09/07- present
Jail Diversion Clinical Case Manager (P/T)

Serve as a mental health liaison to the court, Department of Corrections (DOC), Department of Mental Health and Addiction Services (DMHAS) and Lead Mental Health Agency (LMHA) to facilitate meeting the evolving needs of clients with psychiatric and/or substance abuse disorders. Oversee daily operations of Jail Diversion Program. Conduct diagnostic evaluations and develop treatment plan. Case management, maintain client records.

11/98 – 09/07 **Bridges...A Community Support System, Inc., Milford, CT**
Social Rehabilitation Specialist (YAS)

Responsibilities including coordinating and supervising social and recreational program for YAS population. Provide and facilitate psycho/educational/social groups and meetings for clients. Responsible for maintaining ongoing documentation of contact with consumers (i.e. daily/monthly progress reports, etc.). Provide clients with living skills training and support, jobs, and appointments. Providing daily independent living skills to clients. Participation in staff team meetings and teams focusing on the development of individual’s treatment planning. Provide timely input regarding level of functioning of clients. Responsible to provide crisis intervention services and access 24-hour on-call as needed for support and guidance.

06/98 – 05/09

City of Milford, Police Department, Milford, CT

Communications Agent (Dispatcher)

Fielding heavy volume of telephone calls which include “general information” and “911” lines, assessing situations in terms of priority, entering calls into computer and dispatching police officers accordingly. Radio communication with officers on road in response to their on-duty needs (“running” license plates/vehicles/names, obtaining information through various means). Sending teletypes via NCIC/Collect systems regarding criminal activity (stolen vehicles, missing/wanted persons, general bulletins, etc.). Review “daily log”, officer “briefing” sheets and incoming teletypes by end of shift for accuracy.

EDUCATION

08/03 – 05/06

Southern Connecticut State University

New Haven, CT

MSW

05/01 – 08/02

Springfield College

Springfield, MA

BS, Human Services

09/07 – 05/00

Housatonic Community College

Bridgeport, CT

AS, Human Services

INTERNSHIPS/FIELD PLACEMENTS

09/05 – 05/06

Bridges...A Community Support System, Inc., Milford, CT

A.C.T. Team (Assertive Community Treatment Team)

Co-facilitate psycho/social/educational groups (Recovery, IOP, WRAP, etc.), 1:1 client therapy/treatment planning, case management, staff team meetings, progress notes, etc.

09/04 – 06/05

Ansonia Middle School, Ansonia, CT

Connections Program School Social Worker

Responsible to maintain a 1:1 student caseload (counseling), facilitate psychosocial groups and student mediations, attend team meetings and complete all related paper work.

AFFILIATIONS/MEMBERSHIPS

- Psi Beta, The National Honor Society in Psychology for Community/Junior Colleges.
- Phi Alpha Honor Society, Beta Rho Chapter (Social Work students).
- Human Services Advisory Board, Housatonic Community College.

REFERENCES UPON REQUEST

Julie Ann Hutchinson NCC, LPC

725 Island Lane #20, West Haven, CT 06516
(203) 494-6463 Email: jul2001ann@yahoo.com

EDUCATION

Sacred Heart University, Fairfield, Connecticut
Bachelor of Science, **Psychology**, May 2001, Dean's List
Southern Connecticut State University, New Haven, Connecticut
Masters of Science, **Community Counseling**, May 2006

National Certified Counselor, 2006-Present
Licensed Professional Counselor, 2006-Present

WORK EXPERIENCE

Institute of Professional Practice (IPP), Woodbridge, Connecticut

Professional Parenting Coordinator

June 16, 2008-Present

- Coordinate and ensure the care of foster children by collaborating with referral agencies, outpatient providers, schools, Professional Parents and IPP team.
- Complete initial assessments for children assigned to caseload.
- Develops an Overall Plan of Service (comprehensive treatment plan).
- Provide clinically appropriate and effective treatment including individual, group and/or family therapy.
- Maintain regular, direct contact with Professional Parents for oversight, observation and evaluation of care given to foster child.
- Complete all documentation associated with treatments/interactions in a timely manner.
- Provide crisis intervention support as needed and participate in on-call rotation.

Harbor Health Services, Branford, Connecticut

Clinician

April 5, 2007-June 6, 2008

- Provided outpatient individual and group psychotherapy to adults with various psychological and/or substance abuse disorders.
- Facilitated an Intensive Outpatient Dialectical Behavior Therapy Group (DBT) for a total of nine hours weekly.
- Completed progress notes documenting progress in service goals and objectives, psychosocial histories, and admission and discharge summaries.
- Maintained a caseload of 80 clients and complete comprehensive treatment plans that are updated quarterly.
- Completed intake assessments on clients new to the agency.
- Provided emergency assessment and crisis intervention by collaborating with various collateral services such as DCF, hospitals and families.

Lake Grove Durham, Durham, Connecticut

Clinician

June 6, 2006 – March 27, 2007

- Provided counseling services to teenagers with behavioral, sexual and emotional problems on a daily basis and facilitated family therapy sessions.
- Served as a liaison between Lake Grove Durham and clients' referral agencies, families, guardians and mentors.
- Maintained a caseload of twelve male and female clients and analyzed behavioral data.
- Received 1.5 hours of individual and group clinical supervision weekly.
- Developed formal treatment plans quarterly and completed assessments as necessary.
- Collaborated frequently with the educational and residential departments.

Southern Connecticut State University, New Haven, Connecticut

Graduate Intern - Counseling Services

August 22, 2005 - May 25, 2006

- Provided individual psychotherapy for a diversity of undergraduate students.
- Co-facilitated a group of students experiencing anxiety, depression and related symptoms.
- Collaborated with a multidisciplinary team to facilitate referrals to community resources.
- Assisted students in completing the Discover program and planning career goals.
- Completed intakes and assessments and developed treatment plans for students.
- Received three hours of clinical supervision per week to review cases.
- Trained in suicide prevention (QPR) and Safe Zone (GLBT).
- Participated in Take Back the Night and National Depression and Eating Disorder Screenings on campus as well as various University fairs.
- Attended monthly clinical seminars and weekly case conferences with counseling staff.

University Assistant - Drug and Alcohol Resource Center (DARC)

August 16, 2005 - May 25, 2006

- Conducted and provided brief interventions with psycho education about alcohol and drug abuse by implementing the BASICS program (Brief Alcohol Screening and Intervention for College Students).
- Developed D.R.I.V.E., a campus wide campaign for National Drinking and Driving Month.
- Provided research data for the Sig- E Grant funded by the CT Department of Mental Health and Addiction Services by administering the CORE Alcohol and Drug Survey.
- Collaborated with team in developing comprehensive programs and activities such as National Collegiate Week, Mocktober Fest, New Student Orientation, Afternoon of Awareness and Alcohol Awareness Week to increase student and faculty awareness about the risks of alcohol and drug use.

Kennedy Center Inc., Trumbull, Connecticut

Community Experience Program Manager

January 8, 2003 – August 15, 2005

- Supervised all staff assigned to the program site including aides, volunteers, students and/or DMR auxiliary staff.
- Implemented and supervised a comprehensive vocational, educational, community experience satellite program for persons with challenging disabilities and behaviors and/or persons interested in community involvement.

- Increased community inclusion and helped clients cope with everyday challenges and improve daily living skills.
- Provided case management to assigned caseload and other clients as necessary.
- Utilized physical & crisis interventions, individual & group counseling, teaching and advocacy as needed.

Vocational Facilitator

June 25, 2001- January 8, 2003

- Assisted in implementing Community Experience Programs for eighteen DMR clients.
- Maintained an accurate caseload of client files according to agency standards.
- Created individual client goals and monitored the progress and achievement of these goals.
- Completed Overall Plan of Service reports and evaluated data within individualized programs.

Relief Counselor

February 2000 - June 25, 2001

- Provided assistance in a residential home for the mentally and physically disabled.
- Supported clients in daily activities.
- Fostered independence in everyday life.

VOLUNTEER ACTIVITIES

Department of Mental Retardation

October 2004 - Present

Advocate / Legal Guardian

- Communicate regularly with a DDS case manager and client to ensure his safety and welfare.

“Best Buddies”, Sacred Heart University, Fairfield, Connecticut

Director

September 1998 - May 2000

- Recruited over 20 members and organized meetings and chapter activities.
- Attended national conferences and seminars to gain a higher level of training.

PROFESSIONAL AFFILIATIONS

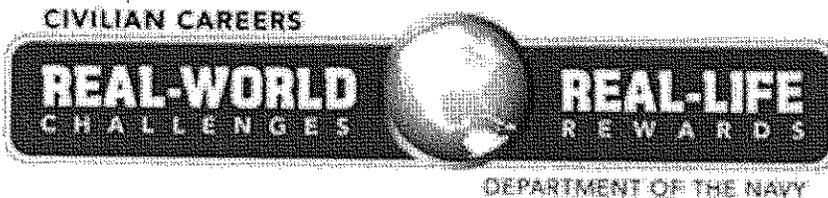
Connecticut Counseling Association (CCA) – Professional Member

May 2004 –Present

- * Recipient of the CCA’s Carol Jodaitis Scholarship.
Attend educational conferences to further my career

CERTIFICATIONS

PMT Crisis Prevention, CPR and First Aid



Department of the Navy
CIVILIAN HUMAN RESOURCES
 Where Purpose and Patriotism Unite

My Resume

View your Resume below. To print your resume, select your browser's print button or right click and select the print function. Note: This print out is not designed to be mailed as a hardcopy resume. If you are unable to apply online using the Apply Now process, please follow the hardcopy instructions at <https://chart.donhr.navy.mil/info/job%20kit.pdf>

Close Window

Jerome P Weber
 540 Jones Hill Rd.
 West Haven, CT 06516
 USA

Contact Phone: (203) 584 -0423
Email Address: atp1929@yahoo.com

EXPERIENCE

10/2008 to 10/2010; 40 hours per Week; Drug and Alcohol Counselor; GS-09-00; last promoted Not Specified; permanent employee; not on a temporary promotion; MCAB Cherry Point, MCAB Cherry Point- Havelock N.C.; Fred Mossop , 252-466-4875 ; may contact supervisor.

Duties: I provide individual and group counseling to active duty Marines. Provide services to Outpatient and Intensive Outpatient Program. Provides orientation, information and referrals, outreach, education and prevention programs, substance abuse screenings, intake evaluations, alcohol abuse treatment, aftercare support and support to commands and their organizations. Provides evaluation and early intervention programming by monitoring and developing individualized ongoing treatment, as provided by other individual practioners. Educates clients and families by providing life skills training and general case management as well as provide therapeutic environment that encourages each client's emotional growth. I establish and maintain patient schedules for assessments, intakes, treatment programs, Continuing Care, and Aftercare and coordinate scheduling for outreach activities. I create manage and archive clinical records for screening and treatment and accurate electronic storage and retrieval of patients data according to Commission on Accreditation of Rehabilitation Facilities (CARF) requirements. Participates in weekly Interdisciplinary Team meetings. I am a representative of the SACC Program to the Family Advocacy Program Case Review Committee meetings. I ensure that the forms currently in use are standardized and updated, reflect changes in the Standard Operating Procedure(SOP) and are approved by the command. I am licensed as a Marital and Family Therapist and a Drug and Alcohol Counselor by the Dept of the Navy and the State of Connecticut. I am credentialed by the Department of the Navy as a Tier III Provider.

10/2007 to 10/2008; 40 hours per Week; Clinical Psychologist; YA-0101-02; last promoted 09/2007; permanent employee; not on a temporary promotion; FFSC CNRSWA, Naval Support Activity, Bahrain, PSC 451 Box 250 FPO AE 09834-0250; Dorothy Benford, LCSW , DSN (318) 439-4692 ; may contact supervisor.

Duties: I provided short-term, solution focused psychological counseling for individuals, couples, families, and groups of people in crisis. Initiated, developed and facilitated group treatment programs to address the needs of the service members and families. Maintained case records, treatment plans, and statistics in accordance with the Navy policies and regulations. Updated Fleet and Family Service Management Information System (FFSMIS) data collection programs as required. Maintained security of electronic and paper records in accordance with the Navy Privacy and Freedom of Information Act and

Navy guidelines. I am responsible for the design and implementation of the Mass Care Program, base wide and provided leadership to the Critical Incident Stress Management Team. Initiated all Life Skill programs including Stress Management, Anger Management and, Return and Reunions for all Tenant Commands. I provided additional programs that are outside the normal working hours directed towards support of the unaccompanied service members. Acted as a consultant to higher authority, using field based observations in combination with theoretical knowledge to analyze and provide expert advice of program development and leadership. Provided diverse methods for delivering services which include providing information and referral, educational training and professional counseling. Evaluated spouses and their families involved in domestic violence and incest through interviews, screenings, psychosocial assessments, review of medical records and other legal documents as the situation dictates. Monitored ongoing treatment as provided by other agencies or individual practitioners. Recommended retention or administrative discharge based on the concept of therapeutic rehabilitation in accordance with OPNAVINST 1752.2A. Provided crisis intervention and safety planning as required and presented effective independent clinical assessment skills by identifying crisis situations, e.g., suicide or homicide risk, danger of physical or sexual abuse to family members, and increased risk of further family violence. Complied with reporting protocols involving high risk and high visibility cases, complied with FFSC quality standards and Counseling Desk Guides. Coordinated legal, medical and social services including commands, to assist in treatment and referral. Reported to commands, Security, Navy Housing and other Navy agencies by sending correspondence as required regarding case management/progress. I am credentialed by the Dept of the Navy as a Tier III Clinical Provider. Provided consultation to the Family Advocacy Program (FAP) Case Review Committee (CRC) and the Sexual Assault Victim Intervention (SAVI) Program.

10/2006 to 10/2007; 40 hours per Week; Counseling Psychologist; GS-0101-11; last promoted Not Specified; permanent employee; not on a temporary promotion; ASAP-CCC Camp Humphreys, USASA III Unit 5716 APO AP 96271-5716; W. Ray Perkins , DSN 753-3426 ; may contact supervisor.

Duties: I provided psychological counseling to individual, group and couples in crisis and assessed individual, family and group needs. I researched on the basic personality structure in relation to behavioral patterns, mechanisms and symptoms. I received and assessed referrals from the military and civilian population through the Employee Assistance program. Interviewed clients for the purpose of providing assessment for planning services required for a particular case and accurately assessed the issues with individual, family and group problems. Assessed intervention length based on assessment and prognosis, providing appropriate interventions and referrals. Provided counseling to eligible individuals as identified by local policy, to assist clients to identify, deal with, and effectively resolve conflicts and problems. I coordinated with the Army and civilian human service agencies to stay aware of available services, ensured that required services are provided when referrals are made and provided information and assistance to such agencies when requested. Maintained records and statistical data for required reports using different spreadsheets required by BUMED and BUPERS. Provided effective independent clinical assessment skills by identifying crisis situations, e.g., suicide or homicide risk, danger of physical or sexual abuse to family members, and increased risk of further family violence. Provided crisis intervention and safety planning as required. Provided ongoing case management services to assess service and family member's needs, confirms follow-through with treatment recommendations, and provided additional resources referral as needed. Provided timely completion of all required assessments and recommendations. Provided briefs to the Commands and the Army Drug and Alcohol Program Training as well as the provision of early intervention techniques when requested. I independently managed assigned cases, consulting with the Supervisor when the case is highly complex or with special issues. I drafted letters to commands, Security, Hospital and other agencies as required regarding case management.

05/2005 to 05/2006; 40 hours per Week; Substance Abuse Counselor- Team Leader; GS-0180-11; last promoted Not Specified; permanent employee; not on a temporary promotion; MCCS Counseling and Advocacy-MCAS Iwakuni, Japan, PSC 561 Box 1375 FPO AP 96310-0024; Mary Page, MFT , DSN 253-4526 ; may contact supervisor.

Duties: I provided leadership to the integration of clinical and substance abuse services during the transitioning from the military to civilian personnel, this includes the provision of supervision to a team of five (5) independent practitioners and nine (9) Substance Abuse Counselor Officer (SACO). Provided individual and group counseling, Family Advocacy Program (FAP) Case Management, and supervision for the Early Intervention and Outpatient Services substance abuse services. Treated clients and their families resulting from child abuse incest, neglect, spouse abuse and substance abuse. Evaluated children, spouses and their families involved in domestic violence and incest through screenings, interviews, psychosocial assessments reviews of medical records and other legal documents as needed. Implemented plans as well as protective strategies for spouse and child abuse victims. Recommended retention or administrative discharge based on the concept of therapeutic rehabilitation in accordance with OPNAVINST 1752.2A. As an advocate for the military

I had to interface with higher echelon authority in dealing with FAP cases. Implemented on-going treatment services for active duty persons' involved in spouse abuse and child abuse. Also provided other types of clinical services to clients and their families. I was responsible in providing first contact intake assessment for referred care of child abuse/neglect and spouse abuse obtaining all pertinent documents and peripheral information and interviewing all parties involved in the reported incident; and inform appropriate commands/individual and put documentation in the intake file. Kept command and the CRC well informed on the progress and prognosis of the treatment. Delivered and presented training in the prevention of domestic abuse and FAP program briefs to a wide audience of community, command, and professional groups.

05/2003 to 5/2005; 40 hours per Week; Social Science Analyst, GS-0101-11; last promoted Not Specified, permanent employee; not on a temporary promotion; Commander Fleet Activities, Yokosuka (CFAY), Japan, Robert Appleman, LCSW, 243-7878 ; may contact supervisor.

Duties: I provided a wide range of direct services to the Navy community such as counseling couples, families, individual and groups regarding parent-child interaction, stress reduction, anger management, couples communication and adjustment to military life. Provided clinical and case management services as well as educational instruction to the commands. I am a first Responder to child sexual abuse cases and critical incident debriefings. Developed the the Standard Operating Procedure (SOP) for parental anger prevention and taught the pre-marital workshop for couples contemplating marriage in Japan. I have extensive experience working with multi-cultural population, Japanese/American couples in particular. I represented the Division with the Department of Defense(DOD) school system and acted as liaison with the various Commands and the Department of Security. I provided presentations to the Case Review Committee in cases of domestic violence, spouse abuse, child neglect and child abuse. I provided professional consultation to the commands and on call psychiatric coverage to the base on a monthly basis. Initiated the development of client centered, goal directed, short term, systems oriented psychotherapy. I have been trained as a Forensic child sexual abuse interviewer and first responder to child abuse and neglect cases. Provided first intake assessment for referred care of child abuse/neglect and spouse abuse by obtaining all pertinent documents and appropriate peripheral information and interviewing all parties involved in the reported incident. Informed all appropriate commands/individual and put all documentation in the intake file. I made all my documentation and notification completed on time and that all treatment recommendations are met and completion documented. I kept the commands and the Case Review Committee (CRC) well informed of the progress and the prognosis of the treatment. Developed and delivered training in the prevention of domestic abuse and FAP program briefings which was presented to the community, command and professional groups. Facilitated FAP training and education services to ensure that service members and their families are aware of the problems of domestic violence and the services available for them. Recommended modifications to professional education programs and training lesson plans based on accurate and most current information regarding the FAP and family violence. Participated in development of group treatment curriculum including session-specific materials. Provided timely completion of all required assessments and documentation e.g., Family Advocacy Risk Assessment. Presented complete and concise case presentations to the CRC documented results and implemented recommendations according to guidelines.

04/2002 to 04/2003; 40 hours per Week; Children Who Witness Violence Therapist; \$56,000 per Annum; last promoted Not Specified; permanent employee; not on a temporary promotion; Farrowhealth Ass,inc-Sub Base New London, CT, 1769 Jamestown Rd, Suite 2B Williamsburg, VA 23185; John Hudson , 757-253-7780 ; may contact supervisor.

Duties: I provided direct services to service members and their dependents that are exposed to domestic violence. Provided assessment, evaluation and treatment planning and monitored compliance to Federal Regulations for the Family Advocacy Program (FAP) and provided psycho educational activities for the parents. I additionally provided briefs to the commands on a wide range of psycho-social materials and to the community in response to War readiness. I developed and provided group and individual treatment targeting at-risk and substantiated victims and offenders of family violence. Complied with reporting

protocols involving high risk and high visibility cases. Interpreted and adapted procedures to individuals' needs, and made recommendations for resolving problems. Evaluated children, spouse and their families involved in domestic violence and incest by interviewing, screenings, psychosocial assessments, review of medical records and other legal documents as needed. I was a first responder to critical incident debriefs and child sexual abuse specialist. I provided FAP Case management and clinical counseling services. I evaluated need for services and referred clients to community providers. I identified both internal and external resources; ensuring implementation of those services not offered internally. I maintained and documented meticulous written and computerized case records.

1978 to 04/2002; Private Practice - Anchor Counseling Center, Milford CT; Marriage and Family Therapist

Duties: I regularly communicated orally and in writing to clients, court personnel and community service providers regarding assessed family risk factors and interventions. Testified before various judges and courts when subpoenaed. Formulated treatment plans, time lines for interventions and crisis management for successful completion of programs by clients. Meet individually with clients weekly, or as needed. Facilitated the aftercare component groups and individual sessions. Presented briefings on proactive education topics to my clients. I conducted interviews and psychosocial assessments of individual and families regarding child based behavior issues or mental health functioning. Dispensed medication to mental health clients. This was a Community based Counseling Center, clients were seen on a sliding scale fee basis. Our focus was family treatment with an emphasis on Employee Assistance Programs, community education and Early Intervention to family dysfunction.

EDUCATION

Hillhouse High, New Haven, CT; 1967 High School Diploma

Hartford Family Institute, Hartford, CT; No Degree in Marriage and Family Therapy, 1978; out of GPA; 4000 Other Hours

Southern Connecticut State University, New Haven, CT; Master in Counseling Psychology, 1976; 4.0 out of 4 Point GPA; 36 Other Hours

University of New Haven, West Haven, CT; Bachelor in BA Sociology, 1974; 3.96 out of 4 Point GPA; 130 Other Hours

PROFESSIONAL TRAINING

Critical Incident Debriefing Training- 20 hrs- 1997- Yale University

Credentialed as a Tier III Clinical Provider by the US Navy

Forensic Child sexual abuse interviewing techniques-Center for Child Abuse - Huntsville Alabama- 2003-40hrs

CISM- group and Combat training- Okinawa- July 2005--18hours

FAP Case Management Training- Pennsicola Fla- July 2004-36 hours

FAP CISM Training 2009-16 hours

Treating difficult clients- 4-2010-8 hours

Treating Womens Truma- Combat Truma 5-11-5-14-10 -26 hours

Ethics training in the Military- 4 hours- 5-10-10

PROFESSIONAL LICENSES/CERTIFICATES

Licensed Marital and Family Therapist- 00041- State of Connecticut

Licensed Drug and Alcohol Counselor--000331- State of Connecticut

Credentialed by the Navy as a Tier III Clinical Provider

Naval School of Health Science- ADC II

Naval School of Health Science- Certified Clinical Supervisor

PROFESSIONAL RATINGS, AWARDS, AND RECOGNITIONS

BA Summa Cum Laude- 1974

Alcohol and Drug Abuse Significant Contribution to the Field- 1990

OTHER INFORMATION

Member American Association of Marital and Family Therapist- Clinical

U.S. MILITARY SERVICE INFORMATION

Active Duty: 07/1967 to 02/1970 - U.S. Army

Campaign badges and/or expeditionary medals received: Viet Nam Service medal
Viet Nam Campaign medal
Honorable Discharge
Percentage of service connected disability: 30%
Date of last Veterans' Administration Letter: 01/21/2005

ADDITIONAL DATA SHEET

Jerome P Weber

1. Appointment Eligibility:

Reinstatement Eligible
Veterans Recruitment Appointment and/or 30% or More Disabled Veteran
Person with Disability

2. Citizenship: Yes

3. Appt Preference:

Not interested/available in any of the above types of positions - only want permanent full time

4. Willing to Travel: 3-5 Days

5. Vet Preference: 10-Point 30% Compensable Preference

6. Low Salary Accept: \$62,000

7. Qualified Typist: Yes

8. Birth Date: **None Specified

9. Geo Preference: JAPAN, Atsugi ; JAPAN, Iwakuni ; JAPAN, Misawa ; JAPAN, Okinawa ; JAPAN, Sasebo ; JAPAN, Tokyo ; JAPAN, Yokosuka ; JAPAN, Yokota ; JAPAN, Zukeran

RACE/ETHNIC STATUS: Identity Pending

SEX: **None Specified

Close Window

Deputy Assistant Secretary of the Navy (Civilian Human Resources)
This is an Official U.S. Navy Web Site



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06108

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Falcone Law Firm, LLC ADDRESS: 334-336 Main Street CITY: West Haven STATE: CT ZIP: 06516		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Shoreline Wellness Center, LLC		
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. To engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.		
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 415 Main Street CITY: West Haven STATE: CT ZIP: 06516		
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY: STATE: ZIP:		
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: <p style="text-align: center;">Cara M. Powers</p>		
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)
ADDRESS: 415 Main Street CITY: West Haven STATE: CT ZIP: 06516		ADDRESS: 21 Phipps Drive CITY: West Haven STATE: CT ZIP: 06516
SIGNATURE ACCEPTING APPOINTMENT: 		

B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

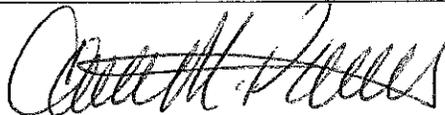
NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Cara M. Powers	Manager/Member	415 Main Street West Haven, CT 06516	21 Phipps Drive West Haven, CT 06516

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 5th DAY OF October, 2011

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Cara M. Powers	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A
PROFESSIONAL COUNSELOR

CARA M. POWERS

LICENSE NO.
001459
CURRENT THROUGH
07/31/12
VALIDATION NO.
03-282768

C. H. Fitts
SHERIFF

James Mulvaney
COMMISSIONER

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20

See separate instructions.

Your first name and initial: **Robert** Last name: **Powers** Your social security number: **047-62-7282**

If a joint return, spouse's first name and initial: **Cara M** Last name: **Powers** Spouse's social security number: **041-68-8150**

Home address (number and street). If you have a P.O. box, see instructions. **21 Phipps Dr.** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **West Haven CT 06516**

Foreign country name _____ Foreign province/county _____ Foreign postal code _____

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse

Boxes checked on 6a and 6b 2

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Lia R	Powers	046-13-0912	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of children on 6c who:
 • lived with you 1
 • did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed 3

Add numbers on lines above ▶

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	46,087.
8a	Taxable interest. Attach Schedule B if required	8a	26.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	666.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	13,814.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-5,299.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	55,294.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	976.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	3,042.
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	4,018.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	51,276.

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

38	Amount from line 37 (adjusted gross income)	38	51,276.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	24,132.
41	Subtract line 40 from line 38	41	27,144.
42	Exemptions. Multiply \$3,700 by the number on line 6d.	42	11,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	16,044.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	1,603.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,603.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	557.
49	Education credits from Form 8863, line 23	49	1,046.
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	0.
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	1,603.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	1,697.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	1,697.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	4,917.
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	1,000.
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,917.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	4,220.
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Direct deposit? See instructions.

74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	4,220.													
b	Routing number <table border="1" style="display: inline-table;"><tr><td>0</td><td>2</td><td>1</td><td>1</td><td>0</td><td>1</td><td>1</td><td>0</td><td>8</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	2	1	1	0	1	1	0	8						
0	2	1	1	0	1	1	0	8								
d	Account number <table border="1" style="display: inline-table;"><tr><td>1</td><td>0</td><td>1</td><td>0</td><td>1</td><td>4</td><td>0</td><td>7</td><td>3</td><td>7</td><td>9</td><td>3</td><td>4</td></tr></table>	1	0	1	0	1	4	0	7	3	7	9	3	4		
1	0	1	0	1	4	0	7	3	7	9	3	4				
75	Amount of line 73 you want applied to your 2012 estimated tax ▶ 75	75														

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶ 76	76	
77	Estimated tax penalty (see instructions) ▶ 77	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. <input type="checkbox"/>	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation Teacher	Daytime phone number <input type="text"/>
	Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation Counselor	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Firm's name <input type="text"/>	Firm's EIN <input type="text"/>	Phone no. <input type="text"/>		

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Robert & Cara M Powers

Your social security number

047-62-7282

		1	2	3	4	
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	12,536.			
	2 Enter amount from Form 1040, line 38	2	51,276.			
	3 Multiply line 2 by 7.5% (.075)	3	3,846.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	8,690.	
Taxes You Paid	5 State and local (check only one box):	5	698.			
	a <input checked="" type="checkbox"/> Income taxes, or					
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions)	6	5,968.			
	7 Personal property taxes	7	654.			
	8 Other taxes. List type and amount ▶	8				
	9 Add lines 5 through 8				9	7,320.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	6,982.		
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11				
12 Points not reported to you on Form 1098. See instructions for special rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14				
15 Add lines 10 through 14					15	6,982.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	1,140.		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17				
	18 Carryover from prior year	18				
	19 Add lines 16 through 18				19	1,140.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21				
	22 Tax preparation fees	22				
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23				
	24 Add lines 21 through 23	24				
	25 Enter amount from Form 1040, line 38	25				
	26 Multiply line 25 by 2% (.02)	26				
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶				28	
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40				29	24,132.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>					

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011
Attachment
Sequence No. **09**

Name of proprietor Cara M Powers		Social security number (SSN) 041-68-8150
A Principal business or profession, including product or service (see instructions) Counseling	B Enter code from instructions 6 2 1 3 3 0	
C Business name. If no separate business name, leave blank. Shoreline Wellness Center	D Employer ID number (EIN), (see instr.) 2 7 3 8 5 7 9 1 1	
E Business address (including suite or room no.) ► 415 Main St. City, town or post office, state, and ZIP code West Haven, CT 06516		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/>
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-	0.	
b Gross receipts or sales not entered on line 1a (see instructions)	60,656.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line		
d Total gross receipts. Add lines 1a through 1c		60,656.
2 Returns and allowances plus any other adjustments (see instructions)		
3 Subtract line 2 from line 1d		60,656.
4 Cost of goods sold (from line 42)		
5 Gross profit. Subtract line 4 from line 3		60,656.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		
7 Gross income. Add lines 5 and 6		60,656.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	461.	18 Office expense (see instructions)	3,750.
9 Car and truck expenses (see instructions)	2,130.	19 Pension and profit-sharing plans	
10 Commissions and fees		20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11,590.	a Vehicles, machinery, and equipment	
12 Depletion		b Other business property	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	4,752.	21 Repairs and maintenance	3,900.
14 Employee benefit programs (other than on line 19)		22 Supplies (not included in Part III)	4,400.
15 Insurance (other than health)	610.	23 Taxes and licenses	250.
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)		a Travel	
b Other		b Deductible meals and entertainment (see instructions)	
17 Legal and professional services	850.	25 Utilities	3,120.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	11,029.
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere		b Reserved for future use	
31 Net profit or (loss). Subtract line 30 from line 29.		27b	
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3 .		28	46,842.
• If a loss, you must go to line 32.		29	13,814.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		30	
• If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3 .		31	13,814.
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:	
a	Business _____	
b	Commuting (see instructions) _____	
c	Other _____	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Office Rent	10,590.
Professional Licenses	0.
Dues & Subscriptions	289.
CEU Workshops	150.
48 Total other expenses. Enter here and on line 27a	48 11,029.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

OMB No. 1545-0074

2011
Attachment
Sequence No. **13**

Name(s) shown on return

Robert & Cara M Powers

Your social security number

047-62-7282

- A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file all required Forms 1099? Yes No

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, zip	Type—from list below	2	Fair Rental Days	Personal Use Days	QJV
A	23 Phipps Drive West Haven CT 06516	1	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	A 365	0	
B				B		
C				C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	0.		
b	Payments not reported to you on line 3a	14,400.		
4	Total not including amounts on line 3a that are not income (see instructions)	14,400.		
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	3,200.		
8	Commissions.			
9	Insurance	651.		
10	Legal and other professional fees			
11	Management fees			
12	Mortgage interest paid to banks, etc. (see instructions)	5,186.		
13	Other interest.	675.		
14	Repairs.	1,100.		
15	Supplies			
16	Taxes	4,114.		
17	Utilities	360.		
18	Depreciation expense or depletion	4,413.		
19	Other (list) ▶			
20	Total expenses. Add lines 5 through 19	19,699.		
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	-5,299.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(5,299.)	()	()
23a	Total of all amounts reported on line 3a for all rental properties	0.		
b	Total of all amounts reported on line 3a for all royalty properties			
c	Total of all amounts reported on line 4 for all rental properties	14,400.		
d	Total of all amounts reported on line 4 for all royalty properties			
e	Total of all amounts reported on line 12 for all properties	5,186.		
f	Total of all amounts reported on line 18 for all properties	4,413.		
g	Total of all amounts reported on line 20 for all properties	19,699.		
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(5,299.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2			-5,299.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See separate instructions.**

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person
with **self-employment** income ▶

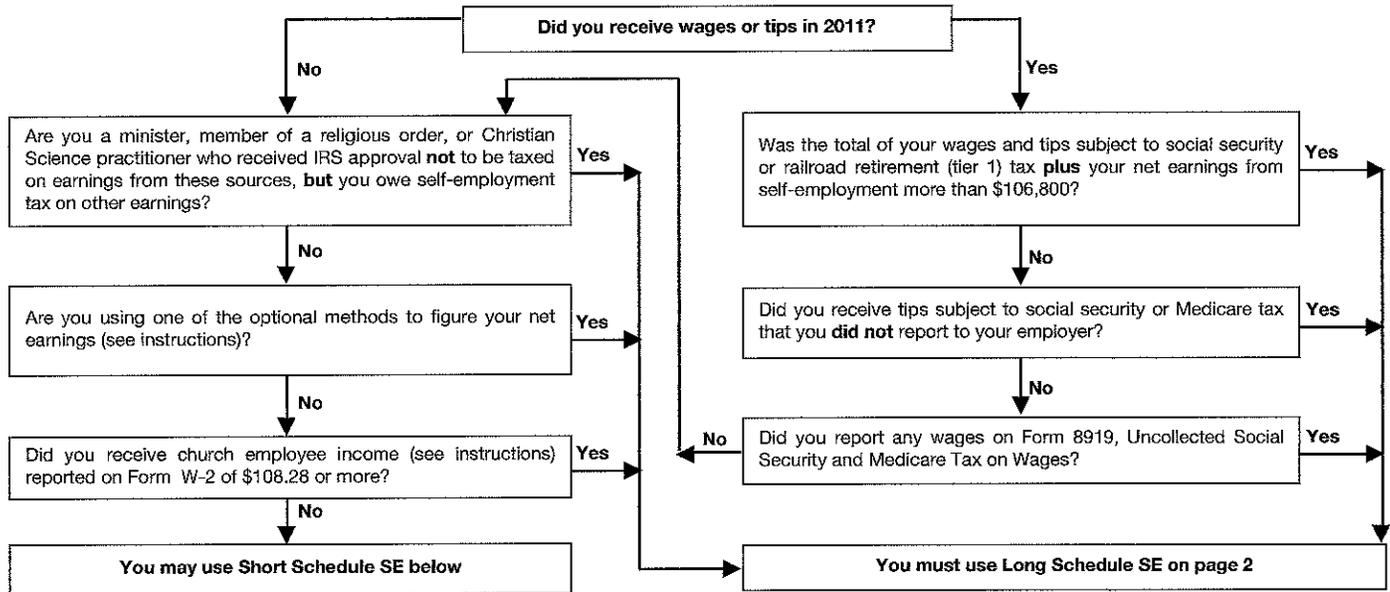
Cara M Powers

041-68-8150

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

<p>1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A</p> <p>b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y</p> <p>2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report</p> <p>3 Combine lines 1a, 1b, and 2</p> <p>4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶</p> <p>Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.</p> <p>5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54</p> <p>6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27</p>	<p>1a</p> <p>1b ()</p> <p>2 13,814.</p> <p>3 13,814.</p> <p>4 12,757.</p> <p>5 1,697.</p> <p>6 976.</p>
--	---

Child and Dependent Care Expenses

1040
1040A
1040NR

2441

2011

Attachment
Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ See separate instructions.

Name(s) shown on return

Robert & Cara M Powers

Your social security number

047-62-7282

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Bright Horizons at Orange	284 Silverbrook Rd. Orange CT 06477	04-2949680	2,785.

Did you receive dependent care benefits? No Yes

Complete only Part II below.
 Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

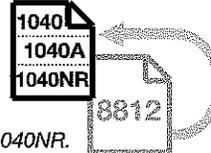
Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

2	(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
	First Last		
	Lia R Powers	046-13-0912	2,785.

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	2,785.																																																										
4	Enter your earned income . See instructions	4	46,087.																																																										
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	12,838.																																																										
6	Enter the smallest of line 3, 4, or 5	6	2,785.																																																										
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. 7 51,276.																																																												
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																												
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9	Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions	9	557.																																																										
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. 10 1,603.																																																												
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	557.																																																										

Additional Child Tax Credit



Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return

Robert & Cara M Powers

Your social security number

047-62-7282

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).		
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).		
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).		
If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2	0.
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	1,000.
4a	Earned income (see instructions on back)	4a	58,925.
b	Nontaxable combat pay (see instructions on back)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	55,925.
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	8,389.

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see instructions on back). 1040NR filers: Enter the amount from Form 1040NR, line 65.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13	1,000.
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Enter this amount on
Form 1040, line 65,
Form 1040A, line 39, or
Form 1040NR, line 63.



Part III Refundable American Opportunity Credit

7	Enter the amount from line 2		7	
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8		
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	9		
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit	10		
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11		
12	If line 10 is: <ul style="list-style-type: none"> • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 		12	
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions on page 4 of the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>		13	
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below		14	

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13		15	
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)		16	1,787.
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er)	17	122,000.	
18	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	18	51,276.	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	70,724.	
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	20,000.	
21	If line 19 is: <ul style="list-style-type: none"> • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) 		21	1.000
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶		22	1,787.
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31		23	1,046.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Robert & Cara M Powers	Business or activity to which this form relates Sch C Counseling	Identifying number 047-62-7282
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	4,596.
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
Office Computers	4,596.	4,596.

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,596.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	4,596.
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	64,497.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	4,596.
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	156.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,752.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25									
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
Toyota	01/15/2008	33.33 %				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28									
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29									

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles)	4,000											
31 Total commuting miles driven during the year	0											
32 Total other personal (noncommuting) miles driven	8,000											
33 Total miles driven during the year. Add lines 30 through 32	12,000											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

Finan 21 Attachment I.

13. B. i. Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Total Facility: Description	PFY 2012 Actual Results	2013		2014		2014		2015		2015	
		Projected W/out CON	Projected Incremental With CON								
NET PATIENT REVENUE											
Non-Government	\$26,885	\$80,655	\$37,639	\$118,294	\$89,000	\$86,032	\$175,032	\$98,000	\$123,671	\$221,671	\$221,671
Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid and Other Medical Assistance	\$39,115	\$117,345	\$88,008	\$205,353	\$128,000	\$102,677	\$230,677	\$141,000	\$117,345	\$258,345	\$258,345
Other Government	\$0	\$0	\$14,688	\$14,688	\$0	\$17,601	\$17,601	\$0	\$20,535	\$20,535	\$20,535
Total Net Patient Revenue	\$66,000	\$198,000	\$140,335	\$338,335	\$217,000	\$206,310	\$423,310	\$239,000	\$261,551	\$500,551	\$500,551
Other Operating Revenue	\$19,200	\$21,000	\$0	\$21,000	\$23,400	\$0	\$23,400	\$25,800	\$0	\$25,800	\$25,800
Revenue from Operations	\$85,200	\$219,000	\$140,335	\$359,335	\$240,400	\$206,310	\$446,710	\$264,800	\$261,551	\$526,351	\$526,351
OPERATING EXPENSES											
Salaries and Fringe Benefits	\$0	\$100,000	\$40,000	\$140,000	\$110,000	\$60,000	\$170,000	\$120,000	\$75,000	\$195,000	\$195,000
Professional / Contracted Services	\$48,300	\$103,000	\$14,000	\$117,000	\$108,000	\$22,000	\$130,000	\$115,000	\$26,000	\$141,000	\$141,000
Supplies and Drugs	\$3,000	\$5,000	\$4,000	\$9,000	\$6,000	\$6,000	\$12,000	\$7,000	\$7,000	\$14,000	\$14,000
Bad Debts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Operating Expense	\$9,000	\$4,500	\$0	\$4,500	\$5,500	\$0	\$5,500	\$6,500	\$0	\$6,500	\$6,500
Subtotal	\$60,300	\$212,500	\$58,000	\$270,500	\$228,500	\$88,000	\$317,500	\$248,500	\$108,000	\$356,500	\$356,500
Depreciation/Amortization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interest Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lease Expense	\$17,880	\$21,200	\$0	\$21,200	\$23,400	\$0	\$23,400	\$25,800	\$0	\$25,800	\$25,800
Total Operating Expenses	\$78,180	\$233,700	\$58,000	\$291,700	\$252,900	\$88,000	\$340,900	\$274,300	\$108,000	\$382,300	\$382,300
Income (Loss) from Operations	\$7,020	(\$14,700)	\$82,335	\$67,635	(\$12,500)	\$118,310	\$105,810	(\$9,500)	\$153,551	\$144,051	\$144,051
Non-Operating Income	\$7,020	(\$14,700)	\$82,335	\$67,635	(\$12,500)	\$118,310	\$105,810	(\$9,500)	\$153,551	\$144,051	\$144,051
Income before provision for income taxes	\$7,020	(\$14,700)	\$82,335	\$67,635	(\$12,500)	\$118,310	\$105,810	(\$9,500)	\$153,551	\$144,051	\$144,051
Provision for income taxes	\$7,020	(\$14,700)	\$82,335	\$67,635	(\$12,500)	\$118,310	\$105,810	(\$9,500)	\$153,551	\$144,051	\$144,051
Net Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Retained earnings, beginning of year	\$7,020	\$7,020	\$7,020	\$7,020	(\$7,680)	\$89,355	\$74,655	(\$20,180)	\$207,665	\$180,465	\$180,465
Retained earnings, end of year	\$7,020	(\$7,660)	\$89,355	\$74,655	(\$20,180)	\$207,665	\$180,465	(\$29,680)	\$361,216	\$324,516	\$324,516
FTEs	0	0	0	0	0	0	0	0	0	0	0

*Volume Statistics:

Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

Financial Attachment II.

12.C(iii). Please provide three years of projections of incremental revenue, expense and volume statistics attributable to the proposal in the following reporting format:

Type of Service Description Mental Health Services
 Type of Unit Description: Client/Patient
 # of Months in Operation 6

FY 2013-2015
 FY Projected Incremental Total Incremental Expenses: \$254,000

Total Facility by Payer Category:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Rate	Units	Gross Revenue Col. 2 * Col. 3	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue Col. 4 - Col. 5 -Col. 6 - Col. 7	Operating Expenses Col. 1 Total *	Gain/(Loss) from Operations Col. 8 - Col. 9
Medicare		\$0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicaid		\$1,467	210	\$308,030.10	\$0	\$0	\$0	\$308,030	\$148,317	\$159,713
CHAMPUS/Tricare		\$1,467	36	\$52,812	\$0	\$0	\$0	\$52,812	\$25,429	\$27,383
Total Governmental			246	\$360,842	\$0	\$0	\$0	\$360,842	\$173,746	\$187,096
Commercial Insurers		\$1,075	120	\$129,048	\$0	\$0	\$0	\$129,048	\$62,137	\$66,911
Uninsured		\$1,075	35	\$37,625	\$0	\$0	\$0	\$37,625	\$18,117	\$19,508
Total NonGovernment		\$0	155	\$166,673	\$0	\$0	\$0	\$166,673	\$80,254	\$86,419
Total All Payers		\$0	401	\$527,515	\$0	\$0	\$0	\$527,515	\$254,000	\$273,515

Maximum Allowance Results

Pricing is based on the information you supplied and assumes each procedure was performed within a single visit or day. This is not a guarantee of benefits or payment. All services are subject to the limitations and exclusions that are in effect on the date of service.

Tax Identification Number: 273857911
Provider Name: POWERS, CARA M
Provider Country: United States
Provider Type: Specialist/Other
Provider Zip Code: 06516
Plan State: CT - 060/560
Plan: BlueCare
Place of Service: Office
Date of Service: 05-20-2012

Close

	CPT/HCPCS Code	CPT/HCPCS Modifier	Provider Charges (billed amount)	ICD Diagnosis	Anesthesia Time Units	Max Allowance	AQI %	Modifier Percentile
1.	90808					\$89.00		
2.	90801					\$114.00		
3.	90806					\$74.00		
4.	90847					\$87.00		
5.	90846					\$79.00		

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04/01/12 Behavioral Health Clinician			
Proc. Code	Proc description	Max Effective Fee Date	End Date PA
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	103.25 1/1/2012	12/31/2299 Y
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING	110.04 1/1/2012	12/31/2299 Y
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	43.06 1/1/2012	12/31/2299 Y
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	63.12 1/1/2012	12/31/2299 Y
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	94.63 1/1/2012	12/31/2299 Y
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,	47.09 1/1/2012	12/31/2299 Y
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,	69.28 1/1/2012	12/31/2299 Y
90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,	99.74 1/1/2012	12/31/2299 Y
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	25.88 1/1/2012	12/31/2299 Y
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	38.86 1/1/2012	12/31/2299 Y
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	57.46 1/1/2012	12/31/2299 Y
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,	45.88 1/1/2012	12/31/2299 Y
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,	67.96 1/1/2012	12/31/2299 Y
90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,	98.46 1/1/2012	12/31/2299 Y
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	62.28 1/1/2012	12/31/2299 Y
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT)	76.72 1/1/2012	12/31/2299 Y
90849	MULTIPLE-FAMILY GROUP	22.58 1/1/2012	12/31/2299 Y
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	23.89 1/1/2012	12/31/2299 Y
90857	INTERACTIVE GROUP PSYCHOTHERAPY	29.35 1/1/2012	12/31/2299 Y
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY	54.20 1/1/2012	12/31/2299 Y
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY	78.43 1/1/2012	12/31/2299 Y
90880	HYPNOTHERAPY	79.83 1/1/2012	12/31/2299 Y
90887	INTERPRETATION OR EXPLANATION OF RESULTS	57.60 1/1/2012	12/31/2299 Y
96110	DEVELOPMENTAL TESTING; LIMITED (E.G., DEVELOPMENTAL SCREENING	12.60 1/1/2012	12/31/2299
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF	61.06 1/1/2012	12/31/2299
99406	BEHAV CHNG SMOKING 3-10 MIN	5.29 1/1/2012	12/31/2299
99407	BEHAV CHNG SMOKING > 10 MIN	14.46 1/1/2012	12/31/2299
T1016	CASE MANAGEMENT, EACH 15 MINUTES	10.50 1/1/2012	12/31/2299



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

July 5, 2012

VIA FAX ONLY

Ms. Cara M. Powers, LPC
Executive Director
Shoreline Wellness Center, LLC
415 Main Street
West Haven, CT 06516

RE: Certificate of Need Application; Docket Number: 12-31763-CON
Shoreline Wellness Center, LLC
Proposal to Establish a Free-Standing Behavioral Health Center

Dear Ms. Powers:

On June 7, 2012, the Office of Health Care Access ("OHCA") received your initial Certificate of Need ("CON") application filing on behalf of Shoreline Wellness Center, LLC ("SWC or Applicant"), proposing to establish a free-standing behavioral health center in West Haven, Connecticut, with an associated total capital expenditure of \$5000.00.

OHCA has reviewed the CON application and requests the following additional information pursuant to General Statutes §19a-639a(c):

1. On page 3 of the initial CON application, it states that SWC will be able to continue to provide additional graduate student placements for practicums and internships in the fields of Counseling, Social Work and Marriage and Family Therapy. Please discuss how this relates to SWC proposal's to become a free-standing behavioral health center.
2. Please indicate what type of additional licensure categories the Applicant is seeking in relation to the proposed CON.
3. On page 3 of the initial CON application, it states that SWC currently operates as an independent, multi-specialty group, behavioral health practice. Please provide a detailed description of the Applicant's existing services. Also include statistical information from the Office of Applied Studies of Substance Abuse and Mental Health Administration ("SAMSHA") relating to the need for the proposal (i.e. the number of patients needing but not receiving treatment, the percentage of population in Connecticut needing treatment).

4. On page 4 of the initial CON application, it states that there will be no significant changes to the Applicant's daily operations if permitted as a free-standing mental health clinic therefore the Center will function in the same manner as it currently operates. Please explain why SWC is seeking to be a free-standing behavioral health center if the proposed CON will not change the Applicant's current operation
5. Regarding the Applicant's CON proposal, identify the proposed patient population and explain how and where this proposed patient population is currently being served. How does the proposed patient population differ from the Applicant's current patient population? If the proposed patient population is the same as the current patient population, explain there is a need for the proposed service.
6. Please provide all existing providers (names, address, service provided) of the proposed service in West Haven and in nearby towns.

Note: The Department of Mental Health and Addiction Services ("DMHAS") collects capacity and actual population statistics on existing providers by town/city, and service/program.

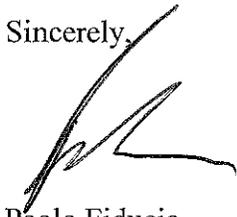
7. Please provide a detailed explanation on the effect of the proposal on existing providers, explaining how current referral patterns will be affected by the proposal.
8. Provide historical volumes for three full years and current year to date for all of the Applicant's existing services.
9. On page 18 of the initial CON application, the Applicant has provided SWC Flow Chart. Please provide the projected Flow Chart in relation to the proposed CON.
10. On the copy of the Legal Notice provided with the CON application, the Applicant states that SWC will not provide substance abuse programs or counseling. Please confirm that this statement is accurate.
11. On pages 7 and 8 of the initial CON application, the Applicant has provided the projected volume for the Center. Please resubmit the projected volume table for the first three fiscal years ("FY") of all proposed services.
12. On page 8 of the initial CON application, it states that there is a definite need for more behavioral health services and for placement for incoming mental health students and professionals. Please provide the rationale for the above statement and specifically what behavioral health services are needed? Please submit relevant data for the statement that there is a definite need for more behavioral health services. Please explain how the placement for incoming mental health students and professionals is relevant to the need for the proposed service.
13. Please resubmit the patient population mix table in a % format.

14. On page 13 of the CON application, it states that if SWC is credentialed as a free-standing mental health clinic SWC will provide internship and licensure hour placement for 6-8 interns per year. Please provide a detailed explanation on the effect on existing providers. Please explain the relevance of interns and licensure hour placement to the need for the proposed service.

In responding to the questions contained in this letter, please repeat each question before providing your response. **Paginate and date** your response (i.e., each page in its entirety). Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document preceding it. Please reference "Docket Number: 12-31763-CON." Submit one (1) original and five (5) hard copies of your response. In addition, please submit a scanned copy of your response including all attachments on CD in an Adobe format (.pdf) and in an MS Word format.

If you have any questions concerning this letter, please feel free to contact me at (860) 418-7001.

Sincerely,



Paolo Fiducia
Associate Health Care Analyst

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2973
RECIPIENT ADDRESS 912039810063
DESTINATION ID
ST. TIME 07/05 13:29
TIME USE 01'15
PAGES SENT 4
RESULT OK



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: CARA POWERS
FAX: 203 931 0067
AGENCY: SHORELINE WELLNESS CENTER
FROM: PAOLO FIDUCIA
DATE: 7/5/12 TIME: 1:30 PM
NUMBER OF PAGES: 4
(including transmittal sheet)

Comments: 12-31763-CON
COMPLETENESS LETTER

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Greer, Leslie

From: Fiducia, Paolo
Sent: Thursday, July 12, 2012 10:21 AM
To: Greer, Leslie
Subject: FW: CON application

-----Original Message-----

From: Rahman, Aminur
Sent: Monday, June 18, 2012 7:52 AM
To: Cara SWC
Cc: Golebiewski, Eva; Martone, Kim; Fiducia, Paolo
Subject: RE: CON application

Dear Ms. Power,
I've taken the 'Post' offline as of this morning. Please contact the OHCA analyst you are working with for this application for further advice. Thanks

Aminur Rahman
DPH OHCA
860-418-7046

-----Original Message-----

From: Cara SWC [<mailto:cara.shorelinewellnesscenter@gmail.com>]
Sent: Sunday, June 17, 2012 1:42 AM
To: Rahman, Aminur
Subject: CON application

To Whom It May Concern:

I noticed that our CON application was posted to your website. There is a lot of personal information in my application that was required and is now posted for the public to see. I am not OK with this at all and would like to remedy this ASAP! My husband, myself and my daughter's social security number are all posted for the public to see. Additionally, my home address, my daughter's daycare name and location are posted, my personal financial information which includes my personal tax returns, my personal and business checking account numbers and dates of birth for myself and my family.

Please get back to me as soon as possible and PLEASE remove all of my personal information that was required for this application from the public by either blacking out or removing above personal information.... please. Thank you.

Sincerely,

Cara Powers

Sent from my iPhone