

2016 NJFA FALL WORKSHOP

Choose Well to Age Well

Tuesday, October 11, 2016
 CentraState Hospital Conference Center

8:30AM to 12:00PM
 901 W. Main St. Freehold, NJ

REDUCING BARRIERS TO HOSPICE AND PALLIATIVE CARE, RECOGNIZING ETHNIC AND CULTURAL BIASES

Malvina Williams, Former Director of Home Care & Hospice, Greater Mercer VNA
Dr. Vikranta Sharma, Medical Director-Hospice & Palliative Care, VNA Health Group

This session will examine cultural barriers as they relate to hospice and palliative care services especially for families when they are presented with this choice of care. Review possible interventions. Provide information on culturally competent practice. Address population disparities in healthcare, especially as they relate to the choice of hospice and palliative care services.



BOOT CAMP ON SOCIAL SECURITY AND MEDICARE

David Vinokurov, District Manager, Social Security Administration
Mary McGeary, State Coordinator, State Health Insurance Assistance Plans (SHIP)

Social Security benefits can and should play in overall financial planning. This workshop will cover: Setting up a MySSA account and utilizing SSA's Financial Calculators to gain a better understanding of when and how to apply. The discussion will include retirement, disability, survivors and new Medicare Coverage options, like Hospice Care and programs to help lower Medicare costs.



Registration: \$45 • CEU Fee (2 CEUs): \$20

2 CEUs for Social Workers, LNHA/CALA, Activity/Recreation Professionals

Please RSVP by September 22nd

NJFA FALL WORKSHOP REGISTRATION

Please fill out the form below. **All registration forms must be received by Thursday, September 22, 2016.**

Space is limited, register early!

PAYMENT

If Paying By Check

Print this form out and mail it to: NJ Foundation for Aging, 145 West Hanover St., Trenton, NJ 08618. Make check payable to NJ Foundation for Aging.

If Paying By Credit Card

(Visa/Mastercard/Discover Only)

Send this form to the email below or print it out and fax to 609-421-2006.

Name _____

Name (as it appears on Card) _____

Organization _____

CC # _____

Email _____

Security Code (3 digit # on back of card) _____

Phone _____

Exp Date _____ Billing Zip Code _____

For CEUs please specify which Type of CEU _____ and provide your License # _____

Questions? For more information, contact the New Jersey Foundation for Aging at 609-421-0206 or email mchalker@njfoundationforaging.org. **Please return this form by Thursday, Sept. 22nd**