

4/13-14/13, Mon-Fri 9-10 AM call from
Veterans ~~15~~ Social Services

1- I've been ^{Stranded} at the ~~and~~ DASH (DC) Fed-City Shelter for 10 years

when I have a unique situation and no
responsible adult around me even

The lack of proper shelter facilities this
past year is largely how I wound up here
in WDC + I'm always trying to find any
other place I can stay

~~My situation like ~~that~~ has me without
any DC-DMV ID card~~

Housing dropped me from their list but I
think I could get re-instated (if)
but that would take time (money) for
I don't even have any photo ID at all
since the DC-DMV ID card

L a + one other ~~idea~~ for here approx.

Respiratory Rate 20 BR/min
Peripheral Pulse Rate 98
Blood Pressure 107 mmHg/71 mmHg

✓

Cognitive and Functional Status: Not oriented to situation, Independent

Procedures

No Procedures Documented

MEDICAL INFORMATION:

Problems

Active

Deep venous thrombosis of lower extremity
At risk of venous thromboembolus (04/07/2015)

Allergies

NKA

Immunizations

No Immunizations Documented This Visit

Smoking Status: **Former smoker**

Laboratory or Other Results This Visit (last charted value for your 04/17/2015 visit)

Coagulation

05/26/15 09:30:00

INR: 2.2 -- Normal range between (0.8 and 1.2)

PT: 23.4 sec -- Normal range between (11.8 and 14.5)

?

General Chemistry

04/30/15 10:57:00

Creatinine: 0.54 mg/dL -- Normal range between (0.52 and 1.04)

AGAP: 11 mmol/L -- Normal range between (5 and 15)

CO2: 30 mmol/L -- Normal range between (22 and 30)

Glucose Lvl Random: 65 mg/dL -- Normal range between (65 and 140)

Sodium Lvl: 138 mmol/L -- Normal range between (137 and 145)

BUN: 26 mg/dL -- Normal range between (7 and 17)

Calcium Lvl: 9.3 mg/dL -- Normal range between (8.4 and 10.2)

Chloride: 97 mmol/L -- Normal range between (98 and 107)

Potassium Lvl: 4.1 mmol/L -- Normal range between (3.5 and 5.1)

GFR African American: >60 mL/min/1.73 m2

GFR Non African American: >60 mL/min/1.73 m2

?

?

MEDICAL INFORMATION:

Problems

Active

Deep venous thrombosis of lower extremity
At risk of venous thromboembolus (04/07/2015)

Smoking Status: **Former smoker**

Laboratory or Other Results This Visit (last charted value for your 04/02/2015 visit)

Blood Gases

04/15/15 13:58:00

Drawn By: bvd1

Total Hgb Art: 14.9 gm/dL -- Normal range between (11.0 and 14.5)

Methgb Art: 0.6 % -- Normal range between (0.4 and 1.5)

Deoxyhgb Art: 20.0 % -- Normal range between (0.0 and 5.0)

Oxyhgb Art: 76.3 % -- Normal range between (94.0 and 97.0)

O2 Content Art: 15.9 Vol% -- Normal range between (17.0 and 21.0)

Temperature Lab: 37.0 DegC

Base Ex/Def Art: 5.4 mmol/L

pH Art Temp C: 7.40 -- Normal range between (7.35 and 7.45)

pCO2 Art Temp C: 51.0 mmHg -- Normal range between (35.0 and 45.0)

pO2 Art Temp C: 43.0 mmHg -- Normal range between (83.0 and 108.0)

Name FOSHAY, KATHY
FIN NBR WHC-00040409757

Date of Birth 08/13/1955
MRN WHC-000003071654

Apr/17/2015 17:44:43
2 of 8

Air Pollution
page deleted-
is wrinkled!

I think that the Blood Gas results show I had some kind of carbon-poisoning.

Besides that, the gas inside our blood cells has probably got alot to do with tangible-spirit after mortal death formation. The Autism disability prevented normal spirit-evolution and they do everything the opposite of normal spirit-formation now and no one seems to know about the gases that are lighter-weight than oxygen and belong in the air and in our cells.

(From the Creatinine to the Potassium this compares to the earlier report on the previous page.)

04/03/15 04:55:00

High Hematocrit Comment: See Comment

Coagulation

04/17/15 08:53:00

INR: 2.3 -- Normal range between (0.8 and 1.2)

PT: 24.2 sec -- Normal range between (11.8 and 14.5)

04/15/15 05:34:00

Heparin Anti-Xa (Standard/ACS): 0.87 IU/mL -- Normal range between (0.30 and 0.70)

04/03/15 04:55:00

PTT: 30.2 sec -- Normal range between (23.4 and 36.2)

General Chemistry

04/17/15 08:53:00

Creatinine: 0.66 mg/dL -- Normal range between (0.52 and 1.04)

AGAP: 7 mmol/L -- Normal range between (5 and 15)

CO2: 34 mmol/L -- Normal range between (22 and 30)

Magnesium Lvl: 2.0 mg/dL -- Normal range between (1.6 and 2.3)

Glucose Lvl Random: 92 mg/dL -- Normal range between (65 and 140)

Sodium Lvl: 138 mmol/L -- Normal range between (137 and 145)

BUN: 18 mg/dL -- Normal range between (7 and 17)

Calcium Lvl: 9.8 mg/dL -- Normal range between (8.4 and 10.2)

Chloride: 97 mmol/L -- Normal range between (98 and 107)

Potassium Lvl: 4.3 mmol/L -- Normal range between (3.5 and 5.1)

GFR African American: >60 mL/min/1.73 m2

GFR Non African American: >60 mL/min/1.73 m2

04/15/15 05:34:00

Phosphorus Lvl: 3.8 mg/dL -- Normal range between (2.5 and 4.5)

04/03/15 11:24:00

GLUCOMETER: 69 mg/dL -- Normal range between (65 and 140)

04/03/15 03:11:00

A/G Ratio: 0.9 -- Normal range between (1.0 and 3.8)

Globulin: 3.1 gm/dL -- Normal range between (1.3 and 4.7)

Bili Total: 0.8 mg/dL -- Normal range between (0.2 and 1.3)

Albumin Lvl: 2.7 gm/dL -- Normal range between (3.5 and 5.0)

Alk Phos: 83 units/L -- Normal range between (45 and 117)

ALT: 64 units/L -- Normal range between (15 and 41)

AST: 52 units/L -- Normal range between (3 and 34)

Lactic Acid Lvl: 2.1 mmol/L -- Normal range between (0.7 and 2.1)

Total Protein: 5.8 gm/dL -- Normal range between (6.3 and 8.2)

Courtesy Call: Courtesy Call

04/02/15 15:30:00

Bili Direct: 0.28 mg/dL -- Normal range between (0.00 and 0.30)

Immunology

04/14/15 14:30:00

DNA ds Ab Scr: Negative

04/09/15 09:32:00

ANA Titer: 1:80

RF Qnt: <10 IU/mL -- Normal range between (0 and 15)
ANA Pattern: Homogeneous
ANCA-Mayo: SEE COMMENTS
Scl 70 Auto Ab-Mayo: SEE COMMENTS

Infectious Disease

04/09/15 09:32:00
HBsAg: Non-Reactive
HIV 1/O/2: Non-Reactive
HCV: Non-Reactive
HBC Total: Non-Reactive
HBsAB Quantitative: 7.4 mIU/mL

Special Chemistry

04/14/15 14:59:00
Alpha-1-Antitrypsin-Mayo: SEE COMMENTS

Cardiac Testing

04/03/15 16:17:00
Troponin-I: <0.017 ng/mL -- Normal range between (0.000 and 0.045)
04/03/15 03:11:00
NT-proBNP: 1781 pg/mL

Microbiology - Blood Cultures

04/03/15 04:47:00
Culture, Bact, Blood: STATUS

Microbiology - Routine Cultures

04/03/15 16:17:00
Culture, Bact, Sputum: STATUS
04/03/15 04:47:00
Culture, Bact, Quant, Col Count, Urine: STATUS

Computed Tomography

04/13/15 15:36:00
CT Lower Ext Left w Contrast: CT Lower Ext Left w Contrast
CT Lower Ext Right w Contrast: CT Lower Ext Right w Contrast
CT Angiography Pulmonary: CT Angiography Pulmonary

Diagnostic Radiology

04/15/15 08:20:00
Radiology Image: Radiology Image
04/07/15 13:07:00
Chest 1 View Portable: Chest 1 View Portable

Nuclear Medicine

04/08/15 16:20:00
NM Lung Scan VQ: NM Lung Scan VQ

Ultrasound

04/15/15 08:20:00

US Abdomen Doppler Complete: US Abdomen Doppler Complete

Medication Instructions as of 04/17/15 17:44:38

Comment: _____ from p. 4 + 3

START taking the following medications:

Printed Prescriptions

predniSONE (predniSONE 20 mg oral tablet) 1 tab, Oral, every day, 5 Day(s), Refills: 0
Take next dose: _____

warfarin (warfarin 6 mg oral tablet) 1 tab, Oral, every day, Refills: 0
Take next dose: _____

Other Medications

albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) 6 mL, Inhalation, every 6 hours, As Needed, for wheezing, Refills: 0
Take next dose: _____

fluticasone-salmeterol (Advair HFA 230 mcg-21 mcg/inh inhalation aerosol) 2 puff, Inhalation, 2 times a day, Refills: 0
Take next dose: _____

furosemide (furosemide 20 mg oral tablet) 1 tab, Oral, every day, Refills: 0
Take next dose: _____

potassium chloride (potassium chloride 20 mEq oral tablet, extended release) 2 tab, Oral, every day, Refills: 0
Take next dose: _____

tiotropium (tiotropium 18 mcg inhalation capsule) 1 ea, Inhalation, every day, Refills: 0
Take next dose: _____

Current Medication List as of 04/17/15 17:44:38

albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) 6 mL, Inhalation, every 6 hours, As Needed, for wheezing, Refills: 0

fluticasone-salmeterol (Advair HFA 230 mcg-21 mcg/inh inhalation aerosol) 2 puff, Inhalation, 2 times a day, Refills: 0

furosemide (furosemide 20 mg oral tablet) 1 tab, Oral, every day, Refills: 0

potassium chloride (potassium chloride 20 mEq oral tablet, extended release) 2 tab, Oral, every day, Refills: 0

KATHY
R 21K 2115 early May, May 4, Mon.

Title = Ngor Pa

Author = King
Chulalongkorn,
Rama V
circa 1900



Ngor Pa.

Saowapha and the Princess moved to another building in Suan Dusit, the King vacated the octagonal apartment on the fourth floor and came to reside in the loggia, using Queen Saowapha's former bedchamber as his dressing room. This was due to the loggia's convenient nearness to the Apisek Dusit Hall which was completed in 1902 and served the King as an audience hall as well as for his cabinet meetings.

The loggia became the birthplace of one of the gems of Bangkok Period literature, a drama in verse form entitled "Ngor Pa". The work was written by the King during his eight-day recuperation from an attack of malarial fever. Unused to enforced idleness, the King passed his time by conversing with one of his page boys, Kanung, who was a Sakai Malay aborigine from the South. What the King learnt about the aboriginal way of life in the Malay jungles triggered his poetic imagination and "Ngor Pa" was the outcome of the King's convalescence.

It was said that during his illness the King would retire early while, a few rooms away, court singers and musicians would play and sing, allowing the music to float through to the King's bedchamber. The sound of the music would then be softened by the distance and the partitions between the musicians and the royal invalid.

Nimammok 15

Recreational Therapy

Bangkok Period literature versified drama called "Ngor Pa," might be impossible to find, too obscure, but might not be too complicated and I don't have any internet I can use and am trying to get a copy of this because it's likely to relate to the rest of my "global-Artism" necessitated research. I think this King's name was Rama V, Chulalongkorn, after which a university was started for the page-boys and named, Chulalongkorn University, Bangkok, Thailand now but old "Anna and the King" Siara, his father being that Siara usually played by Yul Brynner. He and Anna were...

Kathy Foshay 2@gmail.com

Comments:

Patient will go directly to a VA transitional program after discharge. Please keep your scheduled intake appointment and bring a photo ID and insurance card to the appointment.

lit + sign = tab
google.com

Special services at discharge (if any):

ignol
sign in

Comment:

Discharge Instructions:

email prompt
= 000000 = 0

click sign in

send = big blue button-box

+ then sign-out

Allergies:

Allergies

NKA

compose

Immunizations received during hospital stay:

Medication Instructions as of 05/26/15 14:41:19

START taking the following medications:

Printed Prescriptions

fluticasone (fluticasone CFC free 110 mcg/inh inhalation aerosol) 1 puff, Inhalation, 2 times a day, Refills: 0

Take next dose: 9pm today

haloperidol (haloperidol decanoate 50 mg/mL intramuscular solution) 0.5 mL, Intramuscular, monthly (every 30 days), Refills: 0

Take next dose: June 8th 2015 5/8/15 @ 10am

predniSONE (predniSONE 10 mg oral tablet) 1 tab, Oral, every day, Refills: 0

Take next dose: 9am 5/27/15

CONTINUE- these medications have changed:



MedStar Washington Hospital Center

110 Irving Street, NW Washington, DC 20010

Phone: (202) 877-7000

www.whcenter.org

Patient Discharge Instructions

MedStar Washington Hospital Center would like to thank you for allowing us to assist you with your healthcare needs. If you need assistance with finding a physician or scheduling appointments, call **WHC Referral Services M-F 8:30am-4:30pm (202) 877-3627**. The following includes patient education materials and information regarding your recent visit.

Access your information on line by registering for **MYMEDSTAR**, our patient portal, at **www.mymedstar.org**.

Name: **FOSHAY, KATHY**

Date of Birth: 08/13/1955

Admit Date: 4/17/2015 6:48 PM

Discharge Date: 05/26/2015 14:41

Hospital Doctor: [REDACTED]

Diagnosis: **Advanced COPD; Schizophrenia**

Comment:

Procedures

No Procedures Documented

Return if:

Your identified primary care provider is **Unassigned Unassigned**

Follow-up instructions, prescriptions leaflets and patient education materials:

With:

Address:

When:

* [REDACTED] Psychologist

Trinity Square, 216 Michigan Ave
NE 2nd floor Washington, D.C
20017
(202) 877-6464

06/03/2015 2:00 PM

Wednesday

DIAGNOSIS

Schizophrenia is diagnosed through an assessment by your caregiver. Your caregiver will ask questions about your thoughts, behavior, mood, and ability to function in daily life. Your caregiver may ask questions about your medical history and use of alcohol or drugs, including prescription medication. Your caregiver may also order blood tests and imaging exams. Certain medical conditions and substances can cause symptoms that resemble schizophrenia. Your caregiver may refer you to a mental health specialist for evaluation. There are three major criterion for a diagnosis of schizophrenia:

- Two or more of the following five symptoms are present for a month or longer:
 - Delusions. Often the delusions are that you are being attacked, harassed, cheated, persecuted or conspired against (*persecutory delusions*).
 - Hallucinations.
 - Disorganized speech that does not make sense to others.
 - Grossly disorganized (confused or unfocused) behavior or extremely overactive or underactive motor activity (*catatonia*).
 - Negative symptoms such as bland or blunted emotions (*flat affect*), loss of will power (*avolition*), and withdrawal from social contacts (*social isolation*).
- Level of functioning in one or more major areas of life (work, school, relationships, or self-care) is markedly below the level of functioning before the onset of illness.
- There are continuous signs of illness (either mild symptoms or decreased level of functioning) for at least 6 months or longer.

TREATMENT

Schizophrenia is a long-term illness. It is best controlled with continuous treatment rather than treatment only when symptoms occur. The following treatments are used to manage schizophrenia:

- Medication—Medication is the most effective and important form of treatment for schizophrenia. Antipsychotic medications are usually prescribed to help manage schizophrenia. Other types of medication may be added to relieve any symptoms that may occur despite the use of antipsychotic medications.
- Counseling or talk therapy—Individual, group, or family counseling may be helpful in providing education, support, and guidance. Many people with schizophrenia also benefit from social skills and job skills (vocational) training.

A combination of medication and counseling is best for managing the disorder over time. A procedure in which electricity is applied to the brain through the scalp (*electroconvulsive therapy*) may be used to treat catatonic schizophrenia or schizophrenia in people who cannot take or do not respond to medication and counseling.

toriture
works
something

Document Released: 12/15/2001 Document Revised: 08/20/2014 Document Reviewed: 03/12/2014

ExitCare® Patient Information ©2014 ExitCare, LLC.

End of Discharge Education and Instructions

2 Appointment

1st floor
1A50B

(ambulatory care)

Pulmonology - 9/11/2015 @
2:45pm with Dr. Umar at
Washington Hospital Center
202-877-0333

(Suleman)

Comments:

1st Appointment

With:

Address:

When:

Primary Care - 4/29/2015 @
3:00pm with Dr. Dashwanath
at Washington Hospital Center
202-877-2835

Cancelled on 4/28, 4PM by
Clinical Nurse Mgr. Loretta (Clamden?)

Comments:

Education:

MedStar-Warfarin Questions and Answers; MedStar-Warning Signs Information; Chronic
Obstructive Pulmonary Disease, Easy-to-Read; Deep Vein Thrombosis

Pulmonary

Chae Chan

Andrew Shorr

Christopher Wood

Deesha, 4/18/15, Sat

Bernie office = hospital house
202 464 2938 Research

Kathy Oshay

Call about going pig study work

NIH, Pt. Recruitment
& Public Liaison

800-411-1222 office

ask for

in Bethesda

MCT 00942981

NIH = 301-443-4513

1-866-615-6464 / 830110

Research
Clinical Studies of Schizophrenia

H1 not be qualified for

Robin Conwit

NIH clinical center / Ms. Brown

clinical center pt recruitment center

800 411-1222

took home let come # ph. #

200/9 - (18 called from Deesha)

number studies? = in June 2016

09-M-0176

OPD

dopamine receptors - full screening, blood + urine 18-60
they will contact me in 1-2 weeks

compensation =
secret

95-M-0150 - /also, but 5 business days = contact me

Paul Janssen (1926-2003)

Several years after the 1954 introduction of chlorpromazine (Thorazine), a drug that revolutionized the treatment of schizophrenia, Paul Janssen synthesized haloperidol. This was among the most important drugs to be developed at Janssen Pharmaceutica, which he founded in 1953 in Beerse, Belgium, with the vision of a totally independent and self-supporting research laboratory. Discoverer of more than eighty medicines, four of which are on the World Health Organization Model List of Essential Medicines, Janssen was the runner up to "Apostle of the Lepers" Father Damien as 'The Greatest Belgian' in a 2005 poll organized by Flemish media.

Haloperidol (Haldol) was originally intended to be a chemical modification of meperidine (pethidine, Demerol), a narcotic painkiller. Although devoid of analgesic effects, Haldol proved to be an extremely active anti-schizophrenic drug, with 1 mg of haloperidol equivalent to 50 mg of chlorpromazine. Haloperidol and chlorpromazine drugs are essentially equivalent in their clinical effectiveness but have different side effects. Haloperidol is primarily used for manic and highly agitated patients.

Haloperidol was approved for use in the United States in 1967, almost a decade after it was available in Europe. In addition to an oral dosage form, it is also available for long-acting use as an injection given every four weeks to patients who frequently relapse or who fail to take their medication.

CHEMICAL CONTROL OF DISSENT. Haloperidol was an ancillary tool of repression during the last decades of the former Soviet Union. In lieu of being deported to labor camps, mentally healthy political dissidents were interned in psychiatric hospitals, in isolation, for extended periods of detention. Many were said to have received high doses of haloperidol to treat their "sluggish schizophrenia," a classical symptom of which was the desire to reform the political system. Apparently selected because it was one of the few anti-schizophrenic drugs available in sufficient quantities in the Soviet Union at the time, haloperidol was used to crush dissidents' will to resist by converting them into zombies.

SEE ALSO Chlorpromazine (1952), Reserpine (1952), Clozapine (1989), Zyprexa (1996).

Schizophrenia ranks among the top ten causes of disability in developed countries worldwide, with rates ranging from 0.5 to 1 percent of the population. At least 200,000 of the 600,000 homeless people in the United States suffer from either schizophrenia or bipolar (manic-depressive) illness.

From: The Drug Book, Michael C. Gerald, NY, 2013, 15.109 G-354

QV11.1

gasoline and were having slaves, like Hermann Oberth, further refine that into fuel for rockets that would go higher and faster till they could get up to claim all that "silver" on the moon, and then it became all the plastics industries too but it's based on the grotesque decomposing of people from the mistake of the obsessive blood-procurement of Vlad Dracula's slave-work for the disembodied-ovaries people-growing mistake. I am the super political prisoner, please do not help to railroad me.

6/8/15, Monday, 8:45 PM

- Bad surprise, this VOTR guy who'd picked me up at the hospital had the recovery meeting tonight over at 5002 Steiff Road home + to him still here + talking for so long I noticed it was head-size is like # fraudulent Foshey-relative, Stormville's killer "Yorktown-Foshey" the same as # Henry Pierce III at 425 2nd St, N.W. + its "Clean + Sober Streets" program. This is actually horrifying in view of # NOTHING has been learned of anything the done + said since May 2005 there + before + of #, just in a vacuum.

Add to # # it's also possible this female roommate here might even be then 1 of his offspring.

The same as # Henry Pierce III I'd like to @ to him + tell him what I think, BUT I HAVE NO COPY MONEY. Then there's the question, # Henry Pierce III seemed behind why I received no mail, # he'd wanted to be a know-it-all relative of mine + got it kept away from me, + now I haven't received any either, and recognize the Yorktown-Foshey aspect. Also the SARDAA group was v. "conspicuous" about sending me mail so # I wondered, pondered, thought about, # maybe the pre-informed system had set me up to get scared when SARDAA's promised mail also doesn't materialize. If I don't get anything tomorrow I'll have to call Stormville, now the place is working, since it can be plugged in + kept up.

Why did a Western Union scene at Safeway the other evening.

- CWT therapy, Computerized Work Therapy, +
You are C TOTAL LOSERS = the Fisher-Fisher paradigm - + the Stanton 1

I lost about 400 illustrations and 9 years' worth of research-notes and letter copies in 2014 when I was similarly hospitalized for "COVID" for 9 days at George Washington University Hospital, and some of the illustrations need to be gotten again to show how the Vietnamese and dinosaur themes have something in common that's very important to all this. I feel like that without concrete pictures to anchor these subjects all my words are just a blur to contemporary readers.

On 5/17 they called a big K-9 policeman, [redacted] written on his uniform, to help force-inject me with their medication, and that turned out to be only an allergy-test, a further injection done the next day. I didn't know how it would affect me so I wrote to relatives while I was still okay and mentioned that all year I'd kept on the lookout for anyone who might be a friend that would visit me if I was hospitalized again and I hadn't been able to find anyone. Without someone on the outside that knows the difference the hospitals don't really want to give up the body and or its medical insurance. In 2014 there was some error with my Medicaid renewal and that might be the only reason GWU had let me go.

Confidential to Sam, (this is the only page
Right now)
June 17, 2015 (letter to Dr. Satya
was attached)

My double-situation of my own problems and then the Armageddon threats at the back of the Bibles' being carried off via a LURE off of me is so bad, me already having written to hundreds of places and people for help here in Washington over the past 10 years or so, that I think the only way I can get out of this and the planet also get out of its disaster-mess, is if I could find a way to get Oliver North's Freedom Alliance nonprofit group to do a few things to assist me, like with letter-writing supplies and equipment procurement.

Cartoon
to the
computer
removed
from here

North + Herrod

If I had 45¢ I would have copied the letter to Dr. Anthony and used the pictures in a fresh letter to you. I can't work a job because this LURE sucks my whole life in to the LURE; everything about the system is parasitic. I wasn't able to get in touch with Dr. Anthony, thinking that someone from the Babar-type might try doing something about getting out of this unspeakable system, and in time could add to the types of material I only have by myself. The so-called narcotics problem would disappear if people were allowed to candidly discuss reality and so would all the "anthropophagy" in time. The only thing that works with Autism is peer-group discussion so that that would start improving. What I'm interested in is re-evolvement of normal tangible-spirit bodies, as the eternity re-gaining long-term goal, but I'm falling apart always besieged by this sneaky underground "Armageddon Show" of foiling all my attempts to survive and function to do the library-book research, letter-writing and personal support, but I've got tons of evidence. If someone helped me shape it to North's group's liking I've got a good base with the hundreds of letters already distributed on the global Autism-psychopathy problem.

Sincerely, Kathy Foshey



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Silver Spring, MD 20910
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Fax 301.920.9770
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Veteran Employment Services Homeless Veterans Reintegration Program and Homeless Female Veterans & Veterans with Families

Easter Seals Serving DC | MD | VA has received grant funds from the U.S. Department of Labor to provide services to homeless Veterans in Maryland's Baltimore, Montgomery, and Prince George's Counties and Baltimore City; northern Virginia areas of Arlington, Fairfax, Loudoun, and Prince William Counties; and Washington DC.

Mission

To provide job training, counseling, and placement services (including job readiness, literacy, and skill training) to expedite the reintegration of homeless Veterans into the labor force.

Goals

- Outreach to eligible Veterans
- Enroll eligible and interested Veterans
- Assist enrollees in locating support services in the community
- Give job search assistance and counseling/vocational guidance
- Provide training to enrolled Veterans to develop skills for specific employment
- Help eliminate barriers to employment
- Assist Veterans with VA benefits and issues

Eligibility

A Veteran must meet all of the following requirements to be eligible for this program:

- Must be a homeless Veteran or at-risk of homelessness;
- Have proof of Veteran status (i.e. DD-214 or VA ID Card); and
- Received any type of discharge except for dishonorable.

For further information, contact Bob Simpson at 301-920-9715
or rsimpson@eseal.org.

7/19/15, Sunday

11/1/1887 - 10/27/1967, Kurt Schneider
Crailsheim, Württemberg → Berlin + Jübingen
drafted into I + back to school

over Bunk's request
Dr. Schwabinger Hosp. + Munich

1931, Director of Berna Psychiatric Asylum, Munich, founded by E. Kraepelin
p. 100 → Heidelberg Univ, o. Karl Jaspers
1st rank = Adolf Meyer's illustrations

✓ Rüd. F. Wetzell/Koos, Inventory the ^{oral?} 1880-1945 Bernau
Adolf Meyer 9/13/1866 - 3/17/1950, ^{Baltimore} Hopkins, 1910-1941, Philipp (unc
b. Swiss), Niederweningen, U. of Zurich, 1892 MD (under Foer) → U.S. U. of Chicago

Kraepelin 2/15/1856 - 10/7/1926, Neustadt, Mecklenburg-Strelitz
Heidelberg + Munich

Wm. Wundt d. 8/31/1920

✓ Bernhard von Gudden 1824-86, 6/13/86, found dead o. Linder II of Bavaria
Kerner - "Ueber den Mörder" d. 2/13/1981, Sykesville MD
near shore of Lake Starnberg

7/25/15 p. 2

Schneider }
Bonhoeffer } apparatus of psych
Wilmaus }

Grote = Joh 16, 33 (E?)

Cp. 250 here, the great catastrophe of fallen psychology - - - = ?
Heidelberg 1955 → Bonn, Wittbrocht's cyclothymia
+ Huber's Schw. story

Karl Theodor Jaspers M - Gertrud Mayer (twist) 1879-1974,
Munich + Heidelberg sister of
Gustav + Ernst Mayer

7/25/15, Sat

faber@ucdick.org
831-459-2844 astro. ucsd.edu / dept /
Jackson RE
Faber-Jackson Relation 1976
"The Great Attractor"

VUQT 2/2/2009

p. 254

✓ Robin Moore, The Strength of the Wolf

8/31, Non-Jordan Zalom See next page
info@wfs.org

? Life, 1/26/1962 Sambow on Front Cover = RFK cover, close in

End Time Ministries

1-800-363-8463

Plano, TX

Sandra Faber

Optimists club

301-718-6262

Bethesda MD 20814

meeting at Alfio's Rest

Willard Ave (CNB)

301-657-9133

✓ Hughes United Methodist's Home, (301) 466-2934 - Georgia + PM Rd.

✓ Maryland Preachers - org
info@

webmaster@ncoptimist.org
= 301 718-NCOC (6262)

dentistry

Autism Society here - 4340 East West Hwy, Suite 350

Bethesda MD 20814

FBI tip: 1-800-328-8476 (= Autism)
301-657-0881

Lvey Doyle's

✓ Park Church

info@autism-society.org

webp.com

Karen Cano

Autism Source Specialist

✓ by look at AU

+ 3/sets

✓ Ingres b. Montauban, Ton-et-Garonne 1780
d. 11/4/1867, Paris age 86

Rome-Paris sluttly, student of David

Ingres Museum
in Bayeulle

8/5/15, Wed, AV Dept & scholars.google.com / starting Bender
Cornelia M. Kennedy, president@america.edu
Westley Holmgren, Sunday, 1882, United Methodist
8/7/15, Fri

11/20/2008 Chapman Todd dir. every program of lab
per week - BS. Recent article by Fischer, P 10
Rbt - Egger, random lives for 11/31/2005

years to
+ Central Mich
DC Interagency
Council on Health
1 CH

4/9/16 434 P, UG 20016 (week 3)
pru & kend = MV SNA/DNA, joint meeting
? access my? to wayleblog.com / 5/20/08

3/20/2016 = MC Coal for the Hand, Wed Feb 25, 2015
J. Chapman Todd @ gmail.com (20/3)
ctodd@mch.net (3/18/15)

**HOUSING AND URBAN DEVELOPMENT (HUD)
VETERANS AFFAIRS SUPPORTED HOUSING (VASH)**

VETERAN CONTRACT

The HUD- VASH program is a joint project of the Department of Veterans Affairs and the Department of Housing and Urban Development. HUD- VASH helps homeless veterans to secure independent housing (usually apartments, occasionally houses for families) in the community with vouchers to help pay the rent and with supportive services and case management provided to ensure that you remain in housing.

Participation in the HUD-VASH program is based on your lack of stable, safe and appropriate housing (homelessness), need for case management in order to maintain independent housing in the community and need for subsidized housing. You must meet the eligibility requirements and participate in case management prior to entering the program. This helps the staff to determine your suitability for the HUD-VASH program.

Unacceptable behavior, such as verbal intimidation, abuse or threats of violence to a VA, HUD or other community service provider staff or another veteran may lead to termination from the HUD- VASH program. HUD- VASH tolerates no violence and if you are violent, then staff will notify the appropriate authorities.

In order to participate in the HUD- VASH program, you agree to the following contract:

1. I will abide by the rules of the local Public Housing Authority (PHA), who provides the housing voucher.
2. I will continue to work with the VA Staff on my treatment plan that my case manager and I developed. If I believe that changes need to be made to my treatment plan, I will speak with my case manager about those changes.
3. I will work with my case manager and my other VA treatment providers (doctor, psychiatrist, social worker, nurse, etc.) to continue my recovery program.
4. I will use my apartment or house as a personal residence. I will not allow anyone who is not officially allowed by the family voucher (per the PHA, landlord and the VASH program) to live with me.
5. I will not conduct illegal activities, nor will I allow others to conduct illegal activities in my apartment or house or grounds.
6. I will make timely payments of my rent and other housing bills, such as my electricity, gas and other utilities and telephone, etc. I will work with my case manager if I have difficulty in this area.
7. I will not damage the property and I will maintain the property (apartment or house) appropriately.
8. I will not use alcohol or drugs. I will continue with my support groups, aftercare or other approved treatment plan action to maintain my sobriety. I will contact my case manager if I have concerns in this area.
9. I will take my medication as prescribed. I will notify my case manager and doctor if I have concerns about my medication and resolve the concern with my doctor.
10. I will report any change in my income to the PHA within a reasonable amount of time.
11. I will attend the HUD- VASH support group when it is scheduled. I understand I cannot miss more than 4 groups in one year and continue with my HUD- VASH program. I agree to notify my case manager in order to obtain an excused absence if I cannot make the group meeting. I understand I will have some choices regarding group times available to me.

I have read the above rules of participation in the HUD- VASH program. I understand that my housing voucher will be jeopardized if I fail to comply with these rules.

VETERAN SIGNATURE

HUD- VASH Case Manager Signature

PHASE NAME

PHASE NAME