VIA U.P.S. No. 1Z64589FP298921708 February 11, 2014

Aleisa McKinlay, Director
Division of Vocational Rehabilitation
4070 Esplanade Way
Tallahassee, Florida 32399-7016

Re: Records request

Dear Ms. McKinlay:

The Florida Division of Vocational Rehabilitation (DVR) prepared for me as a client in 1994 an *Individualized Written Rehabilitation Program* (IWRP), and a *Vocational Screening*, done by Brad L. Meyer, CRC, Senior VR Counselor, 525 Mirror Lake Dr. St. Petersburg, FL 33701.

DVR required and obtained several of psychological evaluations of me in conjunction with habilitation of a congenital speech disorder. Recently I learned that Mark Justice, Ph.D., a clinical psychologist who evaluated me in January 1994, was not licensed by the state of Florida, at least not under the name "Mark Justice". Enclosed you will find a redacted cover page of a "Psychological Evaluation" of me, Neil Gillespie, by "Mark Justice, Ph.D." on referral of Brad Meyer, DVR Counselor. Also enclosed is my email communication with Angela Barton of the Florida Department of Health. Ms. Barton emailed me September 24, 2013 at 8:40 AM,

"I can not be certain that Marcus T. Justice and Mark Justice are one and the same."

"Marcus T. Justice" was licensed by the state, but he apparently died, according to a story October 1, 2004 in the St. Petersburg Times, as discussed in my email with Ms. Barton.

My IWRP was not implemented. I received some VR services out-of-state between 1994 and 1996. In late 1996 I returned to Florida and unsuccessfully sought to implement my Florida IWRP, copy enclosed. My counselor then was Douglas M. Ligibel, MA, CRC, DVR, Bay Park Executive Center 18840 US Hwy. 19 North, Suite 420 Clearwater, FL 34624-3120.

It has also come to my attention that "vocational rehabilitation" is not an appropriate substitute for "habilitation" of a congenital speech disorder resulting from a craniofacial disorder, in my case a unilateral cleft lip and palate. In case you are not familiar with this disorder, enclosed you will find images thereof of a non-operated adult male and adult female from the CPCJ[1].

Habuilitation vs. Rehabilitation

An important difference between rehabilitation and habilitation services and devices is the fact that *habilitation* services are provided in order for a person to ***attain***, maintain or prevent deterioration of a skill or function never learned or acquired due to a disabling condition.

[1] Cleft Palate-Craniofacial Journal, July 1992, Vol. 29 No.4, page 371

Rehabilitation services and devices, on the other hand, are provided to help a person ***regain***, maintain or prevent deterioration of a skill that has been acquired but then lost or impaired due to illness, injury, or disabling condition.

Unfortunately persons seeking habilitation of a congenital disorder are often seen as unreasonable and/or displaying a sense of "entitlement" to a benefit not provided to the non-afflicted, who do not need habilitation. This is technically correct: Normal folks do not need habilitation or corrective surgery, and congenitally deformed people want habilitation. Also, some normal folks believe congenitally deformed people were cursed by G-d and not worthy of habilitation, or are deviant and thus undeserving of treatment or full inclusion in society.

In 1992 I attended a conference in New York by the National Foundation For Facial Reconstruction (NFFR), Special Faces: Understanding Facial Disfigurement. Enclosed are sections from the program, including the part for State Vocational Services. The NFFR is a fine organization, but did not adequately consider speech disorders related to craniofacial disorders. My application to Florida DVR followed the NFFR conference and recommendations.

Today I am requesting the following records:

1. Records showing whether Marcus T. Justice and Mark Justice are one and the same.
2. The personnel file of Douglas M. Ligibel.
3. My files from 1993-1994 and 1996 onward; and any other file for Neil Gillespie.
4. Any recent inquires about me, Neil J. Gillespie or variations of my name.

You may provide the records in PDF by email. I do not need paper copies. Thank you in advance for the courtesy of a response.

Sincerely,

Neil J. Gillespie

Neil J. Gillespie
8092 SW 115th Loop
Ocala, Florida 34481
Telephone: 352-854-7807
Email: neilgillespie@mfi.net

Enclosures:
Individualized Written Rehabilitation Program (IWRP) for Neil Gillespie
Vocational Screening for Neil Gillespie, by Brad L. Meyer, CRC, Senior VR Counselor
Email correspondence with Angela Barton of the Florida Department of Health
NFFR program sections
Cleft Palate-Craniofacial Journal, July 1992, Vol. 29 No.4, page 371

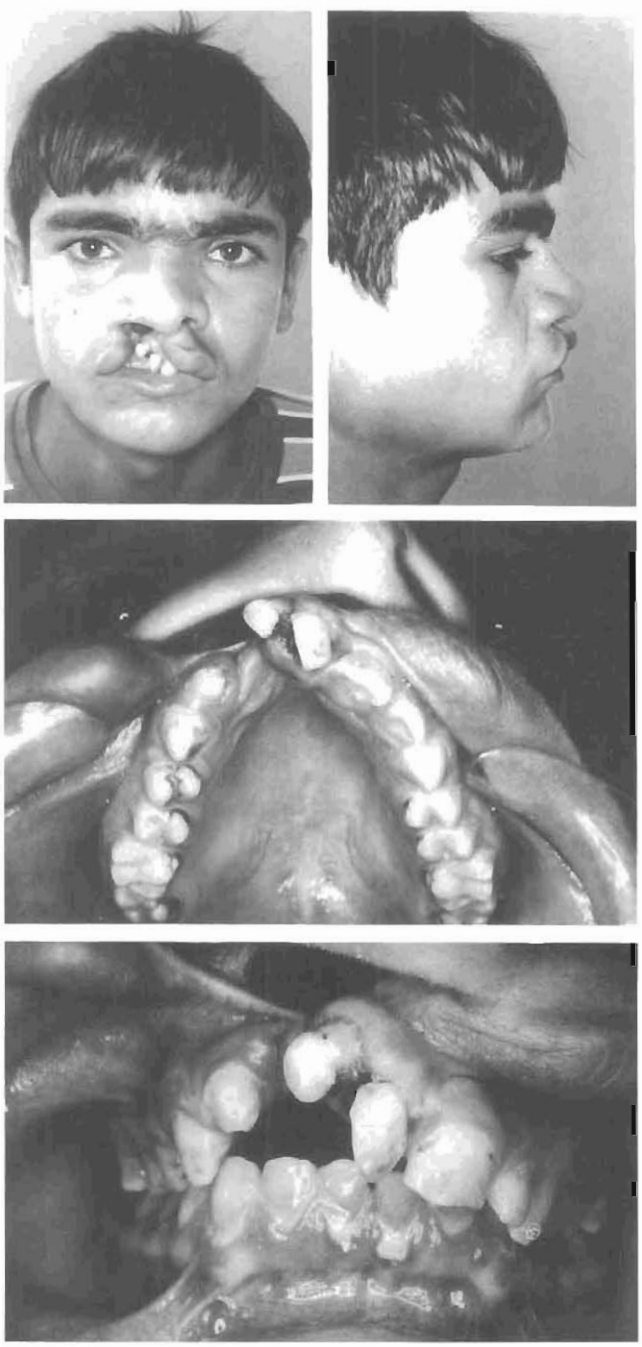

FIGURE 1 Non-operated adult male patient, complete unilateral cleft lip and alveolus.

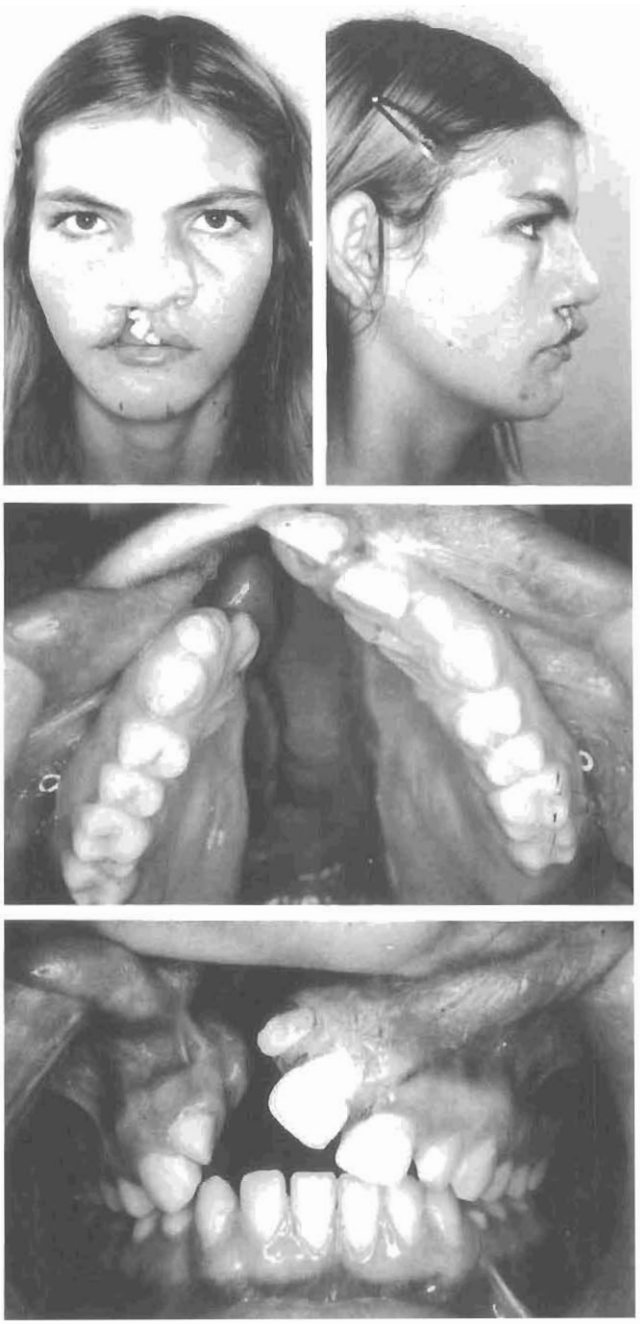

FIGURE 2 Non-operated adult female patient, complete unilateral cleft lip and palate.

METHOD

Cephalometrics were employed to define mandibular morphology and spatial positioning. The lateral cephalograms were obtained according to conventional principles and methods.

The following cephalometric end-points were located on the lateral views: S (Sella), N (Nasion), Gn (Gnathion), Go (Gonion), Me (Menton), ANS (Anterior Nasal Spine), Pog (Pogonion), B (Supramentalis), and Co (Condylion). Based upon these end-points, the dimensions and angles were obtained. They allowed morphologic evaluation of the mandible (Go–Gn, Co–Gn, Co–Go, P–NB, Co.Go Me) and its spatial position relative to the anterior cranial base (S–Go, N–Me, SNB, SN.Gn, SN.GoGn) and to the maxilla (ANS–Me) (Fig. 4). Measurements of different cephalometric analyses were used.

RECEIVED
JAN 24 1993
ST. PETERSBURG, FL 33701

PSYCHOLOGICAL EVALUATION

Neil Gillespie, Age 37
Referred by Brad Meyer
DVR Counselor

By Mark Justice, Ph.D.
Clinical Psychologist
January 10, 1994

Reason for Referral: Neil Gillespie was referred for psychological assessment by Mr. Meyers, VR Counselor.

Neil Gillespie

From: "Neil Gillespie" <neilgillespie@mfi.net>
To: <Angela_Barton@doh.state.fl.us>
Sent: Tuesday, September 24, 2013 12:17 PM
Subject: Re: Mark Justice

Thank you Ms. Barton. Yes, you have my correct address. You or the processor is free to email me the records in PDF at this email address if you like, to save the time and expense of mailing.

And thank you for the email address for the Board of Psychology.

Neil Gillespie

> ----- Original Message -----
> **From:** Angela_Barton@doh.state.fl.us
> **To:** neilgillespie@mfi.net
> **Sent:** Tuesday, September 24, 2013 12:05 PM
> **Subject:** RE: Mark Justice
>
> Mr. Gillespie,
> The link for the Board of Psychology is below. I will assign your request to a processor. The address that I have for you from the original request is: 8092 SW 115th Loop, Ocala, FL 34481. Is this correct?
>
> MQA_Psychology@doh.state.fl.us
>
> Would you like to take our optional survey? If so please visit our website at:
> http://survey.doh.state.fl.us/survey/entry.jsp?id=1201633844168
>
> Angela Barton
> Operations & Management Consultant II
> MQA/Central Records Unit/BOO
> Phone 850-245-4444 ext. 2630
> Fax: 850-414-7819
> Fax: 850-414-0864
> 4052 Bald Cypress Way, Bin C-01,Tallahassee, Florida 32399-1700
> Email: angela_barton@doh.state.fl.us
> **Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.
>
> **Vision:** "To be the **Healthiest State** in the Nation"
>
> **Values:** (ICARE)
> I nnovation: We search for creative solutions and manage resources wisely.
>
> C ollaboration: We use teamwork to achieve common goals & solve problems.
>
> A ccountability: We perform with integrity & respect.
>
> R esponsiveness: We achieve our mission by serving our customers & engaging our partners.

E xcellence: We promote quality outcomes through learning & continuous performance improvement.

How am I communicating? Contact my supervisor
Amy_Carraway@doh.state.fl.us
Public Records Notification (i.e.: Please Note: Florida has a broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.)

"There have been changes to the license renewal process. Please visit www.CEAtRenewal.com to learn more."

From: Neil Gillespie [mailto:neilgillespie@mfi.net]
Sent: Tuesday, September 24, 2013 10:56 AM
To: Barton, Angela
Subject: Re: Mark Justice

Thank you Ms. Barton. I prefer to communicate by email due to disability if that is okay, the phone does not work well for me in this kind of situation. Do you have an email address in lieu of the Board of Psychology's phone number?

Yes, I would like for your office to provide me with a copy of this licensee's licensure file that is available to the public. I believe that it will assist me in determining if this is the licensee that I am inquiring about.

I appreciate your efforts on my behalf.

Neil Gillespie

I can not be certain that Marcus T. Justice and Mark Justice are one and the same.

----- Original Message -----
From: Angela_Barton@doh.state.fl.us
To: neilgillespie@mfi.net
Sent: Tuesday, September 24, 2013 8:40 AM
Subject: RE: Mark Justice

Good Morning Mr. Gillespie,
I apologize for not getting back with you yesterday. I will try and answer your questions....
1. I can not be certain that Marcus T. Justice and Mark Justice are one and the same. This was the only licensee that even came close to the search criteria provided.

2. With regards to your inquiry of updating the status of his license, and conflict of interest of providers; that would be more of a question for the Board Office. The Board of Psychology's main line number is 850-245-4373.

3. Practice Location; The only information that is available regarding his practice location is the PO Box 48472, St. Petersburg, FL 33743-8472

If you would like for my office to provide you with a copy of this licensee's licensure file that is available to the public, I will be happy to do so if you believe that it will assist you in determining if this is the licensee that you are inquiring about.

If I can be of further assistance, please give me a call or reply to this email.
Thanks,
Angela

Angela Barton
Operations & Management Consultant II
MOA/Central Records Unit/BOO
Phone 850-245-4444 ext. 2630
Fax: 850-414-7819
Fax: 850-414-0864
4052 Bald Cypress Way, Bin C-01,Tallahassee, Florida 32399-1700
Email: angela_barton@doh.state.fl.us

From: Neil Gillespie [mailto:neilgillespie@mfi.net]
Sent: Saturday, September 21, 2013 3:59 PM
To: Barton, Angela
Subject: Re: Mark Justice

Thank you Ms. Barton.

It has come to my attention that Marcus T. Justice died almost 9 years ago. Perhaps the state's records should reflect his death status.

A story October 1, 2004 in the old St. Petersburg Times reports Marcus T. Justice died.
http://www.sptimes.com/2004/10/01/Tampabay/Psychologist__educato.shtml

What requirements, if any, require a Florida licensed psychologist to use his legal name and business address on a professional report? Or disclose a potential conflict of interest with the state of Florida?

It appears from the St. Petersburg Times story that "Dr. Justice served in the counseling department at the University of South Florida" at the time of his evaluation of me.

That may explain why there is no business address listed on his professional report of me to the Florida Division of Vocational Rehabilitation. How can I be certain that the report done of me by "Mark Justice" is in fact a report done by "Marcus T Justice"?

Thank you in advance for the courtesy of a response.

Neil J. Gillespie

> ----- Original Message -----
> **From:** Angela_Barton@doh.state.fl.us
> **To:** neilgillespie@mfi.net
> **Sent:** Saturday, September 21, 2013 3:28 PM
> **Subject:** Mark Justice

Re: License Inquiry; Mark Justice; Psychologist

Dear Mr. Gillespie:

The Division of Medical Quality Assurance, Central Records Unit has received your request for information regarding the above referenced.

I was able to locate a Marcus T. Justice , license number PY2327 issued on April 1, 1982 and currently reflects a null and void status with no past or pending disciplinary actions. This license expired February 28, 2002. The last practice location address of record was P.O. Box 48472, St. Petersburg, FL 33743-8472

The mission of the Department of Health to protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts.

If you have any questions, please call me at (850) 245-4444 x 2630.

Would you like to take our optional survey? If so please visit our website at:
http://survey.doh.state.fl.us/survey/entry.jsp?id=1201633844168

Angela Barton
Operations & Management Consultant II
MQA/Central Records Unit/BOO
Phone 850-245-4444 ext. 2630
Fax: 850-414-7819
Fax: 850-414-0864
4052 Bald Cypress Way, Bin C-01,Tallahassee, Florida 32399-1700
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C ollaboration: We use teamwork to achieve common goals & solve problems.

A ccountability: We perform with integrity & respect.

R esponsiveness: We achieve our mission by serving our customers & engaging our partners.

E xcellence: We promote quality outcomes through learning & continuous performance improvement.

How am I communicating? Contact my supervisor
Amy_Carraway@doh.state.fl.us
Public Records Notification (i.e.: Please Note: Florida has a broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.)

"There have been changes to the license renewal process. Please visit www.CEAtRenewal.com to learn more."

Division of Vocational Rehabilitation

INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM

NAME NEIL GILLESPIE SOCIAL SECURITY NO. 160525117

You have been determined eligible for:

_____ Extended Evaluation X Vocational Rehabilitation Services _____ Post-Employment Services

Vocational Goal GENERAL PRACTIONER Amendment _____

1. *OBJECTIVE:* NEIL WILL BE ABLE TO SPEAK FOR UP TO 8 HOURS WITHOUT REST OR COMPLAINT OF PAIN AND DETERIORATION OF VOCAL QUALITY

EVALUATION CRITERIA: NEIL WILL EVIDENCE IMPROVED SPEAKING ABILITY AND INCREASED TOLERANCE TO SPEECH AS CONFIRMED BY CLIENT AND/OR TREATING PHYSICIAN REPORT DURING MONTHLY VR GUIDANCE AND COUNSELING SESSIONS.

SERVICE(S)	Beginning date	Projected end date
SURGERY DR.HABAL MEDICAID/VR	3/94	6/95
HOSPITALIZATION MEDICAID/VR	3/94	6/95
ANESTHESIA,LAB,XRAY MEDICAID/VR	3/94	6/95
MEDICATIONS MEDICAID/VR	3/94	6/95
SPEECH THERAPY MEDICAID/VR	6/95	12/95

COMPARABLE SERVICES AND BENEFITS: MEDICAID

2. *OBJECTIVE:* NEIL WILL DEVELOP A MARKETABLE SKILL AS A GENERAL PRACTIONER

EVALUATION CRITERIA: NEIL WILL DEMONSTRATE MASTERY OF TRAINING MATERIAL AS CONFIRMED BY SEMESTER GRADE REPORTS REFLECTING 3.0 AVERAGE OR BETTER SUBMITTED TO VRC AFTER EACH SEMESTER.

SERVICE(S)	Beginning date	Projected end date
TUITION,BOOKS,SUPPLIES VR/PELL/GSL/CLIENT	9/94	5/2002

COMPARABLE SERVICES AND BENEFITS: PELL/GSL/CLIENT

3. *OBJECTIVE:* NEIL WILL OBTAIN EMPLOYMENT AS A GENERAL PRACTIONER

EVALUATION CRITERIA: NEIL WILL OBTAIN AND MAINTAIN EMPLOYMENT FOR 9 MONTHS AS CONFIRMED BY CLIENT AND OR EMPLOYER REPORT DURING MONTHLY VR GUIDANCE AND COUNSELING SESSIONS.

SERVICE(S)	Beginning date	Projected end date
JOB PLACEMENT VR/FSES	5/2002	2/2003
TJTC (IF IN EFFECT)	5/2002	5/2002

COMPARABLE SERVICES AND BENEFITS: FSES

(SEE IMPORTANT INFORMATION ON REVERSE SIDE)

DISTRIBUTION OF COPIES: WHITE—Client's Copy
YELLOW—File Copy

NAME NEIL GILLESPIE SOCIAL SECURITY NO. 160525117

4. *OBJECTIVE:*

EVALUATION CRITERIA:

SERVICE(S)	Beginning date	Projected end date

COMPARABLE SERVICES AND BENEFITS:

5. *OBJECTIVE:*

EVALUATION CRITERIA:

SERVICE(S)	Beginning date	Projected end date

COMPARABLE SERVICES AND BENEFITS:

CLIENT'S RESPONSIBILITIES: (Also see "Your Responsibilities" on reverse side)

COPY

CLIENT'S VIEWS REGARDING THIS PROGRAM:

Please sign below to show that you have helped to develop this program.

Date — X Client's Signature/Guardian's Signature

3/29/94 Date — X Brad Fry Counselor's Signature/Counselor's Number

(SEE IMPORTANT INFORMATION ON REVERSE SIDE)

DISTRIBUTION OF COPIES: WHITE—Client's Copy
YELLOW—File Copy

IWRP Attachment

My counselor Brad L Meyer and I have discussed my rights and duties as they relate to this program. I am in agreement with this program.

The following are my comments about how we chose my rehabilitation goals, the services I am to receive and who will provide those services.

Comments follow here.
no contact at this time.

X _____ _____
Individual Signature Date

Brad Lmy 3/29/94
Counselor Signature Date

Checklist

Rehabilitation technology services were considered and discussed:	Yes____	(No) - Not Appropriate
The individual requires on-the-job or related personal assistant services.	Yes____(see IWRP)	No✓
The need for post-employment services was assessed.	Yes____(see IWRP)	No__
The individual will require extended services.	Yes____(see IWRP)	No__

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
Division of Vocational Rehabilitation

VOCATIONAL SCREENING
OF

Mr. Neil Gillespie
266 7th Avenue North
St. Petersburg, Fl 33701
SSN: 160525117

Division of Vocational Rehabilitation
525 Mirror Lake Dr
Rm 145
St. Petersburg, Fl 33701
813 893-2261

VOCATIONAL SCREENING

CLIENT INFORMATION:

Neil Gillespie is a 38 year old white male currently residing at 266 7th Avenue, North, St. Petersburg, Fl 33701. Mr. Gillespie's disability is congenital cleft palate. He lives alone and does have regular contact with his immediate family. He possesses a valid drivers license and has independent transportation. He was a self referral to the Division of Vocational Rehabilitation. He requested assistance with medical treatment relating to repair of the cleft palate and assistance in determining an appropriate vocational direction. Mr. Gillespie has completed two years of college study at the University of Pennsylvania, Wharton School of Business. He majored in Business at this time. Subsequently, Mr. Gillespie worked as a car salesman and progressed to owner of two separate care dealerships in the Philadelphia area. These businesses were later dissolved.

SCREENING RESULTS:

Mr. Gillespie has held a variety of positions in the past. Most of these have been in the area of sales and business management.

Past work history includes:

Utility worker	3 months
Manager/Owner Auto Dealership	98 months
Auto Salesperson	48 months
Assistant Manager Retail Trade	36 months
Laborer Steel Industry	10 months

COPY

An unadjusted vocational profile was developed from the job history. In order to confirm or deny these abilities the following information and tests were utilized:

Medical Information from Pamela Kynkor M.S. dated 6/15/93
Jane Scheuerle Ed.D dated 6/2/93
Noreeen Frans M.S. dated 7/2/93
Mutaz Habal M.D. dated 5/5/93

Wide Range Achievement Test
Shipley Institute of Living Scale
Myers-Briggs
General Aptitude Test Battery
United States Employment Service Interest Inventory
Bender-Gestalt

TEST RESULTS:

WRAT-R2

READING 12+
SPELLING 12B
ARITHMETIC 7.4

BENDER-GESTALT

SUGGESTS AN INDIVIDUAL WITH TRENDS TOWARD HAVING HIS ENVIRONMENT BOTH HOME AND WORK ORDERLY. THERE WERE SUGGESTIONS OF EXPANSIVE TYPE OF INDIVIDUAL AND SOME SUGGESTION OF ACTING OUT BEHAVIOUR. THESE WERE MINIMAL AND IF PRESENT COULD BE SEEN AS SOCIAL ACTIVISM OR USE OF EXISTING PROCEDURES WITHIN COMPANIES, SOCIAL SERVICE AGENCIES, ETC TO REDRESS GRIEVANCES.

USES-II

SEE GATB/USES SECTION

MYERS-BRIGGS

INTP exhibits great precision in thought & language. Continuous intellectual scanning tends to see inconsistencies immediately. Has excellent concentration. Authority does not impress the INTP; dislikes redundancy. Desires to understand the universe and constantly looks for universal laws & principles. Can become intellectual snob & show impatience with those less endowed. This is perceived as arrogance and generates hostility & defensive behaviors from others. INTP is the mathematician, philosopher, scientist; any job requiring architecture of ideas; but INTP is not interested in the implementation. Tend not to be sales people or writers; make excellent teachers, but can be demanding on their students. Not good at clerical tasks, impatient with routine details. Prefer to work quietly, without interruption, and alone. Do not welcome constant social activity or disorganization in the home. The mate of an INTP probably manages the social life. INTP tends to retreat into books & emerges only when physical needs are imperative. Has difficulty expressing emotions verbally; so the mate may feel taken for granted. Home is usually calm, low key, and well ordered. INTP deals with the environment primarily through intuition; thinking tends to be complicated and remains hidden except in close associations; their reserve is difficult to penetrate. This makes INTP difficult to know. Tend to be shy except with close friends. Very adaptable until principles are violated. Feeling qualities tend to be underdeveloped & make INTP insensitive to the needs of others. About 1% of the population.

SHIPLEY

SHIPLEY RESULTS SHOW ESTIMATED IQ OF 93. THIS IS CONSIDERED TO BE AN UNDERESTIMATE OF MR. GILLESPIE'S TRUE POTENTIAL. SOLID ABILITIES EVIDENCED IN CULTURAL PART OF TASK. SLIGHT DIFFICULTY WITH ABSTRACT

PART OF SHIPLEY.

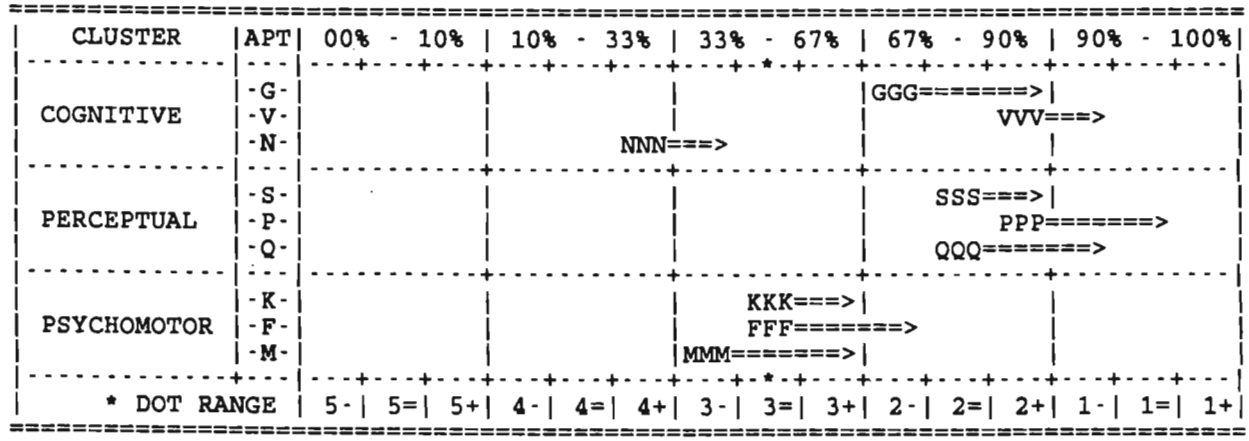
16PF

RESULTS SUGGEST AN INDIVIDUAL WITH HIGH NEED TO BE INDEPENDENT AND FREE OF EXTERNAL CONSTRAINTS. THIS INDIVIDUAL MAY USES HIS FEELINGS IN ORDER TO MAKE DECISIONS. HIGH INTERESTS IN HUMANITARIAN ENDEAVOURS AND PRODUCTIVE CREATIVITY. INDICATIONS OF INTEREST SHOW HOLLAND CODE TYPE (ASI)

GATB/USES

PART NO	RAW SCORE	GGG	VVV	NNN	SSS	PPP	QQQ	KKK	FFF	MMMM	OA	##	H	M
1	[49]						118				Ar	01	[Y]	[ ]
2	[18]			70							Sc	02	[ ]	[ ]
3	[22]	20			117						Pa	03	[Y]	[Y]
4	[31]	67	123								Pr	04	[Y]	[ ]
5	[33]					67					Me	05	[Y]	[Y]
6	[11]	26		19							In	06	[Y]	[ ]
7	[30]					58					BD	07	[Y]	[Y]
8	[70]							101			Se	08	[Y]	[Y]
9	[90]									23	Ac	09	[Y]	[ ]
10	[94]									72	Hu	10	[Y]	[ ]
11	[29]								42		LI	11	[Y]	[Y]
12	[28]								57		PP	12	[ ]	[ ]
APT SCORE		[113]	[123]	[89]	[117]	[125]	[118]	[101]	[99]	[95]	High Score Line			
SEM		6	6	6	8	9	9	7	12	11	Std. Error Line			
APT + SEM		[119]	[129]	[95]	[125]	[134]	[127]	[108]	[111]	[106]	Med. Score Line			
DOT SCORE		[2-]	[2+]	[4+]	[2=]	[2+]	[2=]	[3=]	[3=]	[3-]	High Score Line			
DOT + SEM		[2+]	[1-]	[3-]	[2+]	[1=]	[1-]	[3+]	[2-]	[3+]	Med. Score Line			

G.A.T.B. APTITUDE GRAPH



COMMON APTITUDE-INTEREST OVERLAP REPORT

*** HIGH APTITUDES WITH AVERAGE INTERESTS (Inventory) ***

OAP	GOE-INTEREST-AREA	GOE-#	GOE-WORK-GROUP-TITLE	DATA	JOBS	GOE-PG
9	MEDICAL SCIENCES	02.03	MEDICAL SCIENCES	2	51	27
12	PLANTS & ANIMALS	03.03	Animal Training & Service	2	6	57
13	PLANTS & ANIMALS	03.03	Animal Training & Service	3-6	11	57
14	PLANTS & ANIMALS	03.04	Elemental: Plants & Animals	All	157	59
21	MECHANICAL	05.05	Craft Technology	2-6	617	88
23	MECHANICAL	05.08	Land & Water Vehicle Operation	All	41	108
24	MECHANICAL	05.09	Materials Control	1-4	93	110

25	MECHANICAL	05.09	Materials Control	5	34	110
26	MECHANICAL	05.10	Crafts	1-4	269	115
27	MECHANICAL	05.10	Crafts	5-6	148	115
28	MECHANICAL	05.11	Equipment Operation	All	130	123
29	MECHANICAL	05.12	Elemental Work: Mechanical	All	431	127

*** MEDIUM APTITUDES WITH AVERAGE INTERESTS (Inventory) ***

OAP	GOE-INTEREST-AREA	GOE-#	GOE-WORK-GROUP-TITLE	DATA	JOBS	GOE-PG
11	PLANTS & ANIMALS	03.01	Managerial: Plants & Animals	1-3	49	51
22	MECHANICAL	05.07	Quality Control	1-2	28	104

TRANSFERABLE SKILLS ANALYSIS

Based on the above information and testing an adjusted vocational profile was developed. Information was obtained from OASYS in an attempt to discover transferable skills. On the primary search level 0 occupations emerged. Further search on levels 4-8 yielded 69 job titles. Of these jobs many were involved in the medical, psychological, and counseling arena.The client explored these areas and selected

Podiatrist	079.101-022
General Practitioner	070.101-022

COPY

RECOMMENDATIONS

This is a 38 year old white male with cleft palate which significantly affects long term ability to use verbal communication. Repair or revision of the cleft palate to preserve and remediate Mr. Gillespie's ability to speak is indicated. From information obtained from his treating physician, initial assessment, transferable skills analysis, labor market survey, and vocational testing it is this counselors' opinion Mr. Gillespie will need retraining. Completion of a 4 year degree is indicated. Should Mr. Gillespie have difficulty with college based training to a degree which would make entry into the medical field not feasible, it is suggested he examine areas such as counseling, chemistry, and teaching.

Should you have any questions or if I may be of any further assistance please do not hesitate to contact me at
DVR, 525 Mirror Lake Dr. RM 145, St. Petersburg, Fl 33701 Tel 813 893-2261.

Sincerely

Brad Lmz

Brad L. Meyer CRC
Senior VR Counselor

SPECIAL FACES

Understanding
Facial Disfigurement

A Conference of the

National Foundation for Facial Reconstruction

November 18, 1992

New York, NY

Conference Chairman:

Robert E. Bochat

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Robert E. Bochat

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Charlotte Druschel, MD

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FOREWORD

Robert E. Bochat

The genesis of the Conference, *Special Faces: Understanding Facial Disfigurement*, traces back to 1963 when a meeting at NYU Medical Center was organized by John Marquis Converse, MD, then director of the Institute of Reconstructive Plastic Surgery, to focus for the first time on the problems of the facially disfigured.

Today the subject is even more critical. An estimated 500,000 Americans are disfigured each year by disabling accidents, birth defects and deformities resulting from diseases such as cancer. One child in 400 is born with congenital facial deformity, and some 6300 children are born each with Cleft Lip and Cleft Palate. The *Special Faces* Conference attempts to explore the problems which disfigured patients and their families are still experiencing:

- The psychological and social impact of disfigurement.
- The limited vocational options available to those affected.
- The need to improve and clarify medical insurance coverage especially for those facing long-term rehabilitative programs.
- The need for greater public awareness and understanding of the special needs of the facially disfigured.

In organizing this Conference, I was aided greatly by the advice of Dr. Joseph G. McCarthy, Arlyn Gardner and colleagues at both the NFFR and the Institute, and by the able editorial assistance of Ms. Karen Kuusisto. Even more fortunately, we secured, as presentors, an outstanding group of health professionals, vocational specialists, medical insurance representatives, support group directors, patients and parents -- all of whom spoke with conviction and honesty, as well as fielding sometimes tough questions.

We hope the Conference and these printed proceedings will represent significant steps toward broadening professional and public awareness of the needs of infants, children and adults who struggle every day with the consequences of facial disfigurement.

Robert E. Bochat, *Trustee, The National Foundation for Facial Reconstruction*
Executive Director, The National Foundation for Facial Reconstruction, 1960-1990
Administrator, Institute of Reconstructive Plastic Surgery, 1960-1990

Session IV

VOCATIONAL PROBLEMS OF FACIAL DISFIGUREMENT

Orin Lehman, Chairman

A Rehabilitation Perspective
Orin Lehman

Patient Experience
Caroline Rubino, RN

State Vocational Services
John Bertrand

Job Placement
Prince Attoh

Role of Employers
Elisa G. Lederer

State Vocational Services

John Bertrand

District Manager
Office of Vocational and Educational Services for Individuals with Disabilities (V.E.S.I.D.), New York, NY

On behalf of V.E.S.I.D., I would like to thank you for giving us the opportunity to make a presentation here today. While I do not believe that what we can offer will in any way begin to address the total needs of those persons for whom you are advocating, I feel that there are some cases in which our Agency, and our sister agencies in other states, might be a resource to some.

V.E.S.I.D. stands for "Vocational and Educational Services for Individuals with Disabilities." We are the Vocational Rehabilitation Agency of New York State. Every state has an agency which is charged with the responsibility of providing vocational rehabilitation services. Most frequently they are known by the name "OVR" for Office of Vocational Rehabilitation or "DVR," Division of Vocational Rehabilitation. All are funded by a combination of Federal-State support, which varies from state to state.

Each state has some system of offices to provide services at a more local level. These may be called District, Regional or Field Offices. In New York, for example, we have 15 district offices and 8 satellites. The addresses and telephone numbers of these offices can be found in the appendix.

Historically, the charge to the Vocational Rehabilitation Agencies has been to assist persons with disabilities to either enter the workforce or, where they have worked and have been unable to continue to do so for some reason, to assist the disabled individual to return to work.

Vocational rehabilitation programs are not entitlement programs. One must be eligible for services. The eligibility criteria, generally speaking, are:

1. The presence of a disability which can be documented physically, psychiatrically or psychologically.

2. That the disability has been a barrier to employment.

3. That there be an expectation that with the agency's sevices, the disabled individual will go to work.

There may also be a means test or an order of selection imposed upon the eligibility decision. In New York State, for example, an individual with an income in excess of $9,600 may not be eligible for all services, based upon income. There are some services which can be offered, without regard to income, such as evaluation, counseling and guidance training at a rehabilitation facility and on-the-job training.

In some states, the fiscal situation is such that the Vocational Rehabilitation Agency is operating under an "Order of Selection." This is a situation in which only persons determined to be severely handicapped individuals, and then certain other classes of persons:

--public safety officers with handicaps incurred in the line of duty (police, firemen, and associated personnel);

--Social Security disability beneficiaries;

--Supplemental Security Income recipients;

--Federal Bureau of Employee Compensation claimants;

--Longshoremen's and Harborworkers' Compensation claimants can be advanced beyond evaluation. However, a person with "disfigurement or deformity so pronounced as to cause social rejection" is considered severely disabled.

An individual who applies for services is usually seen by Intake Staff, who gather some of the information we need to make an eligibility determination, and are then referred to a Vocational Rehabilitation Counselor to discuss their vocational plans and desires. Only a Vocational Rehabilitation Counselor can declare a person eligible or ineligible for services, and anyone declared ineligible has the right to appeal that decision.

We do not see many persons whose primary disability is a facial disfigurement in our office. I would expect that there are several reasons for this. One is that since we deal with persons who need to be ready to consider a vocational career there are no very young children. It is obvious from the presentations here today that most of the problems of facial disfigurement are being dealt with at an early age.

Another factor is that with the advent of Medicaid, most persons who would meet our means test are eligible to receive medical assistance through this avenue and are not seen by us for medical services.

I realize that this statement may be more theory than practice, as finding reliable medical personnel and/or insurance companies may be a tremendous problem, as the focus of this conference would seem to say. While all of the steps I have spoken about may very well seem to be complex and insurmountable, one should not cast aside hope.

When I was asked to participate in this conference, I felt that what I would have to say would be extremely brief, and perhaps not so upbeat since, as I told you, we see literally no cases dealing with disfigurement in our office. However, when I was on vacation this summer, I had an experience which made me much more hopeful.

My wife and I have a time share in North Carolina and, anytime we go into town, we wind up driving past the local Vocational Rehabilitation Office. I've always been tempted to stop in and talk "shop" with the staff there and, this year, I did.

While I was discussing programs with the office manager there, our conversation was interrupted by a telephone call, in which his half of the conversation was to congratulate a member of his staff on a job well done. When he concluded, he told me that this had been a conversation about a client of theirs who was in the hospital and this call was from the counselor who worked there. The individual in need of services, he said, was a young woman who had been born with Cerebral Palsy and then, in her teens, had developed cancer in the face, which had required extensive surgery. Even though she was not really financially eligible, they were finding ways to assist her and had just arranged her attendance, with their support, at a special college program in North Carolina for persons with severe physical problems. From the caring in his voice and the enthusiasm with which he had supported his counselor, I knew that he was truly committed to seeing to it that this citizen of his state should have every opportunity to advance to the fullest limits of her ability.

What I am saying is that in dealing with agencies such as ours, while I won't lead you down the garden path and promise you anything beforehand, I wanted you to know that there are many caring, concerned individuals within such agencies at all levels, who will try to be as helpful as possible should you find it in your interest to call upon us.

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VOCATIONAL REHABILITATION PROGRAM RESOURCES FOR PERSONS WITH FACIAL DISFIGUREMENT

Description of services:

State Vocational Rehabilitation
Services Program
Rehabilitation Services Administration
Office of Special Education and
Rehabilitative Services
U.S. Department of Education
Switzer Building, 330 C Street SW,
Rm. 3127
Washington, D.C. 20202-2531

State and local vocational rehabilitation agencies provide comprehensive services of rehabilitation, training, and job-related assitance to people with disabilities, and assist employers in recruiting, training, placing, accommodating, and meeting other employment-related needs of people with disabilities. Agencies conduct workplace accessibility surveys, job analyses that match functional abilities and limitations of individuals with disabilities to needed accomodations, and provide assistance in job restructuring, job modification, and assistive technology. Agencies may fund all or partial costs of needed training, assistive technology or other accommodations for eligible individuals. Employment-related services to counseling individuals with disabilities include: evaluation and assessment, vocational counseling and guidance, referral to appropriate rehabilitation technology services, physical and mental restoration services, vocational training, on-the-job training, job placement, job development, and services necessary to obtain or maintain employment.

Eligibility for services is dependent on the presence of a disabling condition which causes a substantial handicap to employment and a determination that the individual will benefit vocationally from services that may be provided. Eligibility is determined by professional counselors who have a working knowledge of medical conditions, psychology, occupations, community organizations and resources.

As it relates to the facially disfigured, it should be noted that the Rehabilitation Services Administration (operating vocational rehabilitation programs at the federal level) recognized cleft palate with speech imperfections and diseases and conditions of the skin and cellular tissue as impairments. The key to being eligible for vocational rehabilitation services would lie in whether the condition would be considered a substantial impediment to employment. In order to prove this fact it is extremely important for the facially disfigured person to thoroughly explain his/her employment history and how the disfigurement has affected him/her on the job as it relates to advancement or lack thereof, psychosocial issues affecting work performance and how others have reacted to the disfigurement.

Rehabilitation counselors also work with disabled students transitioning from high school to college or work force. If a student with a facial disfigurement is referred for vocational rehabilitation services he/she may be questioned about any possible other disabling conditions, such as personality difficulties or other problems as they relate to employment.

The following is a list of possible vocational rehabilitation services that might be available to the facially disfigured to enable them to maximize their employment potential:

-Vocational/career counseling
-funding for college training
-special prosthetic devices (e.g. hair piece, dentures)
-job placement and follow-up

Referral or application may be made by contacting any area office or service center located throughout each state (See Following List). Counselors may also be contacted during their regular visits to other state and local government offices or schools within local communities.

NOTE: Above Information courtesy of Ms. Renee Barnes, Vocational Rehabilitation Counselor, Spencer, Iowa.