Resource Guide
For
Deaf and Hard of Hearing Children

Developed For Parents By Parents*
(* In Consultation with Professionals)

What works for your child is what makes the choice right!
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Deaf and Hard of Hearing Children

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Introduction

You just learned that your child referred, or did not pass, one or more hearing screening tests or you suspect your child has hearing loss. “Now what?” you ask.

This Guide starts with learning about your child’s hearing loss at birth and ends with your child finishing high school. We hope this Resource Guide (Guide) will:

• Let you know you are not alone!
• Answer some of your questions about hearing loss.
• Identify professionals who can help.
• Connect to families with children who are Deaf or Hard of Hearing.
• Provide a Road Map for your journey.
• Suggest questions to ask professionals.
• Discover resources for more detailed information.
• Develop your child’s tool kit.

Your child might not be identified as having hearing loss until much later. Dive into the Guide for whatever support you need! Copy or download information you need to build your child’s tool kit. One particularly helpful tool is the Pictorial Audiogram—pictures with similar sounds and loudness are plotted on the audiogram so people can put your child’s hearing loss in context.

The information presented is a starting point for you. Hands & Voices New Mexico Chapter (HVNM) does not endorse or certify any of the resources, service providers, schools, or communication choices. Please validate the information yourself when contacting providers. Couple of details to keep in mind as you use this Guide:

• Information in this PDF version is accurate as of July 1st, 2018.
• Hyperlinks are available when you access this Guide online at www.HVNM.org/guide.html.
• Bold phrases have hyperlinks or explanations in Appendix D, Terms & Definitions.
• All images used with permission.
• Suggestions for future editions should be sent to ParentGroup@hvnm.org.

HVNM is a parent-driven, non-profit organization dedicated to supporting families with children who are Deaf or Hard of Hearing, without a bias around communication modes. Please reach out to us if you have any questions about information in this Guide, at ParentGroup@hvnm.org.

Remember, YOU are your child’s parent and best advocate!

Hands & Voices New Mexico Chapter
October 1st, 2018
HVNM.org

What works for your child is what makes the choice right!
**Table of Contents**

**Introduction**

**Table of Contents**

**First Steps**
- EHDI Guidelines .......................................................... 1
- Road Map ........................................................................ 2
- Appointment/Call Log ..................................................... 2
- Key Contacts .................................................................... 3

**Screening**
- Hospital Screening Results ................................................. 5
- Midwife Screening Results ............................................... 6

**Diagnosis**
- The Ear ........................................................................... 7
- Hearing Tests .................................................................. 7
  - Tympanogram .................................................................. 8
  - Audiograms .................................................................... 9
    - Pictorial Audiogram ....................................................... 8
    - Count the Dots Audiogram ............................................ 9
- Hearing Loss ..................................................................... 11
  - Types .............................................................................. 11
  - Degrees .......................................................................... 11
- Risk Factors ..................................................................... 11
- Language/Communication Milestones .......................... 12
- Audiologists
  - Provider Information Appendix A .............................. 13
  - Questions – Audiologists ............................................ 13
- ENTs
  - Provider Information Appendix B .............................. 14
  - Questions – ENTs .......................................................... 14

**Early Intervention**
- Family Infant Toddler (FIT) .......................... 15
  - Provider Information Appendix C .............................. 16
- IFSP ........................................................................... 15
- Questions – EI Providers ............................................. 16
- Communication Considerations .......................... 17
  - Questions - Speech Therapists ........................................... 18
  - American Sign Language Classes ................................. 19
  - Requesting ASL Interpreting ........................................... 19

**Family Support**
- State Organizations ......................................................... 21
- Family .................................................................................. 21
- Deaf and Hard of Hearing .................................................. 21
- Financial Resources ............................................................... 22
- National Organizations ....................................................... 22

*What works for your child is what makes the choice right!*
Hearing Assistance Technology

Hearing Aids
  Styles
  Factors
  Baha
  Cochlear Implants
  Other Technologies

Education

IEP
  Classroom Supports
  Educational Options
  Classroom Accomodations
  Specialized Schools
  Questions—Schools

Appendices (Unless otherwise noted, all information effective 07/01/2018)

A. Audiologists
B. ENTs
C. FIT Providers
D. Terms and Definitions
E. Additional Family Resources

Exhibits (Unless otherwise noted, all information effective 07/01/2018)

1. EHDI Guidelines
2. New Mexico Hearing Screening Road Map (Effective 12/12/2012)
3. Appointment/Call Log
4. Key Contacts
5. New Mexico Hearing Screening Referral Form – Hospital Version (Effective 1/30/2014)
6. New Mexico Hearing Screening Referral Form – Midwife Version (Effective 9/28/2015)
7. Ear Diagram
8. Tympanogram Test Results
9. Pictorial Audiogram
10. Speech Intelligibility Index Count the Dots Form Audiogram
11. Risk Factors
12. Language/Communication Milestones
13. Questions – Audiologist
14. Questions – Ear Nose Throat Doctor
15. Questions – Early Intervention Provider
16. Communication Considerations
17. Questions – Speech Therapists
18. Hearing Aid Schematic
19. Styles of Hearing Aids
20. What is a Cochlear Implant?
21. Classroom Accommodations
First Steps

Your journey begins with a Newborn Hearing Screening. New Mexico requires every baby to be screened. This will usually be an Automated Auditory Brainstem Response (AABR), an Otoacoustical Emission (OAE), or a combination of both. This is usually done in the hospital before your child is discharged. Undetected Hearing Loss may lead to language delays. The Early Hearing Detection and Intervention (EHDI) has three guidelines, measured at one, three, and six months of age—determined to best provide your child’s language, cognitive and social development.

About Newborn Hearing Screening Program: https://nmhealth.org/about/phd/fhb/cms/nbhs

EHDI Guidelines

By Age 1 Month 3 Months 6 Months

Screen Diagnosis Early Intervention

Exhibit 1: EHDI Guidelines.

By One Month of Age:

Screen baby’s hearing before leaving the hospital or within the first month. If this did not happen, perhaps your baby was in the NICU or you had a home birth, you will need to arrange for your baby to get the screening. You may be told the results or you may receive a copy of the results (Exhibits 5 and 6) which will indicate whether one or both ears “PASS” or “REFER.” REFER means your child is referred for follow up testing. If your child is not screened in hospital or the screen results are REFER, talk to your Primary Care Physician (PCP). The PCP will need to make a referral to the hospital for an outpatient hearing screen (if available) or to an audiologist. Children who REFER on their Newborn Hearing Screening or who have Risk Factors (Exhibit 11) are referred to the Newborn Hearing Screening Program.

By Three Months of Age (if your baby’s Screen indicated REFER):

Diagnosis of your baby’s Hearing Loss. If your baby REFERs in one or both ears, you will receive a phone call from the New Mexico EHDI Follow Up Coordinator, who will help you arrange further testing. Follow Up Coordinators work in partnership with parents and physicians until the hearing follow-up process is completed. They provide information and support, make referrals, make reminder calls, send reminder letters, talk with the baby’s PCP and/or the nurse regarding needed PCP referrals, and more. It is extremely important to follow through with this appointment, usually for an Auditory Brain Stem Response (ABR). This will be done by an Audiologist and may be done under sedation. There may be additional medical tests required to determine the cause and recommended actions, which you should discuss with your PCP.

By Six Months of Age:

Enroll Early Intervention (EI). Children with a confirmed Hearing Loss are referred to EI services as soon as possible. Those who receive services typically develop age appropriately through early childhood. EI professionals can help you learn about developing your child’s language skills and other resources. If you wish to connect with other parents who have Deaf or Hard of Hearing children, contact Hands & Voices New Mexico Chapter (HVNM).

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**Road Map**

Copy of the Roadmap that is available from Follow Up Coordinators. The Roadmap was designed to help you and your child’s PCP make needed referrals and to support hearing follow up within the 1-3-6 timeframes.

**New Mexico Newborn Hearing Screening Family Roadmap**

Exhibit 2: New Mexico Newborn Hearing Screening Family Roadmap (Effective 12/12/2012).

**Appointment/Call Log**

There will be many appointments with many professionals on your journey. It is helpful to prepare for appointments by keeping track of topics, questions, and next steps along with medical records in a binder. In each section of this Guide, there are suggested “Questions to Ask?” to use as a starting point.
**Appointment/Call Log**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Contact</th>
<th>Topic</th>
<th>Questions</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Exhibit 3: *Appointment/Call Log*

*What works for your child is what makes the choice right!*
## Key Contacts

<table>
<thead>
<tr>
<th>Area</th>
<th>Practice</th>
<th>Contacts</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Physician (PCP)</strong></td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td><strong>Audiologist</strong></td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td><strong>ENT</strong></td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td><strong>Outreach Liaison</strong></td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td><strong>FIT Provider</strong></td>
<td>Name:</td>
<td>Service Coordinator:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td><strong>Developmental Specialist</strong></td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax:</td>
</tr>
<tr>
<td>**Other *</td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td>**Other *</td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
<tr>
<td>**Other *</td>
<td>Name:</td>
<td>Primary:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
<td></td>
<td>Fax/Email:</td>
</tr>
</tbody>
</table>

Exhibit 4: *Key Contacts.*

* List of possible “Other” professionals on page 15.
Screening

You might be told of, or you might receive a pink copy with, your child’s Screening results. “REFER” means your baby did not pass the hearing Screening. Contact your child’s PCP for a referral to the hospital for an outpatient hearing Screen (if available) or to visit an Audiologist. Please note if there are any Risk Factors. Even if your child passes the outpatient hearing Screening or diagnostic exam, monitor your child’s hearing as he or she gets older, particularly if your child has any Risk Factors (Exhibit 11).

Hospital Screening Results

Exhibit 5: New Mexico Hearing Screening Referral Form – Hospital Version (Effective 1/30/2014).

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Midwife Screening Results

You will be contacted by the Follow Up Coordinator to help schedule a Screening, if the midwife does not have Screening equipment. “REFER” means your baby did not pass the hearing Screening.

| Midwife Name or Name of Center: |
| Baby’s Last Name: | First Name: |
| Baby’s Gender: Male, Female | Baby’s Date of Birth: |
| Baby Hearing Was Screened By Midwife or Center: Yes, No |
| Right Ear: PASS / REFER | Left Ear: PASS / REFER |
| Right Ear: PASS / REFER | Left Ear: PASS / REFER |
| Total # of Screenings: (Screen NO more than 3 times) |

Note whether baby was screened
Screening Results “Refer” means did not pass.
Screening may be done more than once, but not more than three times.

Diagnosis

When the Screening indicates "REFER," that means your child did not pass. Contact your child’s PCP for a referral to an Audiologist, who will perform additional tests to diagnose a Hearing Loss. The PCP or Audiologist may recommend that your child also see an Otolaryngologist, also called an Ear Nose and Throat (ENT) doctor. The ENT will run further tests to determine potential causes of the Hearing Loss and may suggest further medical consultations with Ophthalmologists, Geneticists, and MRI testing among others. The Diagnosis will define the type and the degree of Hearing Loss.

The Ear

Noise transmits sound waves that reach the Outer Ear and flow through the ear canal, causing the ear drum to vibrate. Vibrations trigger three small bones in the Middle Ear to pulsate on the cochlea in the Inner Ear. The Inner Ear hair cells generate electrical impulses sent through the to the brain.

About how the ear hears:
https://www.youtube.com/watch?annotation_id=annotation_2590531863&feature=iv&src_vid=MXt_gX2Srge&v=T8iKJm6nCgM
http://www.phsa.ca/health-info/hearing-loss-early-language/about-the-ear


Hearing Tests

Audiologists will perform a Hearing Test appropriate to the age of your child, and show the results on an Audiogram.

- Infants—OAE or ABR test
- Pre-School—Visual Reinforcement Audiometry (VRA) or Conditioned Play Audiometry (CPA)
- Elementary and older—Pure Tone
The right of the left of the line represents what percentage of hearing your child has. Dots above and to the banana as a range of dots. If you plot your child's results, counting the dots below and to the right of the line is the percentage of Hearing Loss. The 100 dots on this Audiogram represent the Speech Banana.

**Tympanogram**

Audiologists examine the ear to see if there is wax blockage and perform a Tympanogram test. Tympanograms test how well the Middle Ear works and how the eardrum moves. This helps determine whether Hearing Loss is due to the Middle or Inner ear. Normal eardrum movement shows an “A” shape.

![Tympanogram Test Results](http://www.abqhearing.com/)

**Audiograms**

Audiograms display Hearing Loss as a graph, showing the pitch, or Frequency, versus the loudness, or Decibels (dB), at which sounds are heard. When you plot your child’s results and connect the dots, your child can hear everything below and to the left of the line. It is important to realize that Hearing Test results are under ideal conditions—your child is fully focused on listening and there are no background noises or distractions. What your child hears at home or in school may not be as good as the Sound Booth results.

- Horizontal axis—Frequencies of sound in Cycles Per Second, Hertz (Hz)—low tones on the left ranging to high pitched sounds on the right.
- Vertical axis—Loudness of sounds in Decibel (dB)—quiet on top ranging to loud at bottom

**Pictorial Audiogram**

A Pictorial Audiogram is one way to share what your child can and cannot hear with family members, care givers, teachers, coaches, and anyone else who interacts with your child. Pictures represent other sounds at that Frequency and Decibel. If you plot your child’s results on a Pictorial Audiogram, it is a visual indicator to others what they can hear.

- Right vertical axis—Description of Hearing Loss.
- Gray swoop—Speech Banana, where most sounds of language occur.
- Letters—Specific sounds that occur at the indicated dB and Hz
- Pictures—Types of sounds that occur at the indicated dB and Hz

**Count the Dots Audiogram**

A Speech Intelligibility Index (SII), or Count the Dots, Audiogram represents the Speech Banana as a range of dots. If you plot your child’s results, counting the dots below and to the left of the line represents what percentage of hearing your child has. Dots above and to the right of the line is the percentage of Hearing Loss. The 100 dots on this Audiogram represent the Speech Banana.
Exhibit 10: Speech Intelligibility Index Count the Dots Form Audiogram. C. Killion, Mead and Gustave Mueller, H. Used with permission.
**Hearing Loss**

**Types**

Type of Hearing Loss may be in one ear, **Unilateral**, or both ears, **Bilateral**. There are several types described by the part of the ear in which it occurs:

<table>
<thead>
<tr>
<th>Type</th>
<th>Source of Hearing Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conductive</td>
<td>Outer Ear or Middle Ear</td>
</tr>
<tr>
<td>Ear</td>
<td>Outer Ear may not be fully formed, called <strong>Microtia</strong></td>
</tr>
<tr>
<td></td>
<td>Middle Ear may have fluid or ear infections</td>
</tr>
<tr>
<td>Sensorineural</td>
<td>Inner Ear or Auditory Nerve</td>
</tr>
<tr>
<td>Mixed</td>
<td>Blend of both Conductive and Sensorineural</td>
</tr>
<tr>
<td>Auditory Neuropathy</td>
<td>Auditory Nerve</td>
</tr>
</tbody>
</table>

**Degrees**

Degree of Hearing Loss is defined by which range your child can hear. Even a mild loss, will impact your child’s language development.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Range of Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Up to 25 dB</td>
</tr>
<tr>
<td>Mild</td>
<td>26 – 40 dB</td>
</tr>
<tr>
<td>Moderate</td>
<td>41 – 70 dB</td>
</tr>
<tr>
<td>Severe</td>
<td>71 – 90 dB</td>
</tr>
<tr>
<td>Profound</td>
<td>90+ dB</td>
</tr>
</tbody>
</table>

**Risk Factors**

Some children may pass the initial Screening, but lose hearing later, either from illness, injury, or just delayed onset. Monitor your child’s hearing if any of these Risk Factors apply. If you have any concerns about your child’s hearing contact your PCP immediately.

- Spent 5 days or more in the NICU or had complications while in the NICU (check with your PCP)
- Needed special procedures (blood transfusion) to treat bad jaundice (hyperbilirubinemia)
- Was exposed to infection before birth
- Has head, face or ears shaped or formed in a different way than usual.
- Has a condition (neurological disorder) that is associated with hearing loss (check with your PCP)
- Had an infection around the brain and spinal cord called meningitis
- Received a bad injury to the head that required a hospital stay
- Was given certain medications, like cancer chemotherapy or other medications that might hurt hearing (ask your PCP)
- Your family has a history of children with hearing loss
- You are worried about your child’s hearing for any reason

### Language/Communication Milestones

These are the language and communication milestones by age. If your child is not meeting these, you should speak to your PCP and contact EI services.

<table>
<thead>
<tr>
<th>Age</th>
<th>Milestones</th>
</tr>
</thead>
</table>
| 2 Months  | - Coos, makes gurgling sounds  
            - Turns head towards sounds |
| 4 Months  | - Begins to babble  
            - Babbles with expression and copies sounds he hears  
            - Cries in different ways to show hunger, pain, or being tired |
| 6 Months  | - Responds to sounds by making sounds  
            - Strings vowels together when babbling (“ah,” “eh,” “oh”)  
            - Likes taking turns with parent while making sounds  
            - Responds to own name  
            - Makes sounds to show joy and displeasure  
            - Begins to say consonant sounds (jabbering with “m,” “b”) |
| 9 Months  | - Understands “no”  
            - Makes a lot of different sounds like “mamamama” and “bababababa”  
            - Copies sounds and gestures of others  
            - Uses fingers to point at things |
| 1 Year    | - Responds to simple spoken requests  
            - Uses simple gestures, like shaking head “no” or waving “bye-bye”  
            - Makes sounds with changes in tone (sounds more like speech)  
            - Says “mama” and “dada” and exclamations like “uh-oh!”  
            - Tries to say words you say |
| 18 Months | - Says several single words  
            - Says and shakes head “no”  
            - Points to show someone what he wants |
| 2 Years   | - Points to things or pictures when they are named  
            - Knows names of familiar people and body parts  
            - Says sentences with 2 to 4 words  
            - Follows simple instructions  
            - Repeats words overheard in conversation o Points to things in a book |
| 3 Years   | - Follows instructions with 2 or 3 steps  
            - Can name most familiar things  
            - Understands words like “in,” “on,” and “under”  
            - Says first name, age, and sex  
            - Names a friend  
            - Says words like “I,” “me,” “we,” and “you” and some plurals  
            - Talks well enough for strangers to understand most of the time  
            - Carries on a conversation using 2 to 3 sentences |
| 4 Years   | - Knows some basic rules of grammar, such as correctly using “he” and “she”  
            - Sings a song or says a poem from memory such as the “Itsy Bitsy Spider”  
            - Tells stories  
            - Can say first and last name |
| 5 Years   | - Speaks very clearly  
            - Tells a simple story using full sentences  
            - Uses future tense; for example, “Grandma will be here.”  
            - Says name and address |

Questions - Audiologist

Ask your PCP for Pediatric Audiologists referrals or use Appendix A to find one close to you. Here are some suggested questions you might want to ask when consulting with Audiologists.

Questions about my child’s hearing loss:

1. How much hearing loss does my child have? Please explain the terms: sensorineural, conductive, mixed, mild, moderate, severe, profound, and auditory neuropathy.

2. Is the loss permanent? Does my child need more testing? How often should my child’s hearing be tested?

3. Can you tell me if my child’s hearing loss will change or get worse?

4. Do both ears have the same hearing loss?

5. How will the hearing loss affect my child’s speech and language development?

6. What could have caused my child’s hearing loss?

7. Would you suggest genetic counseling for our family?

8. Please explain the audiogram or the report.

9. May I have a copy of the hearing test results?

Questions about hearing aids and cochlear implants (an electronic device placed under the skin behind the ear):

1. Does my child need a hearing aid? What are my choices? Should he or she have a hearing aid in both ears?

2. How much do hearing aids cost? Where can I get help to pay for the hearing aids?

3. Can you help me contact a program that can lend me hearing aids?

4. What can my child hear with the hearing aids? How do you test if the hearing aids are working just right for my child?

5. How many hours should my child wear the hearing aids?

6. Should my child wear the hearing aids when playing sport activities?

7. What should I do if my child loses his/her hearing aids?

8. What should I do if my child does not want to wear the hearing aid?

9. How often do you need to check or adjust the hearing aids?

10. How often will my child need new hearing aids?

11. Which part of a hearing aid (such as the earmold and tubing) will need to be replaced regularly?

12. What is the difference between a hearing aid and a cochlear implant?

13. Should I consider a cochlear implant (an electronic device placed under the skin behind the ear)? Where can I get more information?

Questions about communication options and education:

1. What are communication options (such as total or oral communication, sign language)?

2. When should I begin early intervention, speech or other therapy? What is available in my area?

Questions about support:

1. Is there a parent group in my area? And who should I contact?

2. Can you help me meet another parent with a child who has a hearing loss similar to my child’s?

3. Where can I look up more information about hearing loss?

4. How do I describe the hearing test result to my family?

5. Do you have tips for my family about how to communicate with my child at home?

AUDIOLIGIST QUESTIONS


What works for your child is what makes the choice right!
## Questions - ENT

Ask your PCP for Pediatric ENT referrals or use Appendix B to find one close to you. Here are some suggested questions you might want to ask when consulting with ENTs.

*If you have questions or concerns about the care your child receives, you may want to schedule a longer appointment. The following questions can help you better understand your child’s condition and the type of care he or she may receive.*

### Questions you may want to ask your child’s ear, nose and throat doctor:

<table>
<thead>
<tr>
<th>Question</th>
<th>After talking with the ear, nose and throat doctor, I/we learned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have experience in treating babies and children with hearing loss?</td>
<td></td>
</tr>
<tr>
<td>2. Do you have the most recent report from my child’s audiologist (hearing specialist)?</td>
<td></td>
</tr>
<tr>
<td>3. What type of hearing loss does my child have (sensorineural, conductive, or mixed)? Please explain the terms.</td>
<td></td>
</tr>
<tr>
<td>4. Should I make appointments with other health professionals? For example, an eye doctor or a geneticist?</td>
<td></td>
</tr>
<tr>
<td>5. Do you think our family should have genetic counseling?</td>
<td></td>
</tr>
<tr>
<td>6. Does my child need other tests? For example, scans (CT, MRI); blood, heart (EKG) or urine tests. What will these tests tell you about my child’s hearing loss?</td>
<td></td>
</tr>
<tr>
<td>7. Can you tell if my child’s hearing loss will change or get worse?</td>
<td></td>
</tr>
<tr>
<td>8. What caused my child’s hearing loss?</td>
<td></td>
</tr>
<tr>
<td>9. How do I describe these results to my family?</td>
<td></td>
</tr>
<tr>
<td>10. What treatments are available? For example, ear tubes or cochlear implants?</td>
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<tr>
<td>11. Would my child benefit from a hearing aid?</td>
<td></td>
</tr>
<tr>
<td>12. Do I need a form signed by you so my child can be fitted with hearing aids?</td>
<td></td>
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<tr>
<td>13. Is a cochlear implant an option for my child? Where can I get more information?</td>
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</tr>
<tr>
<td>14. How often should my child return for a check-up?</td>
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</tbody>
</table>

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**EAR, NOSE AND THROAT DOCTOR QUESTIONS**

What works for your child is what makes the choice right!

Early Intervention (EI)

Audiologists may send results directly to the Newborn Hearing Screening Program or Follow-Up Coordinators may contact Audiologists or PCPs directly to share audiological results. This triggers support and consultation from the Early Intervention Involvement Department (EIID) of the New Mexico School for the Deaf (NMSD). EIID has Regional Consultants, specialists trained to work with families whose children are Deaf or Hard of Hearing, who will facilitate entry into the Family Infant Toddler (FIT) program.

About EIID: [http://nmsd.k12.nm.us/statewide_services/early_intervention_programs](http://nmsd.k12.nm.us/statewide_services/early_intervention_programs)

Family Infant Toddler (FIT)

Appendix C has a list of FIT providers throughout the state. You may select a FIT provider, who will work with your family to develop an Individualized Family Services Plan (IFSP). The IFSP outlines the services your child will receive. Services may come from a variety of FIT and other providers. Deaf Mentors and Deaf Coordinators may be included and are provided by NMSD, regardless of who you select as your primary FIT provider. Services offered through the state are free of cost. It is very important to get started with EI and FIT providers to help your child develop communication skills.

About FIT: [https://nmhealth.org/about/ddsd/pgsv/fit/](https://nmhealth.org/about/ddsd/pgsv/fit/)

Individualized Family Services Plan (IFSP)

The IFSP outlines the services your child will receive, who will provide them, how often they will be delivered, and what assessments and evaluations tools will be used to measure success. It addresses:

- Your Family—information and history about family life.
- Summary of Relevant Health Information—medical information.
- Present Abilities, Strengths and Needs—what your child can do right now.
- Child/Family Outcome—what would you like to see your child accomplish.
- Transition Plan—starts transition at 24-month review and at age 3.
- Supports and Services—including how many hours and visits per week.
- Periodic Review of the IFSP—revisit every six months.

Members of your IFSP team include you, Service Coordinator, other family members and Specialists who will work with your family. The team meets at least every six months to determine what supports will help your child to succeed. Some of the supports might include:

- Additional Testing
- Headstart Programs (if eligible)
- Hearing Tests
- Music Therapy
- NMSD Deaf Developmental Specialists
- NMSD Deaf Mentors
- Occupational Therapy
- Others
- Physical Therapy
- Pre-School
- Speech Therapy

What works for your child is what makes the choice right!
Questions – EI Provider

Not all FIT providers deliver the same services. Use Appendix C to find one close to you. Here are some suggested questions you might want to ask when consulting with FIT providers before selecting who will work best for your child.

<table>
<thead>
<tr>
<th>Questions you may want to ask your child’s early intervention team:</th>
<th>After talking with the early intervention team, I/we learned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is early intervention? What services do you provide?</td>
<td></td>
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<tr>
<td>2. Can you describe the intervention activities to me?</td>
<td></td>
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<tr>
<td>3. How long and how often are the intervention activities?</td>
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<tr>
<td>4. Where do I bring my child for the intervention activities?</td>
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<tr>
<td>5. Why is it so important for my child to start intervention this early?</td>
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<tr>
<td>6. How much will early intervention services cost?</td>
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<tr>
<td>7. How do you help my child learn how to communicate?</td>
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<tr>
<td>8. Can you tell me about sign language?</td>
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</tr>
<tr>
<td>9. Are there other ways my child can learn to communicate or talk?</td>
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<tr>
<td>10. Does your program have staff trained to work with very young infants and toddlers with hearing loss?</td>
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<tr>
<td>11. Will you send my child’s progress reports to his or her doctor and the state (or territorial) newborn hearing screening (EHDI) program?</td>
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<tr>
<td>12. Where can I meet other families who have young children with hearing loss?</td>
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<tr>
<td>13. Where can I learn more about children with hearing loss?</td>
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<tr>
<td>14. What will happen when my child is too old for your program? What do you mean by transition?</td>
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<tr>
<td>15. What is Part B? What is Head Start?</td>
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</tbody>
</table>

**EARLY INTERVENTION TEAM QUESTIONS**

Communication Considerations

Communication is how we share thoughts. Language is the means by which we communicate. Acquiring language is extremely important to your child’s overall development. However you choose to communicate with your child, in whatever language you choose, your Service Coordinator can help you find appropriate resources. There are several options to consider and investigate before selecting what mode might work best for your child.

Auditory-Oral: The Auditory-Oral approach stresses technology to make the most of residual hearing to develop spoken language. Examples include the use of hearing aids or cochlear implants. This approach also includes the use of speech reading and natural gestures.

Auditory-Verbal: The Auditory-Verbal approach also stresses technology to make the most of residual hearing to develop spoken language. However, this approach focuses on listening and, therefore, does not encourage the use of speech reading.

Bilingual-Bicultural (Bi-Bi): The Bi-Bi approach focuses on the use of two languages: ASL and the native language of the family (for example, English or Spanish). ASL usually is taught as the child’s first language. English (or the family’s native language) is taught as the child’s second language through reading, writing, and speech. Respect for Deaf culture also is taught.

Cued Speech: The Cued Speech educational program focuses on the use of cued speech and speech reading. It is a system of hand signals used by the speaker to help the listener tell the difference between certain speech sounds.

Total Communication: This approach uses a combination of sign language, speech, and best use of residual hearing through technology to help children learn speech and language. The technology might include hearing aids or cochlear implants. Sign language can be either ASL or signs from English Coding Systems. Signing, speaking, speech reading, listening, signing, cued speech, reading, writing, and natural gestures can all be used in this approach. Which ones are stressed depends on the child’s strengths and weaknesses. Most total communication programs use some form of simultaneous communication (speaking and signing at the same time).

Questions - Speech Therapists

If you choose spoken language, your child may need Speech Therapy. Here are some suggested questions you might want to ask when consulting with Speech Therapists before selecting who will work best for your child.

If you have questions or concerns about the care your child receives, you may want to schedule a longer appointment. The following questions can help you better understand your child's condition and the type of care he or she may receive.

Questions about speech and language therapy services for my child:

1. What kind of training and experience do you have working with children who are deaf or hard of hearing? What age group have you worked with?

2. What communication option(s) do you use in therapy (for example: Signing Exact English (SEE), American Sign Language (ASL), Cued Speech, Auditory-Verbal, etc.)? What is your experience and comfort level using these communication options?

3. How do you test my child's speech and language development? How often will you check my child's progress?

4. How do you decide the amount of time my child will spend on speech production, language (spoken or signed), and auditory (hearing) training?

5. What are my costs for the different types of therapies? Where do I go to get help with these costs?

6. Can I observe a speech therapy session with another child who has hearing loss?

Questions to help my child at home:

1. Can you tell me where I can learn more about the different types of communication options?

2. What tips can I use or activities can I do to support my child's communication at home?

3. Can you suggest any other resources in the community for our family?

After talking with the speech-language pathologist, I/we learned:

SPEECH-LANGUAGE PATHOLOGIST QUESTIONS

**American Sign Language**

If you choose to learn **American Sign Language (ASL)**, there are many opportunities available. Some classes are taught online. Contact the organizations directly to find schedules for upcoming classes and whether there is a fee:

- **Albuquerque**
  - Albuquerque Sign Language Academy
  - Central New Mexico Community College
  - Deaf Culture Center
  - Jewish Community Center
  - New Mexico School for the Deaf
  - University of New Mexico
  - UNM Continuing Education

- **Santa Fe**
  - New Mexico School for the Deaf
  - Santa Fe Community College

- **Las Cruces**
  - Dona Ana Community College Community Education
  - El Paso Community College
  - New Mexico State University
  - UTEP P3 Professional & Public Programs

- **Visit these websites for online courses**
  - ASLpro.com
  - ASLnook.com
  - Babysignstoo.com
  - Carmel High School ASL youtube videos
  - Lifeprint.com
  - Signschool.com

**Requesting ASL Interpreting**

The New Mexico Commission for the Deaf and Hard of Hearing maintains some Facts Sheets that are very helpful. If your child needs an ASL Interpreters, you should contact the interpreting agency at least two weeks in advance. Interpreters in New Mexico are required to be licensed and there are on-site Interpreters and Video Remote Interpreters.

- **How to Find a Signed Language Interpreter:**

- **How to Work With a Signed Language Interpreter:**
  [http://www.cdhh.state.nm.us/uploads/FileLinks/ea5c26236fb24321963909e84301877e/NMCDHH_Fact_Sheet___Working_with_a_Signed_LanguageInterpreter_1.pdf](http://www.cdhh.state.nm.us/uploads/FileLinks/ea5c26236fb24321963909e84301877e/NMCDHH_Fact_Sheet___Working_with_a_Signed_LanguageInterpreter_1.pdf)

- **Who Pays for Interpreters?**:
Family Support

You may wish to speak with other families who are on a similar journey, professionals who work with Deaf and Hard of Hearing, and Deaf or Hard of Hearing adults. Many of these organizations host educational seminars, conferences, emotional support groups and social gatherings.

Statewide Organizations

Family

Check these websites for current information on these state family support organizations:

- **Educating Parents of Indian Children with Special Needs (EPICS)**
  
  [EpicsNN.org](http://EpicsNN.org)
  
  EPICS aims to assist families to influence change in their communities to maximize positive outcomes for children with disabilities and special healthcare needs. We achieve this by:
  
  - Respecting each family's unique culture and experiences, we provide a circle of support that includes partnerships, resources, advocacy and opportunity for Family Leadership.
  - Assists families to influence change and maximize positive outcomes for children with disabilities by respecting culture and providing a circle of support.

- **Hands & Voices New Mexico Chapter (HVNM)**
  
  [HVNM.org](http://HVNM.org)
  
  Dedicated to supporting families with children who are Deaf and Hard of Hearing without a bias around communication modes or methodology. We're a parent driven, non-profit organization providing families and others who care about children who are Deaf and Hard of Hearing with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Motto is “what works for your child is what makes the choice right!”

- **Parent Reaching Out (PRO)**
  
  [ParentsReachingOut.org](http://ParentsReachingOut.org)
  
  Non-profit organization that works with parents, caregivers, educators, and other professionals to promote healthy, positive and caring experiences for families and children. Helps families by providing individual case by case support to meet families where they are in their journey. Support for families on their journeys.
  
  - Providing networking opportunities for families to connect and support each other.
  - Believing all families care deeply about their children.

Deaf and Hard of Hearing

Check their websites for current Deaf and Hard of Hearing Organizations and upcoming events and resources:

- Community Outreach Program for the Deaf
- Deaf Culture Center of New Mexico
- Hearing Loss Association of Albuquerque
- New Mexico Association of the Deaf
- New Mexico Commission for the Deaf and Hard of Hearing
Financial Resources

Hearing Assistive Technology (HAT) is available—although much of it is expensive. Insurance coverage and other assistance may be available to help pay for it. Some sources to consider are:

- Private insurance—Insurance policies may or may not cover HAT. Check with your insurance provider to find out what they will cover.
- Loaners—Some audiology practices have loaner banks to provide Hearing Aids for short term testing. Ask your Audiologist.
- New Mexico Commission for Deaf and Hard of Hearing—NMCDHH often has TTY equipment, iPads, flashing alerts, bed shakers, and more available at no or reduced costs.
- Caption Call—May provide TTY equipment and iPad connectivity.
- Medicare and Supplemental Security Income (SSI)—Government program providing cash assistance based on income tests.

National Organizations

Check these websites for current deaf and Hard of Hearing organizations and upcoming events and resources:

- Alexander Graham Bell Association for Deaf and Hard of Hearing
- American Society for Deaf Children
- American Speech and Hearing Association
- Gallaudet University
- Hands & Voices
- Hearing Loss Association of America
- Laurent Clerc National Deaf Education Center
- National Association of the Deaf
- National Technical Institute for the Deaf at RIT
Hearing Assistance Technology

Hearing Assistive Technology (HAT) may help your child hear more sounds. Unlike glasses, which can correct to perfect 20/20 vision, HAT will not correct hearing to “20/20” hearing. Your child needs to develop other communication skills, such as lip-reading, asking for classroom accommodations, and advocating for themselves.

Hearing Aids

Hearing Aids amplify sound. They are programmed for your child’s Hearing Loss so that only the sounds they cannot hear have volume increased.

![Hearing Aid Schematic](https://www.oticon.com/-/media/oticon-us/main/download-center/agil/ifu/120875-agil-minibte.pdf)


Styles

Your Audiologist will recommend a suitable Hearing Aid based on your child’s age and Hearing Loss:

- **Behind the Ear (BTE)**—generally recommended for young children. The actual Hearing Aid rests on top of and behind the ear, and only the Earmold fits in the ear canal.
- **In the Ear (ITE)**—custom fitted to rest within the Outer Ear.
- **In the Canal (ITC)**—custom fitted to fit in the canal with less visibility, generally only suitable for mild to moderate Hearing Loss.

Factors

Hearing Aids come in different sizes and with many features. Many are programmable, which means you can have settings for different environments, such as classrooms or noisy restaurants. Your Audiologist will recommend suitable Hearing Aids based on your child’s needs.

- Programs—different settings to better amplify sounds and reduce background noises, such as in restaurants or in a classroom.
- **FM System**—used to increase speech understanding in classrooms and noisy settings. Someone who is 20 feet away, such as a teacher, wears a small microphone that transmits directly to the Hearing Aid making it sound as if the speaker were only a foot away.
- Blue Tooth—phones, computers, TVs with Blue Tooth technology can connect to transmit sounds directly to Hearing Aids.
- **T-Coil**—similar to FM, but uses an electronic loop installed in a facility instead of a microphone.
- Earmolds—fits within the ear canal to transmit the sound amplified by the Hearing Aids. Getting a good fit with Earmolds is a critical component to success of Hearing Aid. Too loose fitting creates feedback—too tight fitting irritates the ear. Earmolds may have vents to permit natural *Residual Hearing* and a less plugged up feeling.
  - Some are custom molded to fit specific ear, and may be ordered in multiple colors and materials.
  - Others are considered “open” molds, also called “domes,” and run in variety of sizes to fit ear canal.

**Baha**

**Bone Anchored Hearing Devices (Baha)** are surgically implanted devices that transmit sound through bone conduction. Traditional Hearing Aids use air conduction. Baha bypasses the Outer and Middle Ears to stimulate the cochlea directly and are best for patients with any of the following conditions:

- Conductive or mixed Hearing Loss in one or both ears
- Chronically draining ears
- Malformed ears or ear canals
- Severe or profound Hearing Loss in only one ear (single-sided deafness)
**Cochlear Implants**

Cochlear Implants (CI) are different than Hearing Aids. Instead of amplifying sounds, CIs convert sounds into electric impulses that stimulate the Auditory Nerve directly. The CI is surgically implanted and bypasses the non-functioning parts of the ear. It may improve communication for children with a severe to profound Hearing Loss and who do not receive any benefit from Hearing Aids.

**What is a cochlear implant?**

A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing. The implant consists of an external portion that sits behind the ear and a second portion that is surgically placed under the skin (see figure). An implant has the following parts:

- A microphone, which picks up sound from the environment.
- A speech processor, which selects and arranges sounds picked up by the microphone.
- A transmitter and receiver/stimulator, which receive signals from the speech processor and convert them into electric impulses.
- An electrode array, which is a group of electrodes that collects the impulses from the stimulator and sends them to different regions of the auditory nerve.

An implant does not restore normal hearing. Instead, it can give a deaf person a useful representation of sounds in the environment and help him or her to understand speech.


**Other Technologies**

Every day, more and more technology is being created that help everyone communicate. Check our website for new technologies as we learn of them. Some we particularly like right now include:

- Text Messaging—levels the playing field for your child’s ability to communicate one-on-one vs. using a phone.
- Face Time/Skype—permits visual contact during long distance conversations, which is helpful for lip reading capability and signing.
- Blue Tooth—improves sound quality and eliminates need for earbuds and headphones, both of which are not compatible with HAT.
- Dragon Speak—App designed to type out what it hears, which is useful for giving visual feedback from your child’s speech.
- Visual and Vibrating Alarms—some companies have created smoke detectors, doorbells, oven timers, alarm clocks that light up and/or vibrate.
Education

The Americans with Disability Act (ADA) protects the rights of adults with disabilities. The Individuals with Disabilities Education Act (IDEA) protects the rights of children with disabilities. IDEA provides for Free Appropriate Public Education (FAPE), resulting in the IFSP and IEP for children with disabilities. Deafness is one of the covered categories under IDEA.

When your child is school-aged, your school will work with you to develop and Individualized Education Plan (IEP) or a 504 Plan. Students with a disability who need specialized instructions and services will have an IEP. Students who do not need specialized instructions but do need accommodations for equal access, might have a 504 Plan instead.

New Mexico School for the Deaf’s Center for Educational Consultation and Training (CECT) provides consultations to families and schools throughout the state. They provide information and support with a focus on language, communication, social-emotional engagement and literacy. Services are provided free of charge to public and charter school programs for students with an IEP or 504 Plan.

About CECT: http://nmsd.k12.nm.us/statewide_services/educational_support_for_schools

Individualized Education Plan (IEP)

The IEP outlines the services your child will receive, who will provide them, how often they will be delivered, and what will be used to measure success. An IEP must contain or address the following in writing:

- Student Profile & Student/Family Vision
- Consideration of Special Factors
- Present Levels of Performance
- Measurable Post-School Goals—Secondary
- Transition Services Secondary IEP
- Transition Planning—Preschool/Elementary IEP
- Annual Goals/Objectives/Benchmarks
- Extended School Year
- Participation in Mandated Testing
- Least Restrictive Environment
- Schedule of Services
- Consent for Medicaid
- Levels of Services
- Setting
- Accommodations & Modifications
- IEP Progress Documentation
- Prior Written Notice of Proposed Actions
- Transition Planning—Post-School Goals (required beginning at age 14)

What works for your child is what makes the choice right!
Members of your IEP team include parents, your child, regular education teacher, school IEP Coordinator, other family members and Specialists that will work with your family. The team meets at least annually to determine what supports will help your child to succeed. Some additional team members might be:

- Regular Education teacher
- Special Education teacher
- School IEP Coordinator
- Service Provider (such as Speech Therapist, may provide written report if not attending)
- Evaluation Professional (if there are evaluations that need interpretation)
- Parent Advocate (if desired)

**Classroom Supports**

In addition to IEPs and HAT, there are some techniques that might help your child succeed in learning. The key to success is teaching your child to advocate for themselves early.

- Participate in IEP meetings as young as possible.
- Manage equipment.
- Ask people to rephrase rather than repeat.
- Teach peers to face them when speaking.
- Ask for Classroom Accommodations to help reduce stress and fatigue (Exhibit 21.)
- Learn their rights for access under ADA law.

**Educational Options**

New Mexico has several educational options: public schools, home schooling, and schools that specialize in educating Deaf and Hard of Hearing children. Explore your options. Contact and visit the schools as they all have different philosophies and delivery of services.
Classroom Accommodations

Creating an Optimal Learning Environment for a Hard of Hearing Student

Hard of Hearing students work very hard to understand what is said in and out of the classroom. Listening requires their full attention, auditory and visual. They can't half listen or let their minds wander. They have to fill in and guess at times. This creates fatigue and stress and some misunderstandings. The effort listening requires day in day out is often taken for granted.

These strategies will enhance understanding, facilitate learning, and reduce stress & fatigue:

1. USE THE FM SYSTEM
   - Clip microphone on before class, wearing it about a fist width away from your mouth and avoiding wearing jewelry or anything that might bang against it.
   - Turn microphone on when you are speaking to the class as a whole, a group including the HI student, or the HI student individually.
   - Turn microphone off when you are not speaking to the HI student, especially when you step outside the classroom or are speaking to another teacher, parent or student.
   - Encourage guest speakers, students making presentations, etc. to use the microphone.

2. ENHANCE VISUAL INFORMATION
   - Seat the student so your face can be easily seen for speechreading.
   - Face the student when you talk. Do not hold books or papers in front of your face and do not talk while writing on the board.
   - Put as much information as possible in writing.

3. REDUCE CLASSROOM NOISE
   - Seat this student away from potential sources of noise such as fans, vents, open windows, pencil sharpeners, noisy students, etc.
   - Do not play background music while students work at their desks.

4. CHECK/ENHANCE COMPREHENSION
   - Do not ask "did you hear?" or "did you understand?". The hearing-impaired student has no way of knowing if they understood everything that was said.
   - Ask the student specific questions related to the material, have them repeat information or instructions, or observe their work to check for comprehension.
   - Pretutor new vocabulary and new units prior to the initial classroom presentation.

5. MAKE CLASSROOM DISCUSSIONS MORE ACCESSIBLE
   - Slow down the pace - pass an object from speaker to speaker *Seat the students in a semi-circle
   - Repeat or paraphrase what was said.

6. OTHER ISSUES
   - Note taking - student needs to look at the speaker and cannot look down to write notes. *Films - turn on the captions or English subtitles for all films.
   - Avoid oral tests.
   - May miss what is said in the background - announcements, classroom jokes, etc. *Assemblies - speakers should use the FM mic

Exhibit 21: Creating an Optimal Learning Environment for a Hard of Hearing Student, by Audrey Chumley, Educational Audiologist. Used with permission.
Specialized Schools

Albuquerque Public Schools

Central Office
6400 Uptown Blvd NE
Albuquerque, NM 87110
505-253-0310 Ext. 67202

Hodgin Elementary School
3801 Morningside Dr NE
Albuquerque, NM 87110
505-881-9855

McKinley Middle School
4500 Comanche Rd NE
Albuquerque, NM 87110
505-881-9390

Del Norte High School
5323 Montgomery Blvd NE
Albuquerque, NM 87109
505-883-7222

Albuquerque Sign Language Academy
620 Lomas Blvd NW
Albuquerque, NM 87102
505-247-1704

New Mexico School for the Deaf
1060 Cerrillos Rd
Santa Fe, NM 87505
505-476-6300
505-216-2000 (VP)

Presbyterian Ear Institute
415 Cedar St SE
Albuquerque, NM 87106
505-224-7020
Questions - Education

Here are some suggested questions you might want to ask when consulting with educational providers before selecting who will work best for your child.

School:

General:
- Ages/Grades Served:
- Teacher/Student Ratio:
- Instructional Languages:
- Fees:

Demographics:
- Number Students?
- Number of Deaf and Hard of Hearing Students?

Deaf and Hard of Hearing Services:
- Hearing Tests Available?
- Type of Hearing Tests Offered?
- Speech Therapy offered?
- Occupational Therapy offered?
- Hearing Aid and FM Maintenance?
- FM or other systems used?

Other Services:
- Before School Care Available?
- Fee for Before School Care?
- After School Care Available?
- Fee for After School Care?
- Title X Meals Available?

Transportation Provided:

Other?
Appendices

Appendix A
Pediatric Audiologists
as of July 1st, 2018

Appendix B
Pediatric Ear Nose Throat Doctors
as of July 1st, 2018

Appendix C
Family Infant Toddler Providers
as of July 1st, 2018

Appendix D
Terms and Definitions

Appendix E
Additional Family Resources
as of July 1st, 2018

What works for your child is what makes the choice right!
<table>
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<th>Source</th>
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<th>Screen</th>
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<tr>
<td>Advanced Hearing Care</td>
<td><a href="https://ahcnm.com">https://ahcnm.com</a></td>
<td>1401 E. 10th St, Suite C</td>
<td>575-446-4232</td>
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<td></td>
<td></td>
<td>Alamogordo, NM 88310</td>
<td>877-602-1096 (Fax)</td>
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<tr>
<td>Alamogordo Ear, Nose and Throat</td>
<td><a href="http://www.alamogordorent.com">http://www.alamogordorent.com</a></td>
<td>1401 E. 10th St, Suite C</td>
<td>575-437-4533</td>
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<tr>
<td>Southwest Hearing Services</td>
<td></td>
<td>1211 10th St #3</td>
<td>575-437-3708</td>
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Sources: NM EHDI, Audiology Subcommittee, NM DOH

Appendix A

Pediatric Audiologists

As of July 1, 2018

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Sources: NM EHDI Audiology Subcommittee, NM DOH

Appendix A

Pediatric Audiologists

As of July 1, 2018
Appendix B

*Pediatric Ear, Nose & Throat Doctors*

*As of July 1st, 2018*

*Source: NM DOH*

**Pediatric Fellowship Trained ENT** – practice specializing in pediatric care.

**Pediatric Care** – ENT practice that serves all ages and offers pediatric care.

### Albuquerque

<table>
<thead>
<tr>
<th>Ear Associates</th>
<th>Pediatric Fellowship Trained ENTs</th>
</tr>
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<tbody>
<tr>
<td>415 Cedar St SE, Albuquerque, NM 87106</td>
<td>505-224-7610</td>
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<thead>
<tr>
<th>Presbyterian Hospital Physician Office Building</th>
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<tbody>
<tr>
<td>201 Cedar St SE, Suite 4660, Albuquerque, NM 87106</td>
<td>505-563-6530</td>
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<tr>
<th>University of New Mexico Hospital</th>
<th>Pediatric Fellowship Trained ENTs</th>
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<tbody>
<tr>
<td>Central Appointments</td>
<td>505-272-1111</td>
</tr>
<tr>
<td>Main Campus (UNMH Clinic)</td>
<td>505-272-2336</td>
</tr>
<tr>
<td>2211 Lomas Blvd NE</td>
<td>505-272-4809 (Fax)</td>
</tr>
<tr>
<td>2ACC – Surgical Subspecialties Clinic</td>
<td>505-272-2302</td>
</tr>
<tr>
<td>Albuquerque, NM 87131</td>
<td>505-272-0300 (Fax)</td>
</tr>
<tr>
<td>Northeast Heights - ENT</td>
<td>505-272-2336</td>
</tr>
<tr>
<td>7801 Academy Rd NE</td>
<td>505-272-2330 (Fax)</td>
</tr>
<tr>
<td>Albuquerque, NM 87109</td>
<td>505-272-2302</td>
</tr>
<tr>
<td>UNMH ENT and Microtia Clinic</td>
<td>505-272-2336</td>
</tr>
<tr>
<td>7801 Academy Rd NE</td>
<td>505-272-2330 (Fax)</td>
</tr>
<tr>
<td>Albuquerque, NM 87109</td>
<td>505-272-2302</td>
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### Alamogordo

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<thead>
<tr>
<th>Alamogordo Ear, Nose and Throat</th>
<th>Pediatric Care</th>
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<tbody>
<tr>
<td><a href="http://www.alamogordoent.com">http://www.alamogordoent.com</a></td>
<td>575-437-4533</td>
</tr>
<tr>
<td>1401 E. 10th St, Suite C, Alamogordo, NM 88310</td>
<td>575-437-5009 (Fax)</td>
</tr>
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*What works for your child is what makes the choice right!*
Appendix B

**Pediatric Ear, Nose & Throat Doctors**
As of July 1st, 2018
Source: NM DOH

### Albuquerque

<table>
<thead>
<tr>
<th>Ear, Nose, Throat Specialists of New Mexico</th>
<th>Pediatric Care</th>
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<tbody>
<tr>
<td><a href="http://www.hnsnm.net">http://www.hnsnm.net</a> 1020 Tierjas Ave NE, Suite 22 Albuquerque, NM 87106</td>
<td>505-848-3124 505-848-8077 (Fax)</td>
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<table>
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<th>Farmington</th>
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<tr>
<th>Pinon Hills Ear, Nose and Throat</th>
<th>Pediatric Care</th>
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<tr>
<td><a href="http://www.phent.net">www.phent.net</a> 2300 E 30th St, Bldg D-102 Farmington, NM 87401</td>
<td>505-327-4429</td>
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### Gallup

<table>
<thead>
<tr>
<th>Gallup Indian Medical Center</th>
<th>Pediatric Care</th>
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</table>
| https://www.ihs.gov/navajo/healthcarefacilities/gallup/ 516 E Nizhoni Blvd Gallup, NM. 87301 | 505-722-1585  
**Native American Care Only** |

### Las Cruces

<table>
<thead>
<tr>
<th>Memorial Ear, Nose &amp; Throat Institute</th>
<th>Pediatric Care</th>
</tr>
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<tbody>
<tr>
<td><a href="https://www.memorialphysicianpractices.com">https://www.memorialphysicianpractices.com</a> 1165 Commerce Dr, Suite A Las Cruces, NM 88011</td>
<td>575-556-1860 575-556-1861 (Fax)</td>
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### Santa Fe

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<tr>
<th>Southwestern Ear, Nose &amp; Throat (SWENT)</th>
<th>Pediatric Care</th>
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<tbody>
<tr>
<td><a href="http://www.swentnm.com">www.swentnm.com</a> 1620 Hospital Dr Santa Fe, NM 87505</td>
<td>505-946-3947 505-946-3945 (Fax)</td>
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### Appendix C

**Family Infant Toddler Providers**

As of July 1st, 2018

Source: https://nmhealth.org/publication/view/general/3565/

#### FIT Providers with Deaf and Hard of Hearing Specialists

<table>
<thead>
<tr>
<th>Provider</th>
<th>Website</th>
<th>Accommodation</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td><strong>New Mexico School for the Deaf (NMSD)</strong></td>
<td><a href="http://www.nmsd.k12.nm.us/statewide_services/early_intervention_programs">http://www.nmsd.k12.nm.us/statewide_services/early_intervention_programs</a></td>
<td>Statewide</td>
<td>800-841-6699, 505-476-6424 (Fax)</td>
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<tr>
<td><strong>Presbyterian Ear Institute</strong></td>
<td><a href="http://www.presbyterianearinstitute.org/parent-infant-program">http://www.presbyterianearinstitute.org/parent-infant-program</a></td>
<td>Catron, Hidalgo</td>
<td>505-224-7020, 505-224-4023 (Fax)</td>
</tr>
<tr>
<td><strong>Abrazos Family Support Services</strong></td>
<td><a href="http://www.abrazosnm.org/early_intervention.htm">http://www.abrazosnm.org/early_intervention.htm</a></td>
<td>Catron, Hidalgo</td>
<td>505-867-3396, 505-867-3398 (Fax)</td>
</tr>
<tr>
<td><strong>Amplified Therapies</strong></td>
<td>Not Available</td>
<td>Catron, Hidalgo</td>
<td>575-535-2499, 575-489-6703 (Fax)</td>
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<tr>
<td><strong>BMSI (Bilingual Multicultural Services, Inc.)</strong></td>
<td><a href="http://www.bestsupportteam.org/">http://www.bestsupportteam.org/</a></td>
<td>Catron, Hidalgo</td>
<td>505-266-5557, 505-266-5545 (Fax)</td>
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<tr>
<td><strong>CARC, Inc.</strong></td>
<td><a href="http://www.carcinc.org/child-services.html">http://www.carcinc.org/child-services.html</a></td>
<td>Eddy</td>
<td>575-887-2272, 575-234-2645 (Fax)</td>
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<tr>
<td><strong>ENMRSH</strong></td>
<td><a href="https://www.enmrsh.org/child-services.html">https://www.enmrsh.org/child-services.html</a></td>
<td>De Baca</td>
<td>575-742-9033, 575-763-4158 (Fax)</td>
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<tr>
<td><strong>Ensuenos y Los Agelitos</strong></td>
<td><a href="http://eladc.org/">http://eladc.org/</a></td>
<td>Zuni Pueblo</td>
<td>575-758-4274, 575-758-1680 (Fax)</td>
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*What works for your child is what makes the choice right!*
Appendix C

Family Infant Toddler Providers
As of July 1st, 2018

Source: https://nmhealth.org/publication/view/general/3565/

<table>
<thead>
<tr>
<th>Region</th>
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<tr>
<td>Bernalillo</td>
<td>Inspirations</td>
<td><a href="http://www.inspirationsei.com/">http://www.inspirationsei.com/</a></td>
<td>505-550-2463, 505-888-8821 (Fax)</td>
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<tr>
<td>Chavelas</td>
<td>Las Cumbres Community</td>
<td><a href="http://www.lascumbres-nm.org/infants">http://www.lascumbres-nm.org/infants</a></td>
<td>505-753-4123, 505-753-6947 (Fax)</td>
<td>Los Alamos, Rio Arriba</td>
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<tr>
<td>Cibola</td>
<td>La Vida Felicidad</td>
<td><a href="http://lvfnm.org/services/early-childhood/early-intervention-program/">http://lvfnm.org/services/early-childhood/early-intervention-program/</a></td>
<td>505-287-5118, 505-287-6136 (Fax)</td>
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<tr>
<td>Curry</td>
<td>Life Quest</td>
<td><a href="http://www.lifequestnm.org/">http://www.lifequestnm.org/</a></td>
<td>575-388-3881, 575-388-8730 (Fax)</td>
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<td>Dona Ana</td>
<td>Life Roots</td>
<td><a href="http://liferootsnm.org/liferoots-services/childrens-services/">http://liferootsnm.org/liferoots-services/childrens-services/</a></td>
<td>505-255-5501, 505-341-9448 (Fax)</td>
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<tr>
<td>Hobbs</td>
<td>Multicultural Evaluations &amp; Consultation Associates (MECA) - Clovis</td>
<td><a href="https://mecatherapies.com/services/">https://mecatherapies.com/services/</a></td>
<td>575-763-9517, 575-742-2369 (Fax)</td>
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<td>Luna</td>
<td>Multicultural Evaluations &amp; Consultation Associates (MECA) - Hobbs</td>
<td><a href="https://mecatherapies.com/services/">https://mecatherapies.com/services/</a></td>
<td>575-492-9505, 575-738-0208 (Fax)</td>
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<td>McKinley</td>
<td>Multicultural Evaluations &amp; Consultation Associates (MECA) - Las Cruces</td>
<td><a href="https://mecatherapies.com/services/">https://mecatherapies.com/services/</a></td>
<td>575-522-8504, 575-523-1108 (Fax)</td>
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<td>Mora</td>
<td>Native American Pueblo Parent Resources (NAPPR)</td>
<td><a href="http://nappr.org/early-intervention/">http://nappr.org/early-intervention/</a></td>
<td>505-345-6289, 505-345-6476 (Fax)</td>
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<tr>
<td>Otero</td>
<td>New Mexico School for the Blind and Visually Impaired (NMSBVI)</td>
<td><a href="http://nmsbvi.k12.nm.us/birth2three.html">http://nmsbvi.k12.nm.us/birth2three.html</a></td>
<td>800-437-3505, 505-271-3060, 505-291-5466 (Fax)</td>
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Appendix C Family Infant Toddler Providers As of July 1st, 2018

Source: https://nmhealth.org/publication/view/general/3565/
### Appendix C

#### Family Infant Toddler Providers

**As of July 1st, 2018**

*Source: [https://nmhealth.org/publication/view/general/3565/](https://nmhealth.org/publication/view/general/3565/)*

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<th><a href="http://www.pmsnm.org/locations/roundtree-childrens-developmentalservices">http://www.pmsnm.org/locations/roundtree-childrens-developmentalservices</a></th>
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<td>505-272-3459</td>
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<th><a href="http://peds.unm.edu/divisions/neonatology/programs/developmentalcareprogram.html">http://peds.unm.edu/divisions/neonatology/programs/developmentalcareprogram.html</a></th>
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<td>505-272-6808</td>
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<td>505-925-4089 (Fax)</td>
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<td>575-439-4900</td>
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**What works for your child is what makes the choice right!**
Appendix D

Terms and Definitions

American Sign Language (ASL)
A visual and tactile language with grammar rules and syntax.

Audiogram
Graphical representation of Hearing Loss, charted with Frequency (pitch) on the vertical axis and Decibels (loudness) on the horizontal axis.

Audiologist
Health care professional trained to evaluate Hearing Loss and related conditions, including vestibular (balance) and tinnitus (ringing in the ears).

Auditory Brain Stem Response (ABR) or Automated Auditory Brain Stem Response (AABR)
Neurological test of auditory brainstem function in response to auditory stimuli.
https://www.youtube.com/watch?v=VT2Uq7LiXCo

Auditory Nerve
Bundle of nerve fibers the relay hearing information between the cochlea and brain.

Auditory Neuropathy
Type of Hearing Loss with hair cells present in the cochlear, but not faithfully transmitted through the Auditory Nerve to the brain.
https://www.youtube.com/watch?v=ZZFERUP15wE&t=0s&index=24&list=PLcE0nANeV5MqiMHTFSNCEQksrI0-pYT

Bilateral
Hearing Loss in both ears. Unilateral is Hearing Loss in only one ear.

Bone Anchored Hearing Device
Surgically implanted device that transmits sound through bone conduction.

Cochlear Implant (CI)
Surgically implanted device that stimulates the cochlear and provides a representation of sounds.
https://www.youtube.com/watch?v=lgqOrHFDNLg
https://www.youtube.com/watch?v=FaECM1FUr9A&t=52s

Conditioned Play Audiometry (CPA)
Hearing Test done in young children (ages two to five) using toys to focus the child's attention and making the test a game. Children drop toys in a bucket after hearing a sound. Also called Play Audiometry.
https://www.youtube.com/watch?v=OlizL6HzYaA&list=PLcE0nANeV5MgiMHTFSNCEQksrI0-pYT&index=25
https://www.youtube.com/watch?v=Sqdy-FUr9A

Conductive Hearing Loss
Hearing Loss due to problem conducting sound waves along the route through the Outer Ear, eardrum to Middle Ear.

Decibel (dB),
Unit used to measure intensity (loudness) of sound on a logarithmic scale.
Appendix D

Terms and Definitions

Diagnosis
Identification and confirmation of Hearing Loss.

Ear
Organ of hearing and balance. Sound waves travel from the Outer Ear, through the Middle Ear, until reaching the Inner Ear, at which point the sound is translated into electrical impulses and travels via the Auditory Nerve to the brain. https://www.youtube.com/watch?annotation_id=annotation_2590531863&feature=iv&src_vid=MXT_gX2Srgo&v=T8iKKIInnC6M

Ear Nose Throat (ENT)
Health practice concerned with the study and treatment of disorders and diseases of the ear, nose and throat. Also referred to as Otolaryngology.

Earmold
Attached to Hearing Aids and resting in the Outer Ear. It transmits amplified sounds into the Ear Canal.

Early Hearing Detection and Intervention (EHDI)
Process of identifying Hearing Loss in young children and utilizing resources to intervene and develop language and communication.

Early Intervention (EI)
Range of targeted services to help young children with developmental delays catch up with their peers.

Early Intervention Involvement Division (EIID)
Statewide division with Specialists trained to work with families whose infants, toddlers, and children who are Deaf and Hard of Hearing. They provide Regional Consultants, Deaf Developmental Specialists, Deaf Mentors, and other services. http://nmsd.k12.nm.us/statewide_services/early_intervention_programs

Family Infants Toddlers (FIT)
Statewide program providing Early Intervention for children from birth through age three who have, or are at risk for, developmental delays. Services are outlined in the IFSP and are designed to help young children with delays to catch up with their peers. https://nmhealth.org/publication/view/general/3565/

FM System

Frequency
Speed, number of wave cycles per second, of vibration that determines the pitch of sounds, measured in Hertz (Hz) or cycles per second.

Geneticist
Health care professional trained in the study of inherited genetic characteristics.
Appendix D

Terms and Definitions

Hands & Voices New Mexico (HVNM)
Non-profit organization dedicated to supporting families with children who are Deaf or Hard of Hearing without bias around communication modes of methodology. It is parent-driven and provides families with resources, networks, and information to improve communication access and educational outcomes.

Hearing Aids
Small device that fits in or on the ear to amplify sounds.  
https://www.youtube.com/watch?v=Q1XCOWQf5v0&list=PLM8CSh-B0clwYlkRXJ6Uk2Y0kpowy4El&index=8

Hearing Loss
Partial or total inability to hear. Degrees of Hearing Loss are described as mild, moderate, severe, and profound.  
https://www.youtube.com/watch?v=1EJ4g3J6cJM

Hearing Tests
Evaluations of hearing performed by Audiologists. There are many types of Hearing Tests given:
• Auditory Brain Stem Response (ABR)
• Automated Auditory Brain Stem Response (AABR)
• Otoacoustical Emission (OAE)
• Conditioned Play Audiometry (CPA)
• Screening
• Tympanogram
• Visual Reinforcement Audiometry (VRA)

Inner Ear
Semicircular canals and cochlea lined with hair cells that convert sound waves to electrical signals to the Auditory Nerve.

Medical Specialists
Health care professionals trained in specific areas of medicine, some of whom may assist in your child’s journey:
• Audiologist
• Ear Nose Throat Physician (ENT)
• Geneticist
• Otolaryngologist
• Occupational Therapists
• Ophthalmologist
• Primary Care Physician (PCP)
• Speech Therapist

Microtia
External ear (pinna) may not be fully formed. Completely undeveloped pinna is referred to as anotia. May also be referred to as microtia-anotia.
Appendix D

Terms and Definitions

Middle Ear
Air-filled central cavity of the ear behind the eardrum containing three small bones, called ossicles.
- Malleus (Hammer)
- Incus (Anvil)
- Stapes (Stirrup)

Magnetic Resonance Imaging (MRI)
Diagnostic technique using magnetic fields and radio waves to produce detailed images of soft tissue and bones.

Newborn Hearing Screening
https://nmhealth.org/about/phd/fhb/cms/nbhs

New Mexico School for the Deaf (NMSD)
New Mexico’s first public school to provide for the unique needs of children and students who are Deaf and Hard of Hearing, their families, and professional partners by providing a comprehensive array of school and statewide programs.
http://nmsd.k12.nm.us

Ophthalmologist
Health care professional concerned with the study and treatment of disorders and diseases of the eye.

Otolaryngologist
Health care professional concerned with the study and treatment of disorders and diseases of the ear, nose and throat. Also referred to as an Ear Nose Throat (ENT) doctor.

Otoacoustical Emission Test (OAE)
Recording of sounds that the ear produces itself and can be used to test the function of the cochlear hair cell function.
https://www.youtube.com/watch?v=c9BmtEFNuCo

Outer Ear
The Outer Ear concentrates sound vibrations to make the ear drum vibrate. Consists of:
- Visible part of the ear (pinna)
- External acoustic meatus
- Outside opening to the ear canal
- External ear canal which leads to the ear drum.

Primary Care Physician (PCP)
Health care professional who provides the first contact for health concerns.

Residual Hearing
Ability to hear some sounds even if a Hearing Loss exists.
Appendix D

Terms and Definitions

Risk Factors
Something that may increase susceptibility to Hearing Loss.

Sensorineural Hearing Loss
Hearing Loss attributed to the Inner Ear (cochlea and hair cells) or the vestibulocochlear nerve.
https://www.youtube.com/watch?v=Mox49frtbQQ&list=PLcE0nANeV5MqlIMHTFSNCQksrl0-pYlT&index=26

Service Coordinator
Person who helps coordinate medical and other services after a Diagnosis has been made.

Sound Booth
Small enclosed space used to evaluate hearing abilities.

Speech Banana
Region in which all the phonemes of language fall in an audiogram.

Tympanogram
Examination used to test the condition of the Middle Ear and mobility of the eardrum.

Unilateral
Hearing Loss in only one ear. Bilateral is Hearing Loss in both ears.

Visual Reinforcement Audiometry (VRA)
Hearing Test used to evaluate hearing in infants and young (6 months to 2 years) children. Child is taught to look at a visual cue after hearing a sound.
https://www.youtube.com/watch?v=BB8dnQbFnTo
Resources in Sandoval County

Food, Clothes, Housing, Jobs, Domestic Violence, Substance Abuse, Mental Health, Health Clinics, Pueblo and IHS Health Services

### Food, Clothes, and Supplies

<table>
<thead>
<tr>
<th>Storehouse West</th>
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<tbody>
<tr>
<td>1030 Veranda Dr. SE, #F</td>
</tr>
<tr>
<td>Rio Rancho, NM 87124</td>
</tr>
</tbody>
</table>

They can help with food, children’s clothes, personal care supplies, and giving limited financial help.

To get help here—
- you must have children living in your home.
- you must register with Storehouse West.

Call before you go.
**505-892-2077**

### Housing, Rent, and Jobs

Here are two organizations that serve the homeless and one organization that can help with rent and jobs. There aren’t many resources for homeless people in Sandoval County. The main shelters are in Albuquerque.

<table>
<thead>
<tr>
<th>Joy Junction Homeless Shelter</th>
<th>Albuquerque Rescue Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>4500 2nd St. SW</td>
<td></td>
</tr>
<tr>
<td>Albuquerque, NM 87105</td>
<td></td>
</tr>
<tr>
<td><strong>505-877-6967</strong></td>
<td></td>
</tr>
<tr>
<td>525 2nd St. SW</td>
<td></td>
</tr>
<tr>
<td>Albuquerque, NM 87102</td>
<td></td>
</tr>
<tr>
<td><strong>505-346-4673 (505-346-HOPE)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**HELP-New Mexico, Inc.**

Call them if you need help with—
- paying your rent
- job training
- looking for jobs

Sandoval County Office: **505-766-4958**
## Domestic Violence Shelters and Services

**Haven House**  
Rio Rancho, NM  
- Emergency shelter for women and children who have suffered domestic violence.  
- You must be sent by CYFD (Children, Youth, and Families Department), police, or a hospital. They might give you a phone interview.  
- They give legal help and case management to victims of domestic violence (all genders). This includes restraining orders.  
1-800-526-7157  

**Enlace Comunitario**  
Albuquerque, NM  
- Helps Spanish-speaking women who are victims of domestic violence  
- Works to prevent domestic violence  
505-246-8972  
Hours: Monday – Friday, 8:00am – 5:00pm

## Substance Abuse and Mental Health

**Circle of Life Behavioral Health Network**  
Española, NM  
- For Native Americans from New Mexico  
- Counseling and treatment for adults and teens  
- Residential substance abuse treatment program for adults  
- Domestic violence counseling  
505-852-1377

**Turquoise Lodge**  
- Serves adults and teens from New Mexico  
- Substance abuse and mental health treatment hospital  
- Preference is given to patients who are pregnant and patients who struggle with injected (IV) drug use  
505-841-8978
Substance Abuse and Mental Health (continued)

**Butterfly Healing Center**
- Treatment center for Native American youth.
- Inpatient (long-term stay) and outpatient (in-and-out appointments)
- Gives preference to members of the tribes of the Eight Northern Indian Pueblos Council

575-571-7688

**Santo Domingo Health Center Behavioral Health Program**
85 W. Highway 22
Santo Domingo, NM 87052
Substance use treatment and counseling for children, adults, and elderly of the Kewa Pueblo.

505-465-3060

**Five Sandoval Indian Pueblos, Inc. Behavioral Health Program**
4321 Fulcrum Way NE, Suite A1
Rio Rancho, NM 87144
- For youth and adults of the Cochiti, Zia, Sandia, Jemez, and Santa Ana Pueblos
- Counseling for drug and alcohol use
- DWI classes
- Group counseling
- Jail prevention programs
- Gambling counseling

505-867-3351

**Open Skies Healthcare**
2600 American Rd. SE, Suite 216
Rio Rancho, NM 87124
- For children, youth, and young adults 24 and younger
- Mental healthcare and treatment
- Crisis intervention
- Foster care
- Respite care (we send a caregiver to give a break to parents of kids with special needs)
- Help with managing medicines

505-891-9797
Appendix E

Additional Family Resources
As of July 1st, 2018
Source: Envision New Mexico

Health Clinics

These clinics have low cost or free services.

Presbyterian Medical Services Family Health Center
2300 Grande Blvd. SE, Suite A
Rio Rancho, NM 87124
If you don’t have insurance, you might be able to pay on a sliding scale. This means that the amount you pay depends on how much money you make.
505-896-7100

Planned Parenthood, Rio Rancho Health Center
4300 Ridgecrest Dr., Suite P
Rio Rancho, NM 87124
Here you can get testing for sexually-transmitted infections (STIs), birth control, reproductive health counseling, and some primary care services. You must pay when you go there, but Planned Parenthood helps people who are uninsured or who need help getting insurance.
505-899-7900

El Pueblo Health Services
121 Calle del Presidente
Bernalillo, NM 87004
- Primary care services for people who live in Sandoval County
- If you don’t have health insurance, you can pay on a sliding fee scale. This means that the amount you pay depends on how much money you make.
- They accept many insurance plans.
505-867-2324
Appendix E

Additional Family Resources
As of July 1st, 2018
Source: Envision New Mexico

Indian Health Services (IHS) and Pueblo Clinics

<table>
<thead>
<tr>
<th>Cochiti Pueblo</th>
<th>Jemez Pueblo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cochiti Health Clinic</td>
<td>Jemez Comprehensive Health Center</td>
</tr>
<tr>
<td>270 Windmill Road</td>
<td>106 Sheep Springs Way</td>
</tr>
<tr>
<td>Cochiti Pueblo, NM 87072</td>
<td>Jemez Pueblo, NM 87024</td>
</tr>
<tr>
<td><strong>505-465-2440</strong></td>
<td><strong>575-834-7413</strong></td>
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<table>
<thead>
<tr>
<th>Laguna Pueblo</th>
<th>Santa Ana Pueblo</th>
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</thead>
<tbody>
<tr>
<td>ACL Clinic</td>
<td>Santa Ana Health Center</td>
</tr>
<tr>
<td>ACL Service Unite 80B</td>
<td>O2-C Dove Road</td>
</tr>
<tr>
<td>Veterans Blvd.</td>
<td>Bernalillo, NM 87004</td>
</tr>
<tr>
<td>Acoma, NM 87034</td>
<td></td>
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<tr>
<td><strong>505-552-5300</strong></td>
<td><strong>505-867-2497</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Santo Domingo Pueblo</th>
<th>Zia Pueblo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santo Domingo Health Services</td>
<td></td>
</tr>
<tr>
<td>85 W. Highway 22</td>
<td>Zia Health Clinic</td>
</tr>
<tr>
<td>Santo Domingo Pueblo, NM 87052</td>
<td>155 Capitol Square Drive</td>
</tr>
<tr>
<td><strong>505-465-3078</strong></td>
<td><strong>505-867-5258</strong></td>
</tr>
</tbody>
</table>

Pueblo Community Health Representatives

Many of the pueblos have community health representatives (CHRs). CHRs are community members trained by Indian Health Services (IHS). They can give information on health services, help coordinate patients’ care, and advocate for community members.

How to Contact a Community Health Representative

- **Jemez Pueblo**: 575-834-7207 (Public Health Department)
- **Cochiti Pueblo**: 505-465-2500
- **Laguna Pueblo**: 505-552-6652
- **Santa Ana Pueblo**: 505-771-6747
- **Zia Pueblo**: 505-867-3424 (Medical CHR Office) or 505-867-3144 (Dental CHR Office)
- **Santo Domingo Pueblo**: 505-465-2214