



### In the Beginning

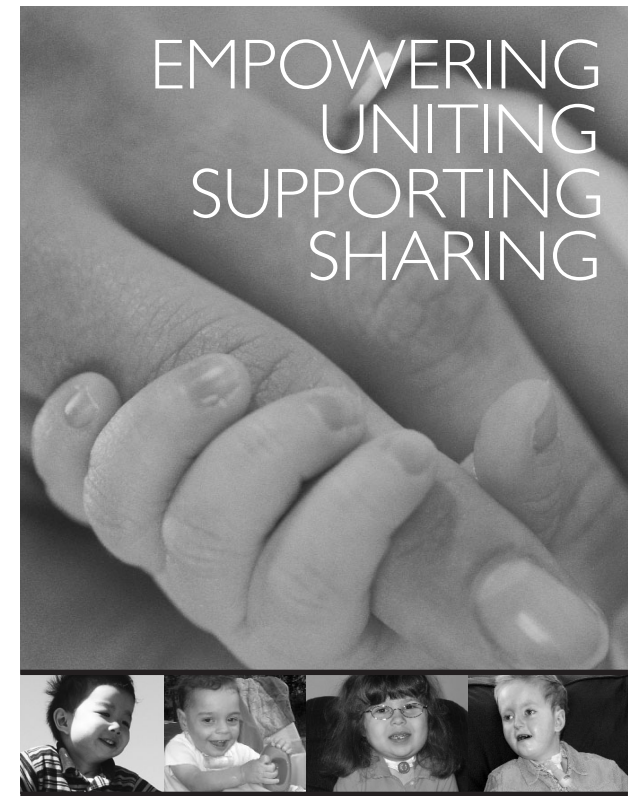
In June 2004, two moms of children who are vent dependent with trachs, met at a conference. As they shared their daily experiences of raising a child with a trach, they found their discussions effortless and comforting. It did not take them long to realize that meeting other families who share similar experiences was important and helpful. As one of them said, "I wish we could meet more parents of children with trachs. Sometimes, I feel like we are the only ones."

When serendipity brought them together again at another conference a few weeks later, they were filled with a sense of destiny. The two moms reached out and found other families enthusiastic about a support group. Initial funding came in the form of a Haussein Early Intervention Parent Leadership Award through the Massachusetts Department of Public Health.

The "Core Team" of parents helped make this vision for Trach Care a reality and in May 2005, the first meeting was held in Brookline, Massachusetts. Ten families, and a nurse from an area hospital attended. This is how TrachCare was born!

 S U P P O R T I N G

  
TrachCare™  
PO Box 550075  
Waltham, MA 02455-0075

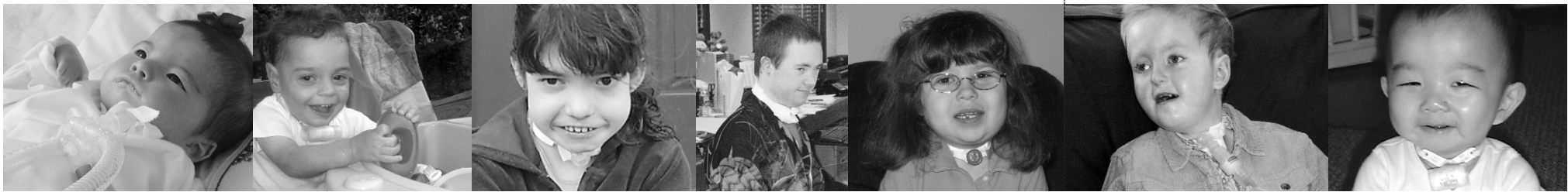


Support group for caregivers of children with trachs

  
TrachCare™



TrachCare, Inc. PO Box 550075 Waltham, MA 02455-0075  
Email: [info@trachcare.org](mailto:info@trachcare.org) [www.trachcare.org](http://www.trachcare.org)  
Phone (207) 233-3709



**About TrachCare**

TrachCare is a registered 501(c)(3) non-profit organization providing support and information to parents, caregivers, and healthcare providers of children who have, or previously had, a tracheostomy.

**Mission**

The mission of TrachCare is to provide a means for families who share similar experiences of caring for children with trachs to connect with each other, to share relevant resources and information, and to promote an advocacy-focused network.

With continued support, dedication, and funding, TrachCare hopes to expand and develop its network throughout Massachusetts and the USA.



The support and resources provided are for informational purposes only and should not be used as a substitute for professional advice by doctors and/or therapists. Any mention of commercial products is for information only; it does not imply recommendation or endorsement by TrachCare. TrachCare Logo and Design provided by BRAND360. www.brand360.net

**Programs and Services**

Information packages are available to help:

1. Establish connections with other families.
2. Explore ways to cope with parenting challenges.
3. Identify resources available in Massachusetts and within the tracheostomy community.
4. Learn about training and conference opportunities.

Forums or meetings with families will be organized to discuss specific topics relevant to the care of children with tracheostomies. At times, professionals in the field will be invited to share their knowledge and families can share their children's stories. These forums can help enable the group to continually share evolving information, resources, and technological advances in the tracheostomy community.

Support is also provided to families with children who are dependent on the use of a CPAP or BiPAP machine to treat sleep apnea.

Visit TrachCare's website at [www.trachcare.org](http://www.trachcare.org) to access information and learn more about our activities.

Informal support referrals with parents or caregivers can be made by contacting TrachCare.

**Contact Information:**

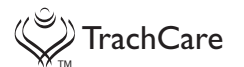
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 Phone: (207) 233-3709

**YES, I would like to be added to the mailing list to learn more about TrachCare.**

Receiving information from TrachCare is free. A voluntary donation of \$25 will help defray the cost of printing, postage, and support group meetings. Donations should be made payable to TrachCare, Inc. All donations are tax-deductible.

To be part of our mailing list, complete this form and send to:

TrachCare, Inc.  
 P.O. Box 550075  
 Waltham, MA 02455-0075



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Child's Year of Birth: \_\_\_\_\_

Are you a....?  
 parent  
 caregiver  
 healthcare provider \_\_\_\_\_  
 other \_\_\_\_\_

Are you interested in receiving phone, mail or email support?  
 Yes  No

Are you interested in becoming a parent leader?  
 Yes  No

CUT ALONG HERE