



Area Agency on Aging

Area Plan

July 1, 2019 – June 30, 2023

(Fiscal Year 2019 – Fiscal Year 2023)

626 Pine Street, Suite A

Hahnville, LA 70057

Phone 985•783•6683

Fax 985•783•1996

Email information@stcharlescoa.com

SUBMITTAL PAGE

- (√) 4-Year Plan for July 1, 2019 – June 30, 2023
- () Area Plan Update for July 1, 20__ - June 30, 20__
- () Area Plan Amendment (Date): _____

This Area Plan for programs on aging is hereby submitted for the St. Charles planning service area. St. Charles Council on Aging, Inc. Area Agency on Aging assumes full responsibility for implementation of this plan in accordance with requirements of the Older Americans Act (OAA) and Regulations; laws and rules of the State of Louisiana; and policies and procedures of the Governor's Office of Elderly Affairs.

This plan includes all information, goals and objectives, and assurances required under the Governor's Office of Elderly Affairs Area Plan on Aging format, and it is to the best of my knowledge, complete and correct.

Signature:  Date: 10/12/18
Area Agency Director

The Area Agency on Aging Advisory Council has participated in the development and final review of the Area Plan.

Signature:  Date: 10/17/18
Chairperson, Area Agency Advisory Council

The Board of Directors of the sponsoring agency has reviewed this plan and Submittal Page. It is understood that we are approving all sections of the Plan. We are satisfied that the plan is complete, correct, and appropriately developed for our planning area.

Signature:  Date: 10/18/18
Chairperson, Board of Directors

Signature:  Date: 10/18/18
Secretary, Board of Directors

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Section 1

Mission Statement

The Governor's Office of Elderly Affairs' mission statement is "To serve as the focal point for the development, implementation, and administration of the public policy for the State of Louisiana, and address the needs of the state's elderly citizens." Provide the mission statement which describes the purpose and overall goal(s) of the Area Agency on Aging.

The vision of St. Charles Council on Aging, Inc. is to improve the quality of life for Senior Citizens in St. Charles Parish.

The purpose of St. Charles Council on Aging, Inc. is to give voice, healing, and security to Senior Citizens in St. Charles Parish.

The St. Charles Council on Aging, Inc. will follow the goals and objectives written in the Area Plan submitted for Fiscal Years 2019 – 2023.

The Council's mission is to serve as primary provider of elderly services in St. Charles Parish.

Section 2

Description of the Planning and Service Area (PSA)

Provide a description of the physical and demographic characteristics of the PSA and the unique resources and/or constraints. Describe the service delivery system, challenges, and successes in the local system development, public and private resources.

St. Charles Parish is considered a rural area. There are no incorporated areas. The Hale Boggs Bridge unites the east and west banks of St. Charles Parish. The bridge crosses the Mississippi River at Luling on the Westbank and Destrehan on the Eastbank. St. Charles Parish borders St. John the Baptist Parish on the west, Jefferson Parish on the east, Lafourche Parish on the south, and Lake Pontchartrain lies to the north / northeast. The Parish Council and the Parish President comprise the governmental body for the parish. The seat of government is located in Hahnville.

Interstate 10 and 310 interchange provides access to St. Charles Parish residents to medical services, and shopping opportunities located in neighboring parishes while at the same time opening St. Charles Parish to development of these same opportunities. St. Charles Parish is home to many oil refineries and industrial companies. It is also home to the Entergy Waterford III Nuclear Plant. The Parish supports a strong fishing industry, and agriculture industry. The Tourism industry has strengthened in recent years.

Area Profile

1. Identify cities / towns designated as rural in the PSA. Describe population using the 2010 Census Data. (Include chart showing population data)

The communities of Montz, Norco, New Sarpy, Destrehan, and St. Rose are located on the Eastbank of the river, Des Allemands, Bayou Gauche, Paradis, Boutte, Luling, Hahnville, Killona, and Ama are the communities on the Westbank of the river. According to the 2010 Census update there are 52,780 people living in St. Charles Parish. The median age is 36.5. Approximately 7,788 are sixty and older, which is 14.8 percent of the population. The Council on Aging serves 5,360 St. Charles residents who are 60 and older. Services are provided to 69 percent of the senior citizens of St. Charles Parish.

2. Identify cities/towns designated as urban in the planning and service area. Describe population using the 2010 Census Data. (Include chart showing population data)

There are no urban areas in the planning and service area.

3. Describe significant differences among cities/towns/communities in the PSA as relates to availability of services, resources, populations, economy, etc.

Most communities in the parish have older adults with the greatest economic and social needs. The areas of Killona, Hahnville, Ama, Boutte, Luling, and St. Rose have been identified as areas which have low-income minority groups. Since St. Charles Parish is considered rural, residents of outlying communities may

have limited access to shopping, health services, transportation, and other social services. Residents of more densely population areas have easier access to medical services, shopping, and employment opportunities.

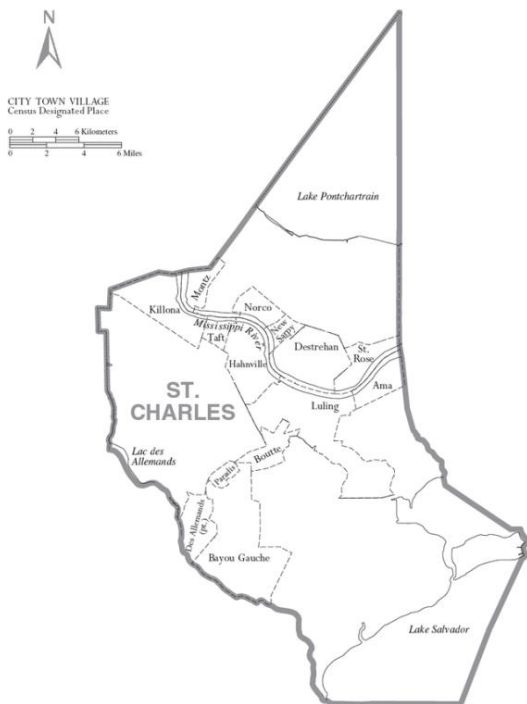
Focal Points

1. For the purpose of assuring access to information and services for older persons, the area agency shall work with the community and officials in the PSA to ensure that focal points are available in each community. Define "community" for the purposes of focal point designation.

St. Charles Council on Aging, Inc. presently operates three focal points, which serve as both Senior Centers and Meal Sites.

2. List community focal points within the PSA (include addresses) as reported on the NAPIS State Program Report. Attach maps of the PSA and indicate all Focal Points.

	Community Served	Name & Address of Focal Point
1	Westbank	Luling Activity Center 145 Angus Drive Luling, LA 70070
2	St. Rose to New Sarpy	New Sarpy Activity Center 150 Troxclair Drive New Sarpy, LA 70078
3	Norco to Montz	Norco Activity Center 149 Apple Street Norco, LA 70079



Summary of the Needs Assessment

Provide an explanation of the needs assessment process and result. Describe how the survey was distributed and to whom. Did specific groups have similar responses? What were some comments received from respondents? Describe some conclusions determined from the survey results.

The Needs Assessment process began with identifying the information staff need in order to plan for a four year cycle. All data was analyzed after it was collected. Data review included analysis of the general and the service population, community meetings, and a survey of senior citizens in the parish. The survey was distributed to 739 clients. Participants returned 160 surveys. Community meetings were held at the St.

Charles Council on Aging Luling, New Sarpy, and Norco Activity Centers, and Advisory Council meeting to review and discuss the survey results. Minority groups, individuals with disabilities, caregivers, and individuals living in rural areas of the Parish were represented in the Community Meetings and the surveys.

Generally respondents wanted more information about available services, educational classes, exercise, preventing falls, and medical needs. One hundred thirty-one respondents have a medical condition that limits their ability to care for themselves. A correlation was noted between individuals with low income and the need for financial assistance with utilities, unexpected bills, medical needs, dental needs, and paying for healthy food. Caregivers indicated they need respite care, assistance paying for services, and training on caring for someone at home.

Description of Priority Groups

Provide a clear and concise description of target groups in your PSA. How will the needs assessment impact elderly persons: with greatest Economical and Social need, at risk for institutional placement, with limited English proficiency, with cognitive disorders, residing in rural areas, Minorities, Native Americans, and other vulnerable populations?

St. Charles Council on Aging, Inc. Area Agency on Aging provides services to all groups without regard to race, color,

national origin, religion, sex, income, political affiliation, or disabilities. The needs of the older persons residing in rural areas of the planning service area were reviewed and ranked according to the needs assessment and were reviewed and discussed at the community meetings. Target groups according to the needs assessment include elderly persons with the greatest economic and social need, caregivers, and persons with physical limitations.

Persons with economical and social needs indicated they needed transportation, assistance paying for utilities, medical care, dental care, prescription medications, and healthy foods. Persons at risk for institutional placement need assistance with transportation, personal care, homemaker services, nutritional meals, home health nurses and/or aides, and assistance with applying for benefits and programs. Caregivers indicated a need for respite care, locating services, and training on caring for someone at home. Individuals with cognitive disorders need assistance with all of the above services.

All respondents live in rural areas. Many respondents would like to know what services are available and how to get them, to learn new things, to learn how to prevent falls, dental and eye care, and to use a senior center near their homes.

Section 3

Description of the Area Agency on Aging

1. Describe how the Area Agency, on behalf of all older individuals, will carry out its role as the leader on aging issues in the PSA. Explain the community-based system of services and how it will promote independence, protect, and preserve the quality of life for seniors and caregivers.

St. Charles Council on Aging, Inc. was formally organized in December of 1973. In April of 1974, funds were awarded by the Bureau of Aging Services and the St. Charles Parish Police Jury to operate a program for the elderly of St. Charles Parish. St. Charles Council on Aging was incorporated as a non-profit organization on January 12, 1976.

St. Charles Council on Aging, Inc. is designated as a private non-profit organization serving as the Area Agency on Aging for St. Charles Parish – the Planning and Service Area (PSA). The Agency administers a service system that is coordinated and comprehensive while at the same time providing the level of services to meet the needs of the elderly individuals and support to the family of those receiving St. Charles Council on Aging, Inc. seeks adequate resources to provide stable funding to meet those needs.

St. Charles Council on Aging, Inc. is governed by a thirteen member Board of Directors. Volunteers representing communities throughout St. Charles Parish develop and oversee the administration of policies to govern the agency, procedures to administer programs and criteria for service delivery. The Board of Directors take an active role in the development, implementation, and monitoring of budgets; service criteria and standards and strives to promote programs and services of the agency to the community. Standing Committees meet on a regular basis to review input from the staff and to update and revise policies. In addition, ad hoc or special committees are appointed for specific tasks as needed.

A twenty-one member Advisory Council is responsible for planning, developing, and evaluating services. Members of the Advisory Council serve on all Standing Committees of the Board of Directors.

Paid staff of St. Charles Council on Aging, Inc. administers, supervises, and provides services of St. Charles Council on Aging, Inc. The lines of authority from the Board of Directors and Advisory Council to the Executive Director and staff are clear and respected by all those involved. (See Organizational Chart)

St. Charles Council on Aging, Inc. Area Agency on Aging is charged with the

responsibility of the development and administration of the Area Plan. Federal and State funds are insufficient to provide services to all elderly clients. Using funds from local millage, federal and state funds, St. Charles Council on Aging, Inc. is able to provide services on a consistent and stable level to the elderly of St. Charles Parish. Sometimes clients may be put on a waiting list until the service becomes available. Waiting lists will be reviewed weekly.

St. Charles Council on Aging, Inc. will promote independence, preserve the quality of life and act as a leader by:

- Implementing the Older American's Act
- Providing activity centers to serve as community focal points where meals, social recreation, education, and health maintenance activities are offered
- Educating seniors in ways to protect their rights, safety, property, and dignity
- Providing hot, nutritious home-delivered meals to homebound persons Monday through Friday
- Providing nutritious frozen meals for weekends and holidays on a limited basis
- Providing homemaker assistance with light housekeeping to eligible homebound elderly and disabled individuals

- Providing individual information, referrals, and follow-up for legal, medical, medical alert, and other services as needed
- Providing services which include respite, education and assistance for caregivers of elderly persons and caregivers of people with disabilities who are under 60 years of age
- Providing outreach to identify isolated and hard to reach individuals to assist them in gaining access to needed services
- Providing transportation for the elderly to activity centers, banks, medical facilities, post office, shopping, pay bills and run errands
- Providing transportation for people with disabilities for therapy, dialysis, banks, medical facilities, post office, shopping, pay bills and run errands
- Providing utility assistance through Power to Care to eligible low income elderly and people with disabilities.

2. Describe how the agency coordinates and delivers services, the connection it has to local agencies/providers, strengths and weaknesses and how the agency ensures service system delivery.

St. Charles Council on Aging, Inc. administers “Power to Care” Utility assistance Program which is a special service provided through Entergy to assist eligible low-income elderly and people with disabilities with help in

paying utility bills on an emergency basis. St. Charles Council on Aging and United Way of St. Charles work together to provide transportation for individuals with disabilities. St. Charles Parish Triad is the coordination between St. Charles Parish Sheriff’s Office, St. Charles Council on Aging, Inc., and Service Providers to help reduce victimization and increase law enforcement services to seniors. AARP, St. Charles Council on Aging, Inc., and St. Charles Parish Triad work together to provide defensive driving classes for seniors. St. Charles Council on Aging ensures system delivery by coordinating the services from all local agencies and providers.

3. Explain leadership efforts and involvement with the community to help persons with disabilities and their caregivers.

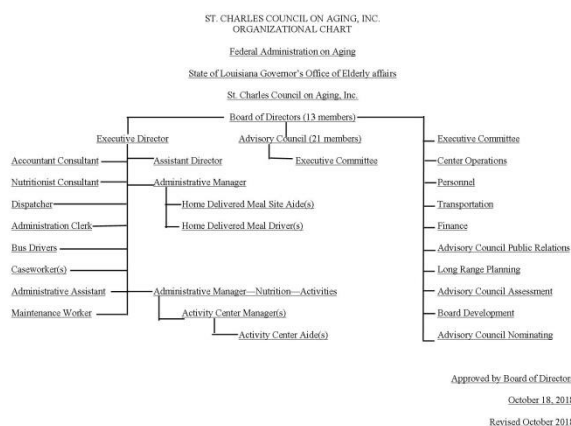
In addition to services provided for all elderly residents of St. Charles Parish, St. Charles Council on Aging, Inc. Area Agency on Aging also administers the National Family Caregiver Support Program (NFCSP) which provides services to support the caregivers of individuals with disabilities.

4. Describe the administrative functions of the Area Agency, the organizational structure, the effectiveness of services, any expansion efforts, planned changes and attach the organizational chart (clearly define lines of authority).

The Council on Aging administers all programs provided. Organizational structure includes Executive Director, Assistant Director, Administrative Manager, Advisory Council and the Board of Directors, and others on the attached chart.

The results of recipient surveys indicate satisfaction with delivered services. Effectiveness of home delivered meals was increased following the purchase of eight vehicles used to deliver meals. Cross training of key staff allows for seamless delivery of services. Approximately 29 caregivers receive 3,480 services for people with disabilities. These caregivers expressed a desire for instruction in how to care for disabled persons in their home.

St. Charles Council on Aging plans to coordinate with local agencies to provide caregiver training on the proper way to care for elderly and disabled people. Council on Aging plans to coordinate with United Way of St. Charles to expand wellness opportunities for seniors and persons with disabilities.



Section 4

Planning Process/Establishing Priorities

1. Give an overview of the steps utilized by the Area Agency during the planning process. Explain how the agency established planning priorities.

Steps used by the Area Agency during the planning process included analysis of the general and the service population, review of current services and their results, community meetings, a community survey, and survey of senior citizens in the parish.

The Area Agency met with community volunteers to establish planning priorities based on a review of all available data.

2. Explain how the Area Agency provides opportunities for public involvement in the planning process, specifically using public agencies, governmental entities, local business, and current/ past program participants.

Various stakeholders were involved in the planning process. Members of the community and senior citizens participated in a Community Agency Needs Assessment and the Louisiana Senior Needs Assessment Survey. Community meetings were held at the St. Charles Council on Aging to review and discuss survey results. Minority groups, individuals with disabilities, caregivers, and individual living in rural areas of the Parish were represented in the Community Meetings and the surveys. Results were also reviewed at the Council on Aging Advisory Council meeting. Advisory Council members represent local businesses, public agencies, governmental agencies and program participants.

Section 5

Methods Used to Determine Service Needs

1. Describe below how the Area Agency assessed the needs of older persons and adults with disabilities residing in the planning and service area. Give details of the process and methods used (tools or instruments used).

St. Charles Council on Aging, Inc. as the Area Agency for St. Charles Parish used a needs assessment process to determine priority issues of older persons and adults with disabilities. The Needs Assessment

included analysis of the general and the service population, community meetings, a community survey and a survey of senior citizens in the parish. Community meetings were held at the St. Charles Council on Aging, to review and discuss the survey results. Minority groups, individuals with disabilities, caregivers, and individuals living in rural areas of the Parish were represented in the Community Meetings and the surveys. Results were also reviewed at the Council on Aging Advisory Council meeting. A committee composed of Council on Aging staff and community volunteers reviewed that data to determine strengths and areas to improve.

2. Which home and community-based services have a waiting list? Detail your plan to reduce or eliminate these waiting lists.

Waiting lists are in place for home delivered meals, homemaker, in-home respite, and personal care. Waiting lists will be reviewed weekly to expedite provisions of services and eliminate the waiting list.

Service Needs

1. Based on the information and methods used to determine service needs, list the prevalent service needs of older persons and adults with disabilities in the PSA. Include discussion regarding whether information was received from organizations or agencies that specifically serve persons with disabilities and whether such information was incorporated into the Area Plan. (Office of Aging and Adult Services, Alzheimer's Association, Office of Behavioral Health, Long Term Care Units, Office of Disability Affairs, etc.)

Information was incorporated into the Area Plan based on the Needs Assessment, and also information from St. Charles Parish, United Way of St. Charles, St. Charles Parish Hospital, The Medical Team, Catholic Charities, and the ARC of St. Charles who provide services for people with disabilities. This information was incorporated into the Area Plan. Prevalent service needs of older persons and adults with disabilities in the PSA include:

- Transportation
- Financial assistance with utilities and unexpected bills, medical needs, dental needs, and paying for healthy food
- In home and community services
- Exercise and recreation
- Senior Centers

2. Give a brief overview of how the Area Agency will address the top five needs identified. (Specific details of goals and objectives are required in Section 10: Goals and Objectives.)

The Agency will address the top five identified needs through a coordinated and comprehensive service system that includes the following services:

Transportation

1. Local transportation for medical appointments, to Senior Centers, shopping, running errands, etc.
2. Transportation to medical specialist & treatment outside this area
3. Recreational transportation for cultural enrichment.

Financial Assistance

1. Assistance with applying for benefits
2. Assistance with completing Medicare & insurance forms
3. Assistance with writing checks, bill payments, & budgeting
4. Assistance paying for utilities for individuals with limited income
5. Providing information about Food for Seniors and delivering meals to qualified individuals

In-Home and Community Services

1. Personal care assistance (help with bathing, dressing, eating meals, taking medicine, etc.)
2. Home delivered meals
3. Homemaker / Housework Services
4. NFCSP In-Home Respite
5. NFCSP information & assistance

Education & Recreation

1. Exercise, dancing, and walking classes or groups
2. Day trips to places of interest
3. Legal information sessions and assistance

Senior Centers

1. Congregate Meals
2. Social interaction
3. Educational presentations to address needs of seniors
4. Staging area for transportation
Monitoring and assisting client needs
5. Monthly legal information sessions.

Service to Most-in-Need

Identify and explain how the Area Agency will address vulnerable and most-in-need citizens of the PSA.

The Agency will provide transportation, assistance paying for utilities, medical care, prescription medications, and healthy foods for persons with economic and social needs. The Agency will also assist persons at risk for institutional placement and individuals with cognitive deficits by providing transportation, personal care, homemaker services, nutritional meals, home health nurses and/or aides, and assistance with applying for benefits and programs. The Agency will assist caregivers providing respite care, assist them in locating services, and arrange for training on caring for someone at home.

Needs Identified

Describe the existing and potential needs of older adults, adults with disabilities, and their caregivers in the PSA.

Existing and potential needs of older adults, adults with disabilities and their caregivers in the PSA include transportation, assistance paying for utilities, medical care, dental care, prescription medications, and healthy foods, personal care, homemaker services, nutritional meals, congregate meals, home health nurses and/or aides, and assistance with applying for benefits and programs.

Resources

1. Determine existing services and resources within the PSA currently available for addressing the needs identified.

Existing services and resources in the PSA are:

- Congregate Meals
- Three Senior Centers
- Recreational Activities
- Wellness Activities
- Crime Prevention
- Information & Assistance
- Nutrition Education
- Transportation
- Utility Assistance
- Home Delivered Meals
- Frozen Home Delivered Meals provide for weekends and holidays
- Home Delivered meals that do not require refrigeration in the event of a natural disaster
- Homemaker

- Medical Alert
- Personal Care
- NFCSP In Home Respite
- NFCSP Information & Assistance
- In Home Services

2. Explain the association between the Aging Agency and the local Aging and Disability Resource Center.

There is no local Aging and Disability Resource Center in St. Charles Parish. The Council on Aging's website contains a link to Louisiana's Aging and Disability Resource Center. St. Charles Council on Aging, Inc. will refer individuals to either the Baton Rouge or Houma Aging and Disability Resource Center. The Area Agency also works closely with the community agencies in St. Charles Parish to insure services are available for individuals with disabilities.

Service Gaps and Barriers

Provide a description of unmet needs, under-utilized services, gaps, and barriers that prevent access to services.

Unmet needs include dental care, hearing exams, hearing aids, and eye care. Under-utilized services are recreation, and services at the senior centers. Gaps in services include outreach, crime prevention, and information and assistance. Because the state requires that outreach be one-on-one and not from central locations, it is impossible for case

workers to identify all potential clients in St. Charles Parish. Some elderly adults live in extremely rural areas that are accessible by inferior roads or boats making it impossible for them to access transportation provided.

Budget Impact

Explain how the AAA budget will be impacted by the Area Plan. Briefly describe possible funding sources. How will additional funding be obtained to close service gaps?

The AAA budget will be shaped by the Area Plan. Possible funding sources for St. Charles Council on Aging, Inc. Area Agency on Aging are local tax millages, assistance through United Way of St. Charles, federal and state funds. By braiding these funds, St. Charles Council on Aging, Inc. is able to provide services on a consistent and stable level to individuals with disabilities and the elderly of St. Charles Parish.

Section 6

Targeted Populations

Describe how the AAA's policies meet the need of the targeted populations. Include a review of the targeting priorities established in the OAA. Explain how the Area Agency will target specific goals as outlined in the GOEA State Plan 9 (See GOEA Website; Documents). Identify existing target populations in the PSA and methods used to identify them. Expound on their characteristics, locations, and needs. How will they be addressed in the current Area Plan? How has this changed from the previous plan? Discuss barriers that may exist for providing services to those targeted populations, and how the AAA plans to overcome those barriers.

The AAA's policy meet the needs of targeted populations by providing a comprehensive, coordinated system of services that promotes independent and well-being for the parish's older adults, those with disabilities and their caregivers while insuring preference is given to older persons with the greatest economic and social need and provide as many services as possible in the most effective manner.

The AAA will target specific goals as outlined in the GOEA State Plan. These goals include senior centers, transportation, financial assistance, in-home services, education and recreation. Existing target populations in the PSA include individuals with disabilities, caregivers and older persons with the greatest economic and social need. These individuals are identified through center managers, case workers, and requests from members in the community. These people are located throughout the parish and their needs include:

- Congregate Meals
- Senior Centers
- Recreational Activities
- Wellness Activities
- Crime Prevention
- Information & Assistance
- Nutrition Education
- Transportation

- Utility Assistance
- Home Delivered Meals
- Homemaker
- Medical Alert
- Personal Care
- NFCSP In Home Respite
- NFCSP Information & Assistance
- Material Aide (Food for Seniors)
- Legal Assistance
- Medical, Dental and Vision Care

Lack of funding is the primary barrier to providing services. The AAA plans to contact community agencies and services organizations to secure assistance for unmet needs.

Section 7

Community Meetings

St. Charles Council on Aging, Inc. Area
Agency on Aging

Area Plan Needs Assessment

Community Meeting Record Fiscal
Years 2019 – 2023

New Sarpy Activity Center

Date of Meeting: September 5, 2018

Location of Meeting:

626 Pine Street, Suite B
Hahnville, LA 70057

1. Describe the format and attach copies of the agenda for the meeting.
Ms. Keller led the Community Meeting. She reviewed the results from the Louisiana Senior Needs Assessment with the members.

- Briefly summarize comments of those in attendance at the meeting.

New Sarpy Center Clients commented they did not think everyone understood the surveys.

- Indicate revisions made due to comments, if applicable.

There were no revisions made due to comments.

- Attach a copy of the attendance list indicating attendee's name organization or group representing minority elderly person, rural elderly persons, caregiver, and/or grandparent raising grandchild, etc. Mark as: Needs Assessment Community Meeting Record.

Note: A separate Community Meeting Form is required for **each** meeting held.

Agenda

- Review Senior Needs Assessment Response
- Comments

Community Meetings

St. Charles Council on Aging, Inc. Area
Agency on Aging

Area Plan Needs Assessment
Community Meeting Record Fiscal
Years 2019 – 2023

Norco Activity Center

Date of Meeting: September 14, 2018

Location of Meeting:

149 Apple Street

Norco, LA 70079

- Describe the format and attach copies of the agenda for the meeting.

Ms. Keller led the Community Meeting. She reviewed the results from the Louisiana Senior Needs Assessment with the members.

- Briefly summarize comments of those in attendance at the meeting.

Norco Center Clients were astonished the Transportation, Center, Home Delivered Meals, Personal Care, Homemaker, and Respite service questions on the survey did not have higher persons who answered "very" to.

- Indicate revisions made due to comments, if applicable.

Print Name	Signature
1 Wilburrene Saterfield	Wilburrene Saterfield
2 SARAH BoudREUX	Sarah BoudREUX
3 Wendell Eugene	Wendell Eugene
4 Lois EUGENE	Lois Eugene
5 Denise Thomas	Denise Thomas
6 Sharon Wolff	Sharon Wolff
7 Sharon Walters	Sharon Walters
8 J.V. McKinney	J.V. McKinney
9 April Kelley	April Kelley
10	
11	
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19	
20	

There were no revisions made due to comments.

4. Attach a copy of the attendance list indicating attendee's name organization or group representing minority elderly person, rural elderly persons, caregiver, and/or grandparent raising grandchild, etc. Mark as: Needs Assessment Community Meeting Record.

Note: A separate Community Meeting Form is required for **each** meeting held.

St. Charles Council on Aging Area Agency on Aging Area Plan Needs Assessment Community Meeting Record Fiscal Year 2019-2023 Friday, September 14, 2018 11:30 AM 145 Angus Drive Luling 149 Apple Street Norco	
Print Name	Signature
1. ELsie MONTZ	<i>Elsie Montz</i>
2. TRENE LLOIX	<i>Trene Lloix</i>
3. Christina Hesse	<i>Christina Hesse</i>
4. Frances Torres	<i>Frances Torres</i>
5. AUDREY NAGUIN	<i>Audrey Naguin</i>
6. Josie MIRE	<i>Josie Mire</i>
7. GARNETT ALLEMAN	<i>Garnett C. Coleman</i>
8. Dianne Duhon	<i>Dianne Duhon</i>
9. Charles Riley	<i>Charles Riley</i>
10. ALVIN JONES	<i>Alvin Jones</i>
11. Dorothy Johnson	<i>Dorothy Johnson</i>
12. Adam Reynaud	<i>Adam Reynaud</i>
13. Dot Ayne	<i>Dot Ayne</i>
14. Olivia Landeche	<i>Olivia Landeche</i>
15. Sharon Walters	<i>Sharon Walters</i>
16. Leticia Sandoz	<i>Leticia Sandoz</i>
17. April Keller	<i>April Keller</i>
18.	
19.	
20.	

St. Charles Council on Aging Area Agency on Aging
Area Plan Needs Assessment Community Meeting Record
Fiscal Year 2019-2023
September 14, 2018 11:30 am
149 Apple Street Norco

Agenda

1. Review Senior Needs Assessment Responds
2. Comments

Community Meetings

St. Charles Council on Aging, Inc. Area
Agency on Aging
Area Plan Needs Assessment
Community Meeting Record Fiscal
Years 2019 – 2023
Luling Activity Center
Date of Meeting: September 18, 2018
Location of Meeting:
145 Angus Drive
Luling, LA 70070

1. Describe the format and attach copies of the agenda for the meeting.
Ms. Keller led the Community Meeting. She reviewed the results from the Louisiana Senior Needs Assessment with the members.
2. Briefly summarize comments of those in attendance at the meeting.
Luling Center Clients commented they felt the in home services were very important to them
3. Indicate revisions made due to comments, if applicable.
There were no revisions made due to comments.
4. Attach a copy of the attendance list indicating attendee's name organization or group representing minority elderly person, rural elderly persons, caregiver, and/or grandparent raising grandchild, etc. Mark as: Needs Assessment Community Meeting Record.

Note: A separate Community Meeting Form is required for **each** meeting held.

Location of Meeting:
626 Pine Street, Suite A
Hahnville, LA 70057

St. Charles Council on Aging Area Agency on Aging
Area Plan Needs Assessment Community Meeting Record
Fiscal Year 2019-2023
Tuesday, September 18, 2018 11:30 AM
145 Angus Drive Luling

Print Name	Signature
1 Lynn	[Signature]
2 [Signature]	[Signature]
3 Fayle Dalton	FAYLE DALTON
4 [Signature]	[Signature]
5 Gilbert Joseph Sr	Gilbert Joseph Sr
6 Janice Royal	Janice Royal
7 VIVIAN SCOTT	Vivian Scott
8 GERALDINE JOSEPH	Geraldine Joseph
9 SYDNEY FARR	Sydney Farr
10 EUGENE KENNEDY	Eugene Kennedy
11 KENNETH JOSEPH	Kenneth Joseph
12 Julius Young	Julius Young
13 Edward Robin	Edward Robin
14 BERNARD PERRY	Bernard Perry
15 ESTHER GARZA	Esther Garza
16 [Signature]	[Signature]
17 LUCY MITT	Lucy Mitt
18 MELVIN PIERRE	Melvin Pierre
19 [Signature]	[Signature]
20 [Signature]	[Signature]

Carol Keller

St. Charles Council on Aging Area Agency on Aging
Area Plan Needs Assessment Community Meeting Record
Fiscal Year 2019-2023
September 18, 2018 11:30 am
145 Angus Drive Luling

Agenda

1. Review Senior Needs Assessment Response
2. Comments

1. Describe the format and attach copies of the agenda for the meeting.
Ms. Keller led the Community Meeting. She reviewed the results from the Louisiana Senior Needs Assessment with the members.
2. Briefly summarize comments of those in attendance at the meeting.
Advisory Council Members were disappointed in the number of surveys participants returned. They too taught there would be a greater need for in home services.
3. Indicate revisions made due to comments, if applicable.
There were no revisions made due to comments.
4. Attach a copy of the attendance list indicating attendee's name organization or group representing minority elderly person, rural elderly persons, caregiver, and/or grandparent raising grandchild, etc. Mark as: Needs Assessment Community Meeting Record.

Note: A separate Community Meeting Form is required for **each** meeting held.

Community Meetings

St. Charles Council on Aging, Inc. Area
Agency on Aging
Area Plan Needs Assessment
Community Meeting Record Fiscal
Years 2019 – 2023
Advisory Council Meeting
Date of Meeting: September 19, 2018

St. Charles Council on Aging Area Agency on Aging
Area Plan Needs Assessment Community Meeting Record
Fiscal Year 2019-2023
Wednesday, September 19, 2018 9:30 AM
626 Pine Street Hahnville

Print Name	Signature
1 HERMAN A LOUGHEE	<i>Herman A. Lougee</i>
2 ELZA G. LEBLANC	<i>Elza G. LeBlanc</i>
3 JOE SHERRILL	<i>Joe Sherrill</i>
4 ANNE SWEENEY	<i>Anne Sweeney</i>
5 AUDREY MARTINDALE	<i>Audrey Martindale</i>
6 HILBERT JOSEPH	<i>Hilbert Joseph</i>
7 DEBRAH MARKEV	<i>Debrah Markov</i>
8 LARRY SESSON	<i>Larry Sesson</i>
9 DEBRA FREEMAN	<i>Debra Freeman</i>
10 PHILIP PEYREGNE	<i>Philip Peyregne</i>
11 BEN SINGLETON	<i>Ben Singleton</i>
12 RICHARD HARRIS	<i>Richard Harris</i>
13 DANIELLE VERUGANTI	<i>Danielle Veruganti</i>
14 SARAH JOLIS CALDWELL	<i>Sarah Jolis Caldwell</i>
15 CLEMENTINE CHARLES	<i>Clementine Charles</i>
16 PATRICIA ABUDIE	<i>Patricia Abudie</i>
17 EARLINE SPIERS	<i>Earline Spiers</i>
18 SHARON WALTERS	<i>Sharon Walters</i>
19 APRIL KELLER	<i>April Keller</i>
20	

ST. CHARLES COUNCIL ON AGING, INC.
ADVISORY COUNCIL
ANNUAL MONTHLY MEETING

Date: September 19, 2018 Time: 9:30 a.m. Location: Conference Room

AGENDA

1. Call to Order
2. Prayer
3. Pledge of Allegiance
4. Roll Call
5. Minutes – August 15, 2018
6. Approve or Revise Agenda
7. Executive Director's Report
8. Committee Reports
 - a. Personnel
 - b. Millage
 - c. TRIAD
9. Old Business
10. New Business
 - a. Ethics Training – September 19, 2018
 - b. Suggestions for Guest Speakers
 - c. Community Meeting
 - 1) Survey Review
 - 2) Comments
11. Other Business
 - a. Good News
 - b. Meeting Comments
12. Adjourn

Section 8

Results of Public Hearing

St. Charles Council on Aging, Inc.
Area Agency on Aging

1. Complete the following record for all Public Hearings conducted on the proposed plan.

Location	Date	#60 + Attend	# Service Provide	# Elected Officials	# Public Official	# Others	Total # Attend
626 Pine Street, Suite A Hahnville, LA 70057	9/21/18	10	0	1	1	3	13

2. Briefly summarize comments of those in attendance.
There were no comments from those in attendance.
3. Indicate needs identified through public hearings from the following:
Elected Officials: No needs identified.
Public Officials: No needs identified.
Service Providers including Entitlement Programs: No needs identified.
Service Recipients: No needs identified.
Older Individuals: No needs identified.
Specify others, such as, caretakers:
No needs identified.
4. Summarize comments and indicate revisions made due to comments if applicable.
There were no revisions made due to comments.
5. Specify methods and dates used in publicizing hearings.
St. Charles COA advertised in the St. Charles Herald guide twenty-

two days prior to the hearing held on September 21, 2018.

6. Indicate the views of service recipients regarding general policy in the development and administration of the area plan. There were no views indicated from service recipients.

INSERT CERTIFIED PUBLIC NOTICE

ST. CHARLES COUNCIL ON AGING, INC.
BOARD OF DIRECTORS
ANNUAL MONTHLY MEETING

Date: Friday, September 21, 2018 Time: 9:30 a.m. Location: Conference Room

AGENDA

1. Call to Order
2. Prayer
3. Pledge of Allegiance
4. Roll Call
5. Minutes – August 16, 2018
6. Approve or Revise Agenda
7. Financial Report
8. Accounts Payable
9. Transfer of Funds
10. Committee Reports
 - a. Personnel
 - b. Millage
 - c. TRIAD
11. Advisory Council Report
12. Executive Director's Report
13. Old Business
 - a. A/C HDM Site
 - b. New Sarpy Renovations
 - c. Executive Director's Annual Appraisal
14. New Business
 - a. Acadian on Call Agency Agreement
 - b. Public Hearing – Area Plan Fiscal Year 2019 - 2023
 - 1) LA Agency Needs Assessment Survey Review
 - 2) Comments
15. Other Business
16. Adjourn

[Signature]

St. Charles Council on Aging Area Agency on Aging Area Plan Sign - In Friday, September 21, 2018					
	Name	Are You?			
		60+	Service Provider	Elected Official	Public Office
1	Mary Chiles	✓		✓	Board Member
2	William D. Pinalo	✓			Board Member
3	Kenneth W. Tate	✓			Board Member
4	Joe W. Shreve	✓			Advisory Council
5	Joseph Brundley	✓			Board Member
6	Helen V. Morris	✓			Board Member
7	Walter Evans	✓			Board Member
8	Lillian S. Byrne	✓			Board Member
9	Charles H. Taylor	✓			Board Member
10	John H. Ladd	✓			Board Member
11	Sharon Walters				Employee
12	Phil Keller				Employee
13	Lois Bennett				Employee
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Section 9

Identification of Priorities

Describe the Area Agency's planning cycle priorities derived from the Needs Assessment process. Explain how the agency will meet targeting mandates. List the factors which have influenced the agency's priorities; the Area Plan goals and objectives must relate to the priorities established in this section. Some factors may include resources, number of persons served, administrative changes, and service delivery constraints.

St. Charles Council on Aging, Inc. as the Area Agency on Aging for St. Charles Parish develops a four-year Area Plan. The Council on Aging uses a Needs Assessment process to determine: Priority Issues of Older Persons Areas where services are lacking. The Needs Assessment determined the services currently provided by the

Council on Aging are necessary, important and adequately available. Services are provided a minimum of two hundred and fifty days a year. The Council on Aging plans to continue to provide these services at the current level including:

- Assisted Transportation
- Congregate Meals
- Crime Prevention
- Health Promotion & Disease Prevention
- Home Delivered Meals
- Homemaker
- Information & Assistance
- Legal Assistance
- Material Aide (Food for Seniors)
- Medical Alert
- NFCSP Information & Assistance
- NFCSP In-Home Respite
- Outreach
- Personal Care
- Recreation
- Transportation
- Utility Assistance

AAA is committed to helping seniors stay safely in their homes. Caseworkers, home delivered meal, case management, caregiver support, adequate transportation, and the variety of other services offered through the aging network help people stay in their own homes and prevent institutionalization. The AAA is dedicated to working with

community stakeholders to improve access to services and increase effectiveness of the services offered to help seniors stay safely in their homes. Providing education and training on staying healthy and active are vital to healthy aging. The AAA and its Advisory Council are dedicated to promoting healthy aging in our communities. Healthy aging will not only improve the quality of life for seniors and caregivers, but can also reduce the burden on social and medical services later in life.

A plan has been developed to monitor services and to measure provision of services. Currently COA does have waiting lists. This is monitored weekly and evaluated.

Goals and objectives have been included in Area Plan 2019 – 2023 to address needs identified as services that may be inadequate or lacking.

Section 10

Area Plan Goals and Objectives

AAA's objectives must address Title IIIB, Title IIID, and Title IIIE services as follows: Access Services (Information and Assistance, Outreach, Assisted Transportation, and Case Management); In-Home Services (Home Delivered Meals, Chore, Homemaker, Personal Care, Home Repair/Modification, Sitter, Telephoning); Health Promotion/Disease Prevention (Medication Management, Evidence-Based Wellness); Family Caregiver Services (In-Home, Group and Institutional Respite, Adult Day Care, Adult Day Health Care, Individual Care Support, Individual Counseling, Support Groups, Case Management, Outreach, Information & Assistance); Family Caregiver Supplemental Services (Material Aid, Personal Care, Sitter, Chore, Home Delivered Meals, Home Repair/Modification); Ombudsman (Awareness and Partnerships); and Elderly Protective Services – EPS (Awareness and Partnership).

#1 Goal – Transportation

Narrative:

To continue, expand and improve Access Service – Transportation to seniors of St. Charles Parish. Except to increase level of services, no change is expected to be made to the service. No changes are anticipated as being needed in the Service Delivery of a Monday – Friday schedule.

Goal Statement:

Administration of service will remain the same. St. Charles Council on Aging, Inc. utilizes the skills of its employee/staff as well as any technology that is available (computer programs, etc.) Training of staff is considered essential to the improvement of service.

Rationale:

Transportation, in general, and specifically for medical appointments, was ranked high as a need in Needs Assessment process.

Objective 1.1

Expand Transportation available

- A. Apply for vehicles – Federal Transit Act Section 5310 Enhanced Mobility of Seniors & Individuals with Disabilities Application (November 2019; November 2020; November 2021; November 2022)

- B. Provide local match of 20%

Objective 1.2

Contract with qualified provider (July 2020; July 2021; July 2022; July 2023)

- A. Expand hours the service is available if funds permit
- B. Increase availability to medical facilities

Objective 1.3

Continue to monitor the service using current plan.

- A. Compare monthly reports to Budget projections (July – June 2019; July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Utilize Advisory Council Assessment Committee to monitor services and providers annually (March 2020; March 2021; March 2022; March 2023)

#2 Goal – Assist with Finance and Financial Services

Narrative:

To provide assistance with management of finances as well as support and services.

Rationale:

Provide assistance with management of financial obligations as well as assistance in obtaining support and services to provide the senior with the best quality of life.

Objective 2.1

Assistance with applying for benefits

- A. Assist with completing Medicare Forms (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Assist with completing Insurance Forms (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- C. Assist with completing Louisiana Department of Children and Family Services Forms (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 2.2

Household Finances

- A. Assist with writing checks (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Assist with bill payments (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- C. Assist with budgeting (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 2.3

Assistance with paying for utilities for individuals with limited income

- A. Assist with completing Utilities application for Power to Care (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 2.4

Providing Food for Seniors information to public

- A. Distributing Food for Seniors contact information (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Delivering Food for Senior Boxes to qualifying individuals (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

#3 Goal – Area/Statement – In-Home Services

Narrative:

Increase Personal Care, Homemaker, and National Family Caregiver Support Program In-Home Respite Service provided. Except to increase level of services, no change is expected to be made to the service. No changes are anticipated as being needed in the Service Delivery of a Monday – Friday schedule.

Goal Statement:

Administration of the service will remain the same. St. Charles Council on Aging, Inc. utilizes the skills of its employee/staff as well as any technology that is available (computer programs, etc.) Training of staff is considered essential to the improvement of service.

Rational:

Services provided to individuals in-home were ranked very high as a need on the Needs Assessment. This service enables a person to remain at home and relieves the caregiver.

Objective 3.1

Contract with qualified provider to provide Personal Care (July 2019 – June 2023)

- A. Through budget process identify funds available for Personal Care (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Provide Personal Care to each eligible individual
- C. Provide services five days per week one hour per visit

Objective 3.2

Contract with qualified provider to provide Homemaker Services (July 2019 – June 2023)

- A. Through budget process identify funds available for Homemaker (July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Provide Homemaker to each eligible individual
- C. Provide services two hours per visit, one visit each week

Objective 3.3

Contract with qualified provider to provide National Family Caregiver Support Program In-Home Respite (July 2019 – June 2023)

- A. Through budget process identify funds available for National Family Caregiver Support Program In-Home Respite (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

- B. Provide National Family Caregiver Support Program In-Home Respite to each eligible individual
- C. Provide services a maximum of one hundred twenty hours per twelve month period schedule to be determined by caregiver

Objective 3.4

Continue to monitor the service using current plan

- A. Compare monthly reports to Budget projections (July – June 2019; July – June 2020; July – June 2021; July – June 2022; July – June 2023)
- B. Utilize Advisory Council Assessment Committee to monitor services and providers annually (March 2020; March 2021; March 2022; March 2023)

#4 Goal – Education and Recreation

Narrative:

Increase opportunities for older adults to participate in activities. Except to increase level of services, no change is expected to be made to the service. No changes are anticipated as being needed in the service delivery of a Monday – Friday schedule.

Goal Statement:

Administration of the service will remain the same. St. Charles Council on Aging, Inc. utilizes the skills of its employee/staff as well as any technology that is available (computer programs,

etc.) Training of staff is considered essential to the improvement of service.

Rationale:

Activities increase independence and opportunities for new experiences to older adults.

Objective 4.1

Form Activity Committee

- A. Enlist older adults to work with staff to develop plans on monthly basis (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

- 1. Classes
- 2. Seminars

Objective 4.2

Schedule monthly meetings of committees (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 4.3

Cultivate partnership with St. Charles Parish Department of Parks and Recreation (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 4.4

Continue to monitor the service using current plan (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 4.5

Compare monthly reports to Budget projections (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 4.6

Utilize Advisory Council Assessment Committee to monitor services and providers annually (March 2020; March 2021; March 2022; March 2023)

#5 Goal – Senior Centers

Narrative:

Increase awareness of services available to seniors at Senior Centers. Except to increase level of services, no change is expected to be made to the service. No changes are anticipated as being needed in the service delivery of a Monday – Friday schedule.

Goal Statement:

Administration of the service will remain the same. St. Charles Council on Aging, Inc. utilizes the skills of its employee/staff as well as any technology that is available (computer programs, etc.) Training of staff is considered essential to the improvement of service.

Rationale:

Keep seniors engaged and active in a variety of activities.

Objective 5.1

Congregate Meals will provide opportunities for social interactions (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 5.2

Social interaction (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 5.3

Educational presentations to address needs of seniors (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 5.4

Staging area for transportation activities (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 5.5

Monitoring and assisting client needs (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Objective 5.6

Monthly legal information sessions (July – June 2020; July – June 2021; July – June 2022; July – June 2023)

Section 11

ST. CHARLES COUNCIL ON AGING, INC. AREA AGENCY ON AGING SUMMARY OF SERVICES UNDER THE AREA PLAN

Mark all services to be administered under the Area Plan by funding source

SERVICES TO BE PROVIDED	III B	III C	III D	III E	SENIOR CENTER	LOCAL FUNDS	IN KIND	OTHER FUNDS
Adult Day Care/Health								
Assisted Transport							√	
Case Management								
Chore								
Congregate Meals		√			√	√		√
Home Delivered Meals		√				√		√
Homemaker	√					√		√
Information & Assistance	√			√		√		
Legal Assistance	√					√		
Nutrition Counseling								
Nutrition Education		√				√		
Outreach	√					√		
Personal Care	√					√		√
Transportation	√					√		√
Counseling								
Crime Prevention Services							√	
Home Repair/Modification								
Material Aid							√	
Medical Alert	√					√		
Placement Services								
Recreation						√		
Telephoning								
Utility Assistance								√
Visiting								
Wellness			√			√		
Respite				√		√		√
Sitter								

Section 12

Disaster Preparedness

TOO BIG SEE ATTACHED

Section 13

Title III Request for Waiver of Priority Services (Optional)

NONE

Section 14

Governing Board

Board of Directors Roster

Agency Name: St. Charles Council on Aging, Inc.

Year: 2018-2019

DATE REVISED/UPDATED: June ANNUAL MEETING: X SPECIAL ELECTION: _____ REGULAR MEETING: _____

I CERTIFY THAT THIS IS AN OFFICIAL ROSTER OF THE BOARD OF DIRECTORS AND OFFICERS OF THE
(AGENCY) ELECTED IN ACCORDANCE WITH THE AGENCY'S BYLAWS.

Kenneth W. Tate
Board Secretary Signature

Kenneth Tate
Board Secretary (Name)

7-19-18
Date

<p>(1) NAME: <u>Ms. Helen Mirra</u> ADDRESS: <u>332 River Village Drive</u> CITY: <u>Destrehan</u> ZIP CODE: <u>70347</u> PHONE #: <u>504-710-0253</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired from St. Charles Parish School Board</u> E-MAIL: _____</p>	<p>FIRST TERM: From: <u>June 2016</u> To: <u>June 2019</u> Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month Year Month Year</p>
<p>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</p>	
<p>Resigned Board Member: <u>Mrs. Irma Netting</u> Date Member Resigned: <u>October 10, 2014</u></p>	<p>Original Elected Term for Resigned Member: <u>June 2013-June 2016</u> Temporary Replacement Term for New Member: <u>January 2015-June 2016</u></p>
<p>(2) NAME: <u>Ms. Audrey Taylor</u> ADDRESS: <u>228 Annex Street</u> CITY: <u>Destrehan</u> ZIP CODE: <u>70347</u> PHONE #: <u>(895) 784-9777</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>retired from St. Charles Parish School Board</u> E-MAIL: <u>None</u></p>	<p>FIRST TERM: From: <u>June 2017</u> To: <u>June 2020</u> Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month Year Month Year</p>
<p>NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:</p>	
<p>Resigned Board Member: <u>Filling Empty Term</u> Date Member Resigned: _____</p>	<p>Original Elected Term for Resigned Member: <u>June 2017 - June 2020</u> Temporary Replacement Term for New Member: <u>July 2017 - June 2018</u></p>
<p>(3) NAME: <u>Mrs. Mary Culee</u> ADDRESS: <u>221 Evelyn Drive</u> CITY: <u>Luling</u> ZIP CODE: <u>70070</u> PHONE #: <u>985-785-6867 H 504-487-4964 M</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Semi Retired from NC Materials & Coatings</u> E-MAIL: <u>dculee@aol.com</u></p>	<p>FIRST TERM: From: <u>June 2014</u> To: <u>June 2017</u> Month Year Month Year SECOND TERM: From: <u>June 2017</u> To: <u>June 2020</u> Month Year Month Year IF OFFICER, OFFICE HELD: <u>Chairman</u> TERM OFFICE HELD: <u>2nd Term</u> From: <u>July 2010</u> To: <u>June 2019</u> Month Year Month Year</p>
<p>NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:</p>	
<p>Resigned Board Member: <u>Mr. Herman Louque</u> Date Member Resigned: <u>July 18, 2013</u></p>	<p>Original Elected Term for Resigned Member: <u>June 2011-June 2014</u> Temporary Replacement Term for New Member: <u>May 2014-June 2014</u></p>

Board of Directors Roster

Agency Name: St. Charles Council on Aging, Inc.
 Year: 2018-2019

(4) NAME: <u>Debra Daniels</u> ADDRESS: <u>248 West Harding</u> CITY: <u>Centerville</u> ZIP CODE: <u>70047</u> PHONE #: <u>(504) 689-6634</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Employed w/ St. Charles Parish School Board</u> E-MAIL: <u>danielsdaniels@gmail.com</u>	FIRST TERM: From: <u>June 2018</u> To: <u>June 2019</u> Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Bridgette Alexander</u> Date Member Resigned: <u>June 2018</u>	Original Elected Term for Resigned Member: <u>June 2016 to June 2019</u> Temporary Replacement Term for New Member: <u>June 2018 - June 2019</u>
(5) NAME: <u>M. Freddie Seal</u> ADDRESS: <u>217 Worde Street</u> CITY: <u>Luling</u> ZIP CODE: <u>70079</u> PHONE #: <u>850-785-2538</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired from St. Charles Parish School Board</u> E-MAIL: _____	FIRST TERM: From: <u>June 2015</u> To: <u>June 2018</u> Month Year Month Year SECOND TERM: From: <u>June 2016</u> To: <u>June 2021</u> Month Year Month Year IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: _____ Date Member Resigned: _____	Original Elected Term for Resigned Member: _____ Temporary Replacement Term for New Member: _____
(6) NAME: <u>Ms. Elizabeth Gross</u> ADDRESS: <u>937 Common Street</u> CITY: <u>Perdido</u> ZIP CODE: <u>70060</u> PHONE #: <u>(850) 758-7573</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired St. Ch. Parish Schools</u> E-MAIL: <u>none</u>	FIRST TERM: From: <u>May 2017</u> To: <u>June 2019</u> Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Pam Schmitt</u> Date Member Resigned: <u>February 2017</u>	Original Elected Term for Resigned Member: <u>June 2016 - June 2019</u> Temporary Replacement Term for New Member: <u>May 2017 - June 2017</u>
(7) NAME: <u>Mr. Walter "Levy" Evans, Jr.</u> ADDRESS: <u>276 Fourth Street</u> CITY: <u>St. Rose</u> ZIP CODE: <u>70087</u> PHONE #: <u>504-484-6654 H 504-314-8561 M</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired from Eastern Airlines</u> E-MAIL: <u>none</u>	FIRST TERM: From: <u>September 2017</u> To: <u>June 2017</u> Month Year Month Year SECOND TERM: From: <u>June 2017</u> To: <u>June 2020</u> Month Year Month Year IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: _____ Date Member Resigned: <u>July 2015</u>	Original Elected Term for Resigned Member: <u>6/2014-6/2017</u> Temporary Replacement Term for New Member: <u>9/2015-8/2016</u>

Board of Directors Roster

Agency Name: St. Charles Council on Aging, Inc.
Year: 2018-2019

(9) NAME: <u>Mr. Kenneth Tate</u> ADDRESS: <u>148 Murray Hill</u> CITY: <u>Destrehan</u> ZIP CODE: <u>70047</u> PHONE #: <u>985-795-6331</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired from St. Charles Parish School Board</u> E-MAIL: <u>ktate4@cox.net</u>	FIRST TERM: From: <u>June</u> <u>2015</u> To: <u>June</u> <u>2018</u> <div style="text-align: center;">Month Year Month Year</div> SECOND TERM: From: <u>June</u> <u>2018</u> To: <u>June</u> <u>2021</u> <div style="text-align: center;">Month Year Month Year</div> IF OFFICER, OFFICE HELD: <u>Secretary</u> TERM OFFICE HELD: <u>1st Term</u> From: <u>July</u> <u>2018</u> To: <u>June</u> <u>2019</u> <div style="text-align: center;">Month Year Month Year</div>
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Staggered term per GOCA</u> Date Member Resigned:	Original Elected Term for Resigned Member: Temporary Replacement Term for New Member: <u>July 2014 - June 2015</u>
(10) NAME: <u>Mr. William "Bibi" Picard</u> ADDRESS: <u>935 Catherine Drive</u> CITY: <u>Luling</u> ZIP CODE: <u>70070</u> PHONE #: <u>985-785-5055 H 985-210-1010 M</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired from St. Charles Parish School Board</u> E-MAIL: <u>wpicard@cox.net</u>	FIRST TERM: From: <u>June</u> <u>2013</u> To: <u>June</u> <u>2016</u> <div style="text-align: center;">Month Year Month Year</div> SECOND TERM: From: <u>June</u> <u>2016</u> To: <u>June</u> <u>2019</u> <div style="text-align: center;">Month Year Month Year</div> IF OFFICER, OFFICE HELD: <u>Vice Chairman</u> TERM OFFICE HELD: <u>2nd Term</u> From: <u>July</u> <u>2018</u> To: <u>June</u> <u>2019</u> <div style="text-align: center;">Month Year Month Year</div>
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Addie "Mittie" Grigore</u> Date Member Resigned: <u>December 20, 2012</u>	Original Elected Term for Resigned Member: <u>June 2010 - June 2013</u> Temporary Replacement Term for New Member: <u>January 17, 2013 - June 2013</u>
(10) NAME: <u>Mrs. Lillian Byrne</u> ADDRESS: <u>427 Bernard Avenue</u> CITY: <u>Avea</u> ZIP CODE: <u>70031</u> PHONE #: <u>504-674-2059</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired State Police Officer</u> E-MAIL: <u>lbyrne1@aol.com</u>	FIRST TERM: From: <u>June</u> <u>2015</u> To: <u>June</u> <u>2018</u> <div style="text-align: center;">Month Year Month Year</div> SECOND TERM: From: <u>June</u> <u>2018</u> To: <u>June</u> <u>2021</u> <div style="text-align: center;">Month Year Month Year</div> IF OFFICER, OFFICE HELD: TERM OFFICE HELD: From: To: <div style="text-align: center;">Month Year Month Year</div>
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Staggered term per GOCA</u> Date Member Resigned:	Original Elected Term for Resigned Member: Temporary Replacement Term for New Member: <u>November 2014 - June 2015</u>
(11) NAME: <u>Mr. Joseph Galdry</u> ADDRESS: <u>131 Wanda Street</u> CITY: <u>Luling</u> ZIP CODE: <u>70070</u> PHONE #: <u>985-795-2124 H</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired from Monsanto</u> E-MAIL: <u>jgaldry@bellsouth.net</u>	FIRST TERM: From: <u>November</u> <u>2013</u> To: <u>June</u> <u>2016</u> <div style="text-align: center;">Month Year Month Year</div> SECOND TERM: From: <u>June</u> <u>2016</u> To: <u>June</u> <u>2019</u> <div style="text-align: center;">Month Year Month Year</div> IF OFFICER, OFFICE HELD: <u>Treasurer</u> TERM OFFICE HELD: <u>1st Term</u> From: <u>July</u> <u>2018</u> To: <u>June</u> <u>2019</u> <div style="text-align: center;">Month Year Month Year</div>
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Filling Empty Term</u> Date Member Resigned:	Original Elected Term for Resigned Member: <u>6/2013-6/2016</u> Temporary Replacement Term for New Member: <u>11/2013-6/2014</u>

Board of Directors Roster

Agency Name: St. Charles Council on Aging, Inc.
Year: 2018-2019

(12) NAME: <u>Ms. Winona Champagne</u> ADDRESS: <u>312 Oak Street</u> CITY: <u>Helmville</u> ZIP CODE: <u>72067</u> PHONE #: <u>(504) 813-3575</u> AGE (60+): <u>Yes</u> OCCUPATION: <u>Retired from St. Charles Parish School Board</u> E-MAIL: <u>wchampagne@char.org</u>	FIRST TERM: From: <u>June</u> <u>2018</u> To: <u>June</u> <u>2021</u> Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: TERM OFFICE HELD: From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Mr. William Markoud</u> Date Member Resigned: <u>August 17, 2017</u>	Original Elected Term for Resigned Member: <u>June 2015 - June 2018</u> Temporary Replacement Term for New Member: <u>October 2017 - June 2018</u>
(13) NAME: <u>Sharon Woolf</u> ADDRESS: <u>439 Aphodal Drive</u> CITY: <u>Luling</u> ZIP CODE: <u>79070</u> PHONE #: <u>(805) 785-9907</u> AGE (60+): <u>Yes</u> OCCUPATION: <u>Works for St. Charles Public School Board</u> E-MAIL: _____	FIRST TERM: From: <u>June</u> <u>2017</u> To: <u>June</u> <u>2020</u> Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: TERM OFFICE HELD: From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: <u>Gail Vinnat</u> Date Member Resigned: <u>May 4, 2018</u>	Original Elected Term for Resigned Member: <u>June 2017 - June 2020</u> Temporary Replacement Term for New Member: <u>June 2018 - June 2020</u>
(14) NAME: _____ ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE #: _____ AGE (60+): _____ OCCUPATION: _____ E-MAIL: _____	FIRST TERM: From: _____ To: _____ Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: TERM OFFICE HELD: From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: _____ Date Member Resigned: _____	Original Elected Term for Resigned Member: _____ Temporary Replacement Term for New Member: _____
(15) NAME: _____ ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE #: _____ AGE (60+): _____ OCCUPATION: _____ E-MAIL: _____	FIRST TERM: From: _____ To: _____ Month Year Month Year SECOND TERM: From: _____ To: _____ Month Year Month Year IF OFFICER, OFFICE HELD: TERM OFFICE HELD: From: _____ To: _____ Month Year Month Year
NOTE: If a Member is temporarily replacing for an unexpired term, please complete the following:	
Resigned Board Member: _____ Date Member Resigned: _____	Original Elected Term for Resigned Member: _____ Temporary Replacement Term for New Member: _____

Section 15

Advisory Council

Area Agency on Aging Advisory Council Membership

St. Charles Council on Aging, Inc.
Advisory Council Members List
Fiscal Year 2019
(July 1, 2018 – June 30, 2019)

Earline Spiers
409 River Oaks
Luling, Louisiana 70070
(985)-785-0857

Debra Freeman
8 Sycamore Lane
St. Rose, LA 70087
(504)450-3013
White_debra@bellsouth.net

Beulah Markey
161 Allen Drive
PO Box 713
Ama, LA 70031
(504)431-8874

Elza LeBeauf – Vice Chairman
313 Valencia Drive
Luling, Louisiana 70070
(985)233-9662
elza-j@live.com

Patsy White
312 Valencia Drive
Luling, Louisiana 70070
(985)785-1540 Cell (985)722-7226
patsywhite@bellsouth.net

Lupe Sweeney
232 Whitley Road
Des Allemands, Louisiana 70030
(985)758-7961 Cell (504) 914-1402
lupe.sweeney@yahoo.com

Albert Joseph
306 Gum Street
PO Box 292
Hahnville, Louisiana 70057
Cell (504)228-1293

Danielle Yenuganti
2357 Ormond Blvd.
Destrehan, Louisiana 70047
(985)722-5242

Richard Harris
126 Kaylee Drive
Hahnville, LA 70057
(985)783-1786
Dick_70057@yahoo.com

Herman Louque - Chairman
578 Marino Drive
Norco, Louisiana 70079
(985)764-6343
hlouque1930@gmail.com

Roger Worcester
202 River Village Drive
Destrehan, Louisiana 70047
(504)913-7716

Audrey Martindale
604 Kinler Street
Luling, Louisiana 70070
(985)785-6837
audrey7324@att.net

Clementine Charles
PO Box 532
Ama, Louisiana 70031
(504)512-0467
clementine8713@att.net

Patricia Abadie
3683 Highway 306
Des Allemands, Louisiana 70030
(985)758-2362

James "Ernie" Wright
16 Magnolia Drive
Destrehan, Louisiana 70047
(985)764-6969

Salvador Julius Calcagno Jr.
100 Allie Lane
Luling, Louisiana 70070
(985)785-5026
JBCALCAGNO@Yahoo.com

Arthur "Dee" Parquet
106 Seven Oaks
Destrehan, Louisiana 70047
(985)764-9482
deeparquet@gmail.com

Ben Singleton
PO Box 1074
Hahnville, Louisiana 70057
(985)210-8180

Larry Sesser
304 Ormond Oaks Drive
Destrehan, Louisiana 70047
(985)764-9594

Philip Peyregne
117 Pleasant Valley Street
Des Allemands, Louisiana 70030
(985)758-1256

Annual Election June 20, 2018

Section 16

ASSURANCES

STANDARD ASSURANCES UNDER THE OLDER AMERICANS ACT (PROVISION OF ASSURANCES BY AREA AGENCIES ON AGING)

The Older Americans Act of 1965, as amended (42 U.S.C., Section 3001, *et. seq.* hereafter referred to as the Act), requires each Area Agency on Aging to provide assurances that it will develop a plan and carry out a program in accordance with the plan. Each Area Agency on Aging must comply with the following provisions of the Act and written policies, procedures or agreements, as appropriate, must be on file in the Area Agency on Aging office and available for review and approval by Office of Elderly Affairs officials.

- Sec. 306(a)(6)(E)(F)(G) Procedures for Coordination with Program Listed in Sec. 203(b) of the OAA
- Sec. 306(a)(7) Policy for the Coordination of Community-Based Long Term Care
- Sec. 306(a)(8) Policy Regarding Coordinating of Case Management Services
- Sec. 306(a)(9) Policy to Carry Out the Long-Term Care Ombudsman as Described in Section 307(a)(9)
- Sec. 306(a)(10) Policy for a Grievance Procedure for Older Individuals That are Dissatisfied or Denied a Service Under This Title.
- Sec. 306(a)(11)(A)(B)(C) Policy to Provide or Coordinate Services for Older Native Americans Under This Title With Services Provided Under Title VI
- Sec. 306(a)(12) Procedure to Coordinate Services with Other Federally Assisted Programs as Described in Section 202(b)
- Sec. 306(a)(13)(A)(B)(C) Provide assurances that area agency will maintain the integrity and public purpose of services, provide identity of contracts, demonstrate that the quantity and quality of the services are enhanced as a result of such contract or relationship.
- Sec. 306(a)(14) Assurance is given that preference in receiving Title III services will not be given to any individual as a result of a contract or commercial relationship that is not to implement Title III.
- Sec. 306(a)(15) Provide assurances regarding use of funds
- Sec. 306(a)(16) Self Directed Care
- Sec. 306(a)(17)(a)(b)(c)(d)(e)(f) Emergency Preparedness, Waiver Request Due to Adequate Supply, State Agency May Enter Into Agreements to Administer Programs, Legal Assistance Privacy Requirements, and State Agency Withholding of Funds as a Result of Failure to Comply

The St. Charles Council on Aging, Inc. Area Agency on Aging agrees to adhere to the Assurances listed above in accordance with all rules and regulations specified under the Act, as amended, and are hereby submitted to the Governor's Office of Elderly Affairs.


AREA AGENCY DIRECTOR

10/18/18
DATE

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging.


CHAIRPERSON, ADVISORY COUNCIL

10/17/18
DATE

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.


CHAIRPERSON, BOARD OF DIRECTORS

10/18/18
DATE

FORM HHS 690 (Assurance of Compliance)

Section 17

VERIFICATION OF INTENT

St. Charles Council on Aging, Inc. Area Agency on Aging

This Area Plan on Aging for the period July 1, 2019, through June 30, 2023 includes all assurances and provisions required by the 2000 Older Americans Act Amendments (the Act).

The Area Agency on Aging identified will assume full authority to develop and administer the Area Plan in accordance with all requirements of the Act and related State policy. In accepting this authority the area agency agrees to be the leader relative to all aging issues on behalf of all older persons in the planning and service area (PSA). This means that the area agency shall proactively carry out, under the leadership of the Governor's Office of Elderly Affairs, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development and enhancement of a comprehensive and coordinated community based system to serve each community in the PSA. This system shall be designed to assist older persons in leading independent, meaningful lives in their own homes and communities as long as possible.

CERTIFICATION

This Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act, as amended, and is hereby submitted to the Governor's Office of Elderly Affairs for approval.



AREA AGENCY DIRECTOR

10/18/18

DATE

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging.



CHAIRPERSON, ADVISORY COUNCIL

10/17/18

DATE

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.



CHAIRPERSON, BOARD OF DIRECTORS

10/18/18

DATE

Section 18

Needs Assessment Surveys and Tally Forms COMMUNITY AGENCY NEEDS ASSESSMENT

St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

* Required

1.
Name *

2.
Address *

3.
Daytime Phone Number *

4.
What services does your agency provide to persons over 60 years of age or older? *

5.
**On average, how many older persons does your
agency serve per year? ***

6.
Of that number, approximately what percentage is: *
_____ % low-income _____ % minority _____ % rural-residing

https://docs.google.com/forms/d/10wSVTdGaok9XVd4OdT5nY_J4ompLYN_cyjl94J0diFA/printform

7.

Are you able to serve all older persons who request assistance from you?

Mark only one oval

☐ Yes

☐ NO

8.

List any services that you provide that are needed in greater supply.*

9.

Are there any area of the parish and for region that you cannot reach with your services?*

Mark only one oval

☐ Yes

☐ No

10.

If yes, please give details

11.

Are you aware of the services provided by St. Charles Council on Aging, Inc.?

Mark only one oval

☐ Yes

☐ No

12.

List any services you would find valuable that the Area Agency on Aging does not currently offer.*

13. **Would you like the Council on Aging to contact you about services available for senior adults and their caregivers?**
Mark only one oval.
- ☐ Yes
- ☐ No

Please tell us how essential each of the following services are for helping older persons and those with disabilities in your region.

14. **Personal Care (help bathing, dressing, eating meals, taking medicine, etc.) ***
Mark only one oval.
- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

15. **Companion / Sitter ***
Mark only one oval.
- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

16. **Adult Day Services (all day supervision and help in a community setting) ***
Mark only one oval.
- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

17. **Homemaker / Housework Services ***
Mark only one oval.
- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

18.

Respite Care (personal care provided to individuals to give caregiver a break) *

Mark only one oval

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

19.

Emergency Call System (Lifeline) *

Mark only one oval

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

20.

Telephone Reassurance (contacting frail persons by telephone regularly) *

Mark only one oval

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

21.

Home Delivered Meals *

Mark only one oval

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

22.

Home health / nurses and nurses aide *

Mark only one oval

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

23.

Help with purchasing medications *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

24.

Dental Care / Dentures *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

25.

Minor home renovations / repairs *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

26.

Yard Work *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

27.

Energy Assistance *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

28.

Public Senior Housing *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

29.

Rental Subsidy *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

30.

Assistance with completing Medicare and insurance forms *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

31.

Assistance with applying for benefits and programs *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

32.

Transportation (grocery store, doctor's office, pharmacy, or other errands) *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

33.

Transportation to the Senior Center *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

34.

Learning computer basics *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

35.

Learning to read / write *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

36.

Recreation (exercise, dancing, crafts, etc.) *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

37.

Day trips to museums, historical sites, etc. *

Mark only one oval.

- ☐ Very much
- ☐ Quite a bit
- ☐ A little bit
- ☐ Not at all

38.

Legal Assistance and representation (wills, power of attorney, etc.) *

Mark only one oval

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

39.

Crime issues, scams, fraud, personal safety education *

Mark only one oval

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

40.

Information and assistance and outreach visits to the homes of seniors *

Mark only one oval

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

41.

Congregate meals at a community center *

Mark only one oval

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

42.

Health screenings (blood pressure checks, diabetes monitoring, etc.) *

Mark only one oval

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

43.

Support groups for issues such as grief, loss, or caregiving *

Mark only one oval.

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

44.

Information on health issues and new medications *

Mark only one oval.

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

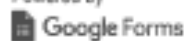
45.

Counseling (depression, coping with loss, etc.) *

Mark only one oval.

- ☐ Very much
☐ Quite a bit
☐ A little bit
☐ Not at all

Powered by



COMMUNITY AGENCY NEEDS ASSESSMENT TALLY

St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

8 responses

Name

8 responses

Michelle
Jackson Higgins

Joan
Diaz

Lizaso
LeJeune

Bateman
Community Living, LLC

Leslie
Allen

Wendi
Dufrene

Leslie
Keen

Laura
Tuggle

Address

8 responses

528
5th Street
14964
River Road, New Sarpy, LA

3117
7th St., Suite 100, Metairie, LA 70002

1845
Beaumont Drive, Baton Rouge, La. 70805

1912
Ballard Ave., Metairie, LA 70002

PO
Box 94214, Baton Rouge, LA 70802

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St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

3838
N. Causeway Blvd. #2200
1340
Poydras St. Ste 800 New Orleans La 70112

Daytime Phone Number

Responses:

5046874487
905-754-7144
3377043228
225-934-3004
985-932-1149
225-219-7731
504-6818255
5045291080

What services does your agency provide to persons over 60 years of age or older?

Responses:

Volunteer
opportunity
safety
rent programs/ emergency assistance with utilities, food bank
Examination
of the ear, hearing test and hearing aids
Elderly
Nutrition Food Program
Nutrition
education, nutrition assessment (non-council on aging persons)
Medicare
counseling
Health
Insurance
Counsel
Legal Services

On average, how many older persons does your agency serve per year?

Responses:

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St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

600
volunteers

375

Over
3000

600,000

425

70,000

62,831

25000

Of that number, approximately what percentage is:

8 responses

Unsure

80%
low income ; 90% minority; 50% rural

20%
- We do not keep record of race - 20%

Unknown

7
60-75

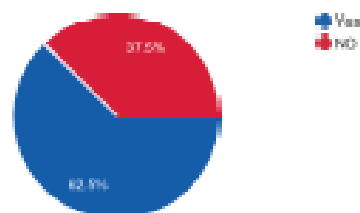
90%
low income; 30% minority; 50% rural - residing

Low
income is 30.9% Minority is 42% but 38% are African American the remaining 4%,
and all others 4.6% reside in rural areas

95%
85% 30%

Are you able to serve all older persons who request assistance from you?

8 responses



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St. Charles Council on Aging, Inc. Community Agency Needs Assessment Survey

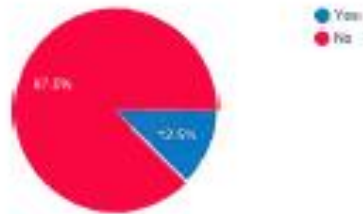
List any services that you provide that are needed in greater supply.

8 responses

- None
- Housing resources specific for seniors
- Provide Free Hearing Test in areas where we do not have an office
- Frozen Meals Home Delivered
- Better assessment of homebound
- assistance completing applications for premium assistance, P.d counseling & enrollment
- Plan members receive health benefits, fitness benefits, vision and dental benefits.
- More Assistance for Civil Legal Services for Low Income People

Are there any area of the parish and /or region that you cannot reach with your services?

8 responses



If yes, please give details

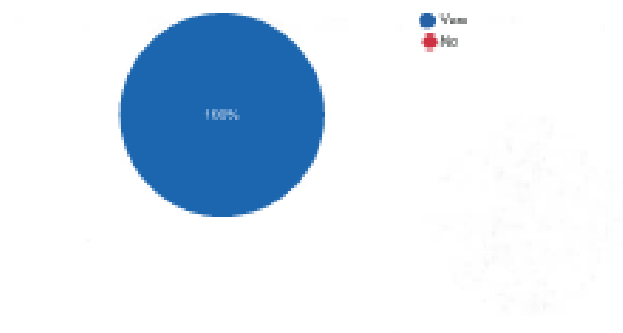
2 responses

- There may be areas I am not familiar with
- Depends on the plan eligibility Peoples Health has a dual-eligible plan throughout the state of Louisiana. The Advantage Plan is available in 32 parishes in the southern region of the state.

Are you aware of the services provided by St. Charles Council on Aging, Inc.

8 responses

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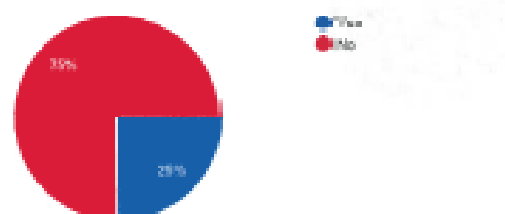
List any services you would find valuable that the Area Agency on Aging does not currently offer.

8 responses

- More of current
- expand in home supports
- n/a
- Expand Frozen Meals deliveries to Home-bound seniors
- N/S
- Medicare counseling
- The ADRC, homemakers, meals, and other resources and references to assist the aging population.
- More people to be served for services currently offered

Would you like the Council on Aging to contact you about services available for senior adults and the disabled?

8 responses

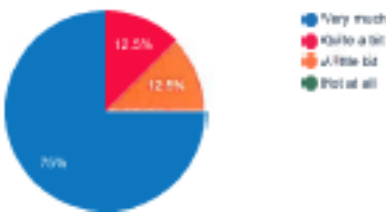


Please tell us how essential each of the following services are for helping older persons and those with disabilities in your region.

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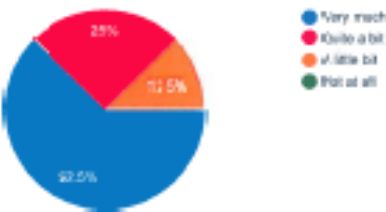
Personal Care (help bathing, dressing, eating meals, taking medicine, etc.)

8 responses



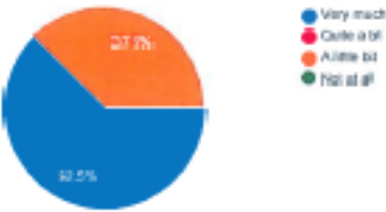
Companion / Sitter

8 responses



Adult Day Services (all day supervision and help in a community setting)

8 responses

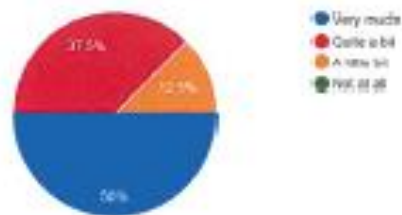


Homemaker / Housework Services

8 responses

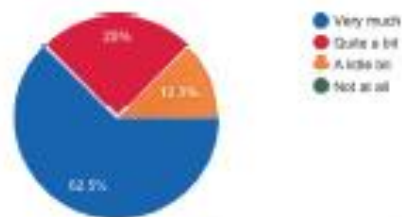
Respite Care (personal care provided to individuals to give caregiver a break)

8 responses



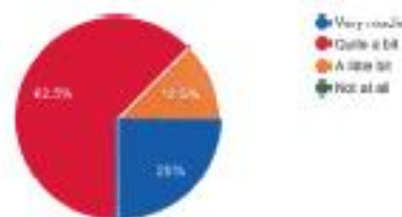
Emergency Call System (Lifeline)

8 responses



Telephone Reassurance (contacting frail persons by telephone regularly)

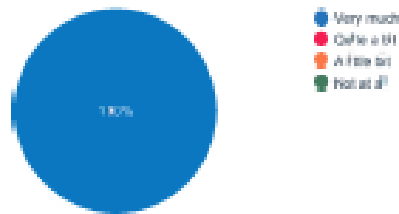
8 responses



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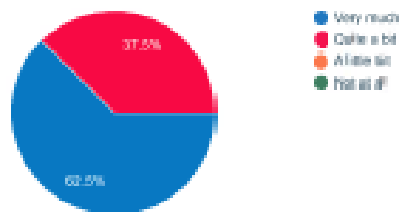
Home Delivered Meals

8 responses



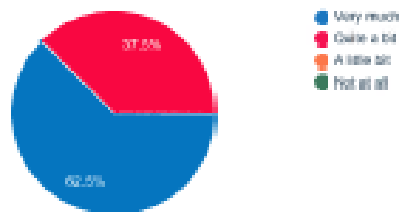
Home health / nurses and nurses aide

8 responses



Help with purchasing medications

8 responses



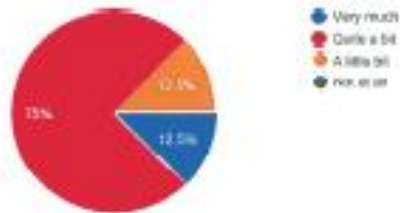
Dental Care / Dentures

8 responses

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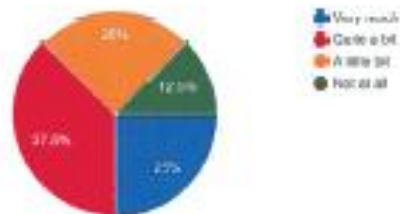
Minor home renovations / repairs

8 responses



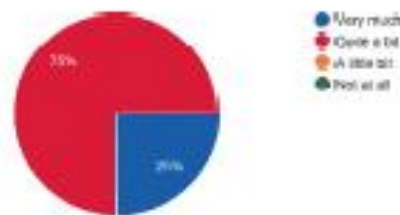
Yard Work

8 responses



Energy Assistance

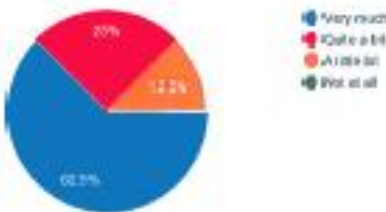
8 responses



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Public Senior Housing

8 responses



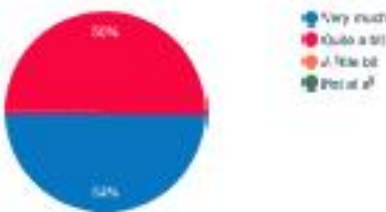
Rental Subsidy

8 responses



Assistance with completing Medicare and insurance forms

10 responses

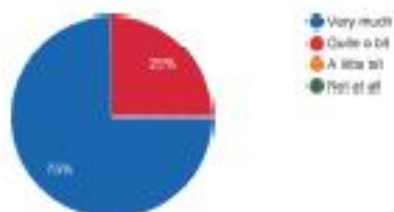


Assistance with applying for benefits and programs

8 responses

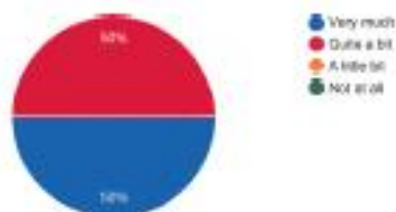
Transportation (grocery store, doctor's office, pharmacy, or other errands)

8 responses



Transportation to the Senior Center

8 responses



Learning computer basics

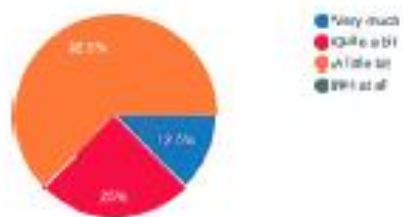
8 responses



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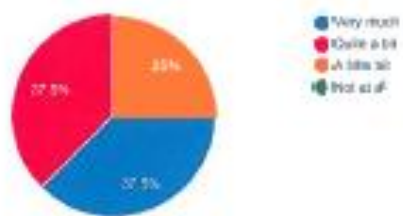
Learning to read / write

8 responses



Recreation (exercise, dancing, crafts, etc.)

8 responses



Day trips to museums, historical sites, etc.

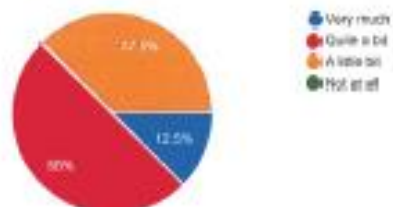
8 responses



c.)

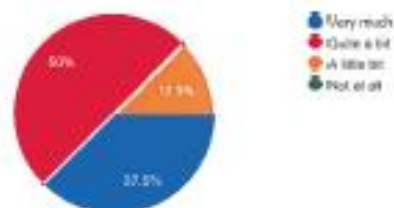
Crime issues, scams, fraud, personal safety education

8 responses



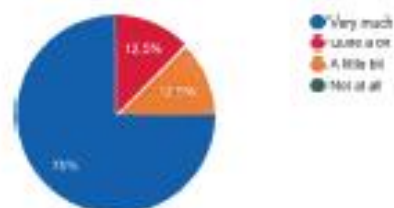
Information and assistance and outreach visits to the homes of seniors

8 responses



Congregate meals at a community center

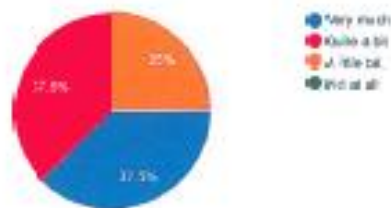
8 responses



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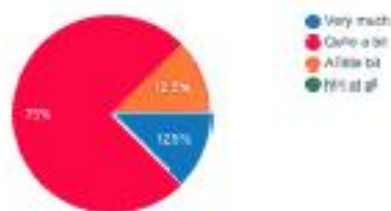
Health screenings (blood pressure checks, diabetes monitoring, etc.)

8 responses



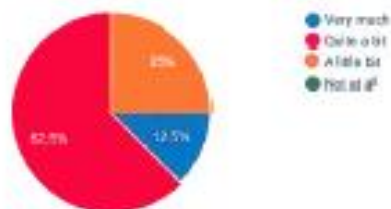
Support groups for issues such as grief, loss, or caregiving

8 responses



Information on health issues and new medications

8 responses



Counseling (depression, coping with loss, etc.)

8 responses

LOUISIANA SENIOR NEEDS ASSESSMENT

Name _____ Address _____

Daytime Phone Number _____

As you answer, mark a ☒ in the box that corresponds to your response.
Please return the survey by July 31, 2018 in the postage-paid envelope provided. Thank you.

1. Please mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> I am answering for myself | <input type="checkbox"/> I am answering for someone I care for |
| <input type="checkbox"/> I am helping someone I care for answer | <input type="checkbox"/> I am over 55 years old |
| <input type="checkbox"/> I am disabled | <input type="checkbox"/> I am a caregiver |

2. Do you receive services from the Council on Aging (COA) or Aging and Disability Resource Center (ADRC) in your area? ☐ Yes ☐ No

3. How important are the following to help keep you where you are right now?		Very Much	A little bit	Not At All
a.	Knowing what services are available and how to get them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Information or help applying for health insurance or prescription coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Transportation to the Senior Center, store, doctor's office, pharmacy, or other errands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Learning to read/write, computer basics, or other classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Having a meal with my friends or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Taking part in fun activities (such as crafts, music, games) with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Getting the exercise that is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Exercising, dancing, walking classes or groups with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Having someone to talk to when I feel lonely. (Telephone Reassurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Information on how to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Having someone bring a meal to my home every day (Home delivered Meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Help keeping my home clean. (Homemaker/Housework Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Respite Care (personal care provided to individuals to give caregiver a break)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Information on health issues and new medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Having someone help me with my prescription medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Keeping warm or cool as the weather changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Preventing falls and other accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Help making choices about future medical care and end of life decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Someone to protect my rights, safety, property or dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Someone to call when I feel threatened or taken advantage of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Modifications to my home so that I can get around safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	A senior center that is close to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	Help with health problems and alcohol/drugs/smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.	Home health/nurses and nurses aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	Dental Care (Dentures), Eye Care (eyeglasses), Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	Rental Assistance and/or Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb.	Low interest loans or grants to renovate or purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc.	Assistance with public senior housing and/or assisted living facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd.	Assistance with writing checks, bill payments, and budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee.	Assistance with completing Medicare & Insurance forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff.	Assistance with applying for benefits and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a medical (physical, mental, or emotional) condition that (mark all that apply)				
<input type="checkbox"/>	Limits your ability to dress, bathe, or get around inside your home	<input type="checkbox"/>	Makes it difficult to see or hear	
<input type="checkbox"/>	Makes it difficult to walk, climb stairs, reach, lift or carry things	<input type="checkbox"/>	Makes it hard to go outside alone	
<input type="checkbox"/>	That has made it difficult for you to work at a job or business	<input type="checkbox"/>	None of these	

5. How much do you need help paying for the following:		Very Much	A little bit	Not At All	
a. Utilities or an unexpected bill		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Dental Care and/or Dentures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Hearing Exam and/or Hearing Aids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Paying for an Eye Exam and/or eyeglasses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Health insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Help paying for healthy food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Medical Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Prescriptions or prescription drug coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Please tell us about yourself (If you are a caregiver, answer about the person you care for).					
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Race <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other (specify): _____ Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner	What parish do you live in? _____ Education <input type="checkbox"/> Less than high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College or Associates degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Advanced/Graduate degree What is your monthly household income? <input type="checkbox"/> Less than \$695 <input type="checkbox"/> \$696-\$937 <input type="checkbox"/> \$938-\$1,178 <input type="checkbox"/> \$1,179-\$1,420 <input type="checkbox"/> \$1,421-\$2,000 <input type="checkbox"/> \$2,001-\$2,500 <input type="checkbox"/> More than \$2,501 How many people are supported by this income? One Two Three Four or More <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	What year were you born? 19____			
7. CAREGIVER: Please answer if you are responsible for the care of one or more persons who are over 60, have a disability, or a minor (under 18).		Agree	Disagree		
a. I need help paying for services the person I care for needs.		<input type="checkbox"/>	<input type="checkbox"/>		
b. I need help locating services for the person I care for		<input type="checkbox"/>	<input type="checkbox"/>		
c. I would like training on caring for someone at home		<input type="checkbox"/>	<input type="checkbox"/>		
d. I need somewhere for the person I care for to be during the day		<input type="checkbox"/>	<input type="checkbox"/>		
e. I sometimes need temporary relief from my caregiver duties (respite)		<input type="checkbox"/>	<input type="checkbox"/>		
f. Of the persons you care for, how many are:		None	One	Two	3 or More
Over 60 years old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both elderly and disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 18 years old		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional: Would you like the Area Agency to contact you about services available for senior adults and their caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No					

LOUISIANA SENIOR NEEDS ASSESSMENT TALLY									
160		# of Responses							
1. Of surveys returned, how many marked:									
130		I am answering for myself							
16		I am answering for someone I care for							
16		I am helping someone I care for answer							
96		I am over 55 years old							
34		I am disabled							
19		I am a caregiver							
2. How many respondents receive services from the AAA/COA or ADRG?									
115	Yes							No	16
3. How many respondents marked each?									
			VERY		A LITTLE	NOT AT ALL			
a.	Knowing what services are available and how to get them	116			26	9			
b.	Information or help applying for health insurance or prescription coverage	54			19	65			
c.	Transportation to the Senior Center, store, doctor's office, pharmacy, or errands.	61			26	53			
d.	Learning to read/write, computer basics, or other classes	18			22	96			
e.	Having a meal with my friends or others like me	57			29	55			
f.	Taking part in fun activities (such as crafts, music, games) with others like me	45			21	73			
g.	Getting the exercise that is good for me	53			37	48			
h.	Exercising, dancing, walking classes or groups with others like me	29			28	81			
i.	Having someone to talk to when I feel lonely. (Telephone Reassurance)	51			28	60			
j.	Information on how to eat healthy	52			35	53			
k.	Having someone bring a meal to my home every day (Home delivered Meals)	101			3	42			
l.	Help keeping my home clean. (Homemaker/Housework Services)	52			25	65			
m.	Respite Care (personal care provided to individuals to give caregiver a break)	34			16	80			
n.	Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)	37			16	89			
o.	Information on health issues and new medications	44			27	68			
p.	Having someone help me with my prescription medicine	29			15	89			
q.	Keeping warm or cool as the weather changes	59			15	67			
r.	Preventing falls and other accidents	64			32	45			
s.	Help making choices about future medical care and end of life decisions	43			30	65			
t.	Someone to protect my rights, safety, property or dignity	58			19	63			
u.	Someone to call when I feel threatened or taken advantage of	60			17	61			
v.	Modifications to my home so that I can get around safely	41			24	70			
w.	A senior center that is close to my home	58			24	57			
x.	Help with health problems and alcohol/drugs/smoking cessation	22			7	108			
y.	Home health/nurses and nurse aide	36			19	77			
z.	Dental Care (Dentures), Eye Care (eyeglasses), Hearing Aid	66			22	55			
aa.	Rental Assistance and/or Energy Assistance	38			13	90			
bb.	Low interest loans or grants to renovate or purchase a home	24			8	109			
cc.	Assistance with writing checks, bill payments, and budgeting	17			7	115			
dd.	Assistance with completing Medicare & Insurance forms	18			9	113			
ee.	Assistance with applying for benefits and programs	20			15	102			
ff.	Assistance with applying for benefits and programs	41			23	75			
4. How many respondents marked: have a medical (physical/mental/emotional) condition that									
45	Limits your ability to dress, bathe, or get around inside your home								
86	Makes it difficult to walk, climb stairs, reach, lift or carry things								
58	that has made it difficult for you to work at a job or business								
38	Makes it difficult to see or hear								
44	Makes it hard to go outside alone								
50	None of these								
5. How much do you need help paying for the following:									
			VERY		A LITTLE	NOT AT ALL			
a.	Utilities or an unexpected bill	33			21	80			
b.	Dental Care and/or Dentures	37			17	78			
c.	Hearing Exam and/or Hearing Aids	22			14	93			
d.	Paying for an Eye Exam and/or eyeglasses	26			19	86			
e.	Health insurance	13			17	98			
f.	Help paying for healthy food	23			24	84			
g.	Medical Care	24			21	85			
h.	Prescriptions or prescription drug coverage	26			21	85			
7. CAREGIVER: Show how many respondents replied for each									
				Agree	Disagree				
a.	I need help paying for services the person I care for needs.			16	25				
b.	I need help locating services for the person I care for			7	30				
c.	I would like training on caring for someone at home			5	32				
d.	I need somewhere for the person I care for to be during the			8	31				
e.	I sometimes need temporary relief from my caregiver duties			22	21				
f. Of the persons you care for, how many are:									
	Over 60 years old	5	None	One	Two	3+			
	Has a disability	9		13	5	2			
	Both elderly and disabled	7		19	4	1			
	Child under 18 years old	12		0	1	2			