



**Request for Fiscal Year 2012
Community Development Block Grant
(CDBG) Funds**

*In 2011, the City of Lakewood will receive
\$2,017,897 in CDBG funding*

PART I – GENERAL INFORMATION

AGENCY:	Lakewood Department of Human Services, Division of Aging
ADDRESS:	16024 Madison Avenue Lakewood Ohio 44107
TELEPHONE (DAY):	(216) 521-1515
CONTACT PERSON:	Yasenska Goverdovski
TITLE:	Clinical Manager
Email address:	yasenska.goverdovski@lakewoodoh.net
PROJECT/ACTIVITY NAME:	Outreach and Case Management Services for Older Adults
GRANT REQUEST AMOUNT:	\$ 35,385.27

NATIONAL OBJECTIVE MET BY THIS ACTIVITY:

- LIMITED CLIENTELE (SERVE ONLY LOW- AND MODERATE INCOME INDIVIDUALS)
- AREA BENEFIT (OPERATE ONLY IN ELGIBLE LOW- AND MODERATE INCOME AREAS- MAP AVAILABLE UPON REQUEST)
- HOUSING UNITS (SERVE ONLY HOUSING UNITS OCCUPIED BY LOW- AND MODERATE INCOME HOUSEHOLDS)
- CREATES LOW- AND MODERATE INCOME JOB OPPORTUNITIES
- PREVENT SLUM & BLIGHT- AREA
- PREVENT SLUM & BLIGHT- SPOT
- OTHER- PLEASE DESCRIBE

AND

MY ACTIVITY IS A:

- PUBLIC SERVICE (CDBG FUNDS POSITIONS AND SIMILAR TO SERVE THE PUBLIC)
- PUBLIC FACILITY (CDBG FUNDS USED TO IMPROVE STREET, PUBLIC BUILDING, PUBLIC SPACE, ETC. CONDITIONS)
- HOUSING PROGRAM (CDBG FUNDS FOR IMPROVEMENTS TO HOUSING UNITS)
- BUSINESS OR ECONOMIC DEVELOPMENT ACTIVITY
- OTHER- PLEASE DESCRIBE

PROGRAMS MUST MEET A NATIONAL OBJECTIVE AND BE AN ELIGIBLE ACTIVITY IN ORDER TO BE FUNDED THROUGH CDBG. TECHNICAL ASSISTANCE AVAILABLE THROUGH PLANNING & DEVELOPMENT AND AT MEETING ON JUNE 28, 2011 3-5 PM IN AUDITORIUM.

**HUD DESIGNATED PERFORMANCE MEASURE FOR ACTIVITY
(MUST CHECK AT LEAST ONE OPTION)**

- CREATE SUITABLE LIVING ENVIRONMENTS
- PROVIDE DECENT AFFORDABLE HOUSING
- CREATE ECONOMIC OPPORTUNITIES

**HUD DESIGNATED PERFORMANCE OUTCOME FOR ACTIVITY
(MUST CHECK AT LEAST ONE OPTION)**

- AVAILABILITY/ACCESSIBILITY
- AFFORDABILITY
- SUSTAINABILITY

PART II – PROJECT DESCRIPTION

Please attach a separate sheet of paper with the answers to Part II, questions (1.) and (2.) **Limit your narrative to no more than one (1) page for each question.**

1. PROBLEM / NEED IDENTIFICATION **SEE ATTACHED**

BRIEFLY DESCRIBE THE SPECIFIC COMMUNITY DEVELOPMENT PROBLEM OR NEED ADDRESSED BY THE PROGRAM. DESCRIBE HOW THE PROBLEM OR NEED INVOLVES LOW- AND MODERATE-INCOME RESIDENTS IN LAKEWOOD, OR HOW IDENTIFIED CONDITIONS COULD LEAD TO PHYSICAL BLIGHT IN THE COMMUNITY. USE OF DATA OR STATISTICS IN THE DESCRIPTION IS STRONGLY ENCOURAGED. EXPLAIN ANY PREVIOUS ACTIONS TAKEN TO ADDRESS THIS NEED.

2. STRATEGY STATEMENT **SEE ATTACHED**

DESCRIBE HOW THIS REQUEST FOR FUNDS WILL ADDRESS THE PROBLEM OR NEED IDENTIFIED ABOVE. THIS SECTION SHOULD SPECIFICALLY DESCRIBE AND QUANTIFY THE SERVICES TO BE PROVIDED, OR THE PROJECT TO BE UNDERTAKEN WITH THE REQUESTED CDBG FUNDING. INCLUDE AN OBJECTIVE THAT IS A SPECIFIC, MEASURABLE OUTCOME TO BE ACHIEVED IF THE REQUEST FOR FUNDS IS APPROVED AND THE PROJECT COMPLETED (E.G. TO RECONSTRUCT 500 LINEAR FEET OF SIDEWALK FOR 50 UNITS OF HOUSING IN A LOW/MODERATE INCOME NEIGHBORHOOD.)

3. PROJECT AREA (city-wide, or identify census tract, neighborhood street boundaries, or street address where project is to take place): City of Lakewood

PART III – ANTICIPATED BENEFITS

1. WHAT IS THE TARGET POPULATION? (E.g. elderly, disabled, abused children, etc.)
Elderly residents 60 years of age and older with a special focus on those over 75 years of age and limited English speaking residents.

2. PLEASE COMPLETE THE SECTION OF THE FOLLOWING TABLE THAT IS RELEVANT TO YOUR TYPE OF PROGRAM. THE NUMBER IN THE "LOW-MOD BENEFIT" COLUMN MAY BE THE SAME AS THAT IN THE "OVERALL BENEFIT" COLUMN.

FISCAL YEAR 2012			
Type of Program	A. Overall Benefit	B. Low-Mod Benefit (See Attachment II, "Income Guidelines")	C. % Low-Mod Benefit (B. / A.)
Public Service	Total number of Lakewood residents to be served: <u>300</u>	Total number of Lakewood residents of low/moderate income to be served: <u>300</u>	<u>100</u> %
Economic Development	Total number of Lakewood businesses to be served: _____	Total number of jobs to be created for low/moderate income people: _____	_____ %
Housing (includes rehab, new construction, or code inspection):	Total number of Lakewood housing units to be served: _____	Total number of Lakewood housing units occupied by low-moderate households to be served: _____	_____ %
Infrastructure/ Public Facilities	Total number of housing units to benefit directly from the project: _____		

3. IF THIS IS AN EXISTING PROGRAM, PROVIDE AN UNDUPLICATED COUNT OF THE NUMBER SERVED PER YEAR DURING. PLEASE INDICATE IF YOU ARE COUNTING UNITS, HOUSEHOLDS OR INDIVIDUALS:
 FISCAL YEAR 2010: 278 Individuals FISCAL YEAR 2011: 267 Individuals YTD June 2012
4. IF A SOCIAL SERVICE, PERCENTAGE OF PROGRAM'S LAKEWOOD CLIENTS TO TOTAL NUMBER OF PROGRAM CLIENTS: 100%
5. ANTICIPATED PERCENTAGE INCREASE IN THE NUMBER SERVED BY THE PROGRAM DURING FISCAL YEAR 2012: 0%
6. ON WHAT BASIS DO YOU ANTICIPATE AN INCREASE?
N/A
7. IS THERE ANY OTHER AGENCY SERVING LAKEWOOD RESIDENTS WITH A SIMILAR PROGRAM?
 No Yes (if yes, please list the agency and program.) _____

8. DOES THE AGENCY HAVE PROCESSES IN PLACE FOR SERVING BENEFICIARIES WHO DO NOT SPEAK ENGLISH? No Yes (If yes, please describe)
The Lakewood Division of Aging has a multilingual staff member who can translate in Croatian and Serbian. When necessary the International Service Center (ISC) 1836 Euclid Avenue (216) 781-4560 is used for translation purposes
9. TO WHICH SET OF INCOME ELIGIBILITY GUIDELINES DOES THE AGENCY TYPICALLY ADHERE IN THE ADMINISTRATION OF THIS PROGRAM [E.G. HUD PROGRAM LOW- AND MODERATE-INCOME GUIDELINES; HOUSING CHOICE VOUCHER PROGRAM (FORMERLY "SECTION 8"); FEDERAL HHS POVERTY GUIDELINES; ETC.]: HUD INCOME GUIDELINES
10. PLEASE LIST THE CLIENT ELIGIBILITY CRITERIA OF THE PROGRAM.
- A. Lakewood residents 60 years and older with extremely low, low or low-moderate income levels requesting services and/or information regarding services.
 - B. Lakewood residents 60 years and older with extremely low, low or low-moderate income levels requiring case management services based upon the functional assessment findings.
 - C. Older adults with limited English speaking skills in need of case management.
 - D. Caregivers in need of assistance and resources when caring for an older person.
 - E. caregivers 60 years of age and older in need of assistance and resources when caring for dependent children.

DESCRIBE THE POTENTIAL SPIN-OFF BENEFITS TO THE COMMUNITY IF THIS PROJECT IS FUNDED:
Many of the individuals participating in this program are life-long Lakewood residents who would prefer to stay in their homes as long as possible before exploring other living alternatives. This is made possible in part through case management and service coordination that connects them to the resources necessary to support successful aging-in-place. The far-reaching benefit is that community-based services can be more cost effective than nursing home placement which is a saving to the individual and to government and non-government organizations that compensate long term institutional care.

PART IV – PROJECT TIMELINE AND BENCHMARKS

1. WHAT IS THE PROJECT'S CURRENT STATUS?
- Existing program that is underway
 - New program that is ready for implementation
 - New program that is currently in the planning phase
2. WHEN WILL THIS PROJECT'S PROGRAM YEAR BEGIN? Jan. 2012 END? Dec. 2012

3. INDICATE BELOW THE AMOUNT OF CDBG FUNDS TO BE SPENT EACH QUARTER, BEGINNING JANUARY 1, 2012 AND ENDING DECEMBER 31, 2012.

2012 Jan., Feb. and March	2012 Apr., May and June	2012 July, Aug. and Sept.	2012 Oct., Nov., and Dec.
\$ 7,871.48	\$ 7,871.48	\$ 7,871.48	\$ 7,871.48

4. PROVIDE A WORK SCHEDULE IN THE SPACE BELOW THAT INDICATES A PROJECTED MILESTONE AND DEADLINE FOR ACCOMPLISHMENT OF TASKS OR THE DELIVERY OF SERVICES. (E.G. THE SCHEDULE FOR A PUBLIC SERVICE ACTIVITY MAY SPECIFY DELIVERY OF A CERTAIN NUMBER OF STAFF HOURS PER QUARTER, OR DELIVERY OF SERVICES TO A CERTAIN NUMBER OF CLIENTS PER QUARTER.)

MILESTONE	DEADLINE
75 Unduplicated Clients	Quarterly
100 hours of service	Quarterly

PART V – FINANCIAL SUMMARY

1. IF THIS PROJECT INCLUDES PHYSICAL IMPROVEMENT(S), WHAT IS THE LIFE EXPECTANCY OF THE IMPROVEMENT(S)?
N/A
2. DOES THIS PROJECT PRODUCE PROGRAM INCOME (I.E. REVENUES)?
 No Yes (If yes, what is the estimated income to be produced and according to what schedule?): _____
3. PLEASE IDENTIFY THE PRIMARY STAFF MEMBERS WHO WILL BE INVOLVED IN THE ADMINISTRATION OF THE PROGRAM. IDENTIFY IF POSITION IS TO BE NEWLY HIRED IN THE "SUMMARY" SECTION OF THE TABLE.

TITLE	TYPE OF POSITION	AMOUNT OF TIME DEVOTED TO PROGRAM	BRIEF SUMMARY OF RESPONSIBILITIES
Clinical Manager	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time	Supervisory capacity; psychosocial assessment; service coordination; case management
Human Services Case Manager	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time	Social services; psychosocial assessment; service coordination; case management
Senior Center Manager	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input checked="" type="checkbox"/> part-time	Outreach; Communication
Staff Assistant	<input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> volunteer	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	Data entry and reporting; record maintenance

4. SOURCE OF FUNDS FOR PROJECT:

Complete this budget for the activity for which you are requesting funds only, not the entire agency or departmental budget, unless this is the only activity administered by your agency.

SOURCE OF FUNDS	COMMITTED		AMOUNT
	Yes	No	
APPLICANT AGENCY FUNDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$72,090.56
LAKEWOOD CDBG CARRY-FORWARD FUNDING FROM FY 2011	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
OTHER FEDERAL FUNDING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$21,049.00
STATE GOVT. FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
COUNTY GOVT. FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
PRIVATE SECTOR FUNDING (E.G. FOUNDATION)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$15,821.94
CLIENT FEES (ATTACH FEE SCHEDULE)	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00
OTHER: SERVICE COORDINATION	<input type="checkbox"/>	<input type="checkbox"/>	
LAKWOOD CDBG FY 2012 FUNDING REQUEST			\$35,385.27
TOTAL PROJECT BUDGET			\$144,346.77

5. ADDITIONAL FUNDING INFORMATION (Include all costs necessary to complete this activity, such as architectural fees, administration fees, and other necessary expenses.)

A. IF THIS REQUEST IS FOR NEW CONSTRUCTION, REHABILITATION, ACQUISITION OR EQUIPMENT, SUBMIT A COST ESTIMATE FROM AN UNRELATED THIRD PARTY. *IF CDBG FUNDS ARE USED FOR CONSTRUCTION OR REHABILITATION COSTS, THEN FEDERAL WAGE RATES ("DAVIS-BACON") MUST BE PAID. AGENCY MUST ALSO SUBSCRIBE TO REPORTING REQUIREMENTS OF THE CITY OF LAKEWOOD RELATED TO PAYMENT OF DAVIS BACON WAGE RATES. N/A*

B. SUBMIT OTHER FUNDING SOURCE COMMITMENT LETTERS TO SUPPORT BUDGET FIGURES ABOVE. **(SEE ATTACHED)**

C. WHEN WILL OTHER FUNDING COMMITMENTS BE AVAILABLE FOR USE IN THIS PROJECT? Lakewood Hospital and the Lakewood Division of Aging have an ongoing agreement for senior services that was established in 1993. The Western Reserve Area Agency on Aging's grant award spans January 1, 2011 through December 31, 2012. A new contract is signed for each fiscal year (FY). The next contract will be executed in December 2011 for FY 2012.

6. BREAKDOWN OF CDBG FUNDING:

Complete this budget table for CDBG funds request only. No indirect costs may be paid with CDBG funds without an approved indirect cost plan.

EXPENDITURE TYPE	DETAILED DESCRIPTION OF EXPENDITURE (ATTACH SHEET IF NECESSARY)	AMOUNT
SALARIES AND BENEFITS	<ul style="list-style-type: none"> ◆ Clinical Manager (25%): \$17,343.16 ◆ HS Case Manager (30%): \$18,042.11 	\$35,385.27
OPERATING COSTS (e.g. supplies, professional services, postage, materials, travel, etc.)		\$0.00
CAPITAL COSTS (e.g. land or building acquisition, construction, rehab, demolition, etc.)		\$0.00
OTHER		\$0.00
OTHER		\$0.00
TOTAL		\$35,385.27

7. THE REQUESTED AMOUNT OF CDBG FUNDING COMPRISES 11% OF THE TOTAL PROGRAM BUDGET.

8. TOTAL AGENCY BUDGET:

EXPENDITURE TYPE	AMOUNT
SALARIES AND BENEFITS	\$433,849.94
OPERATING COSTS (e.g. supplies, professional services, postage, materials, travel, etc.)	\$223,718.00
CAPITAL COSTS (e.g. land or building acquisition, construction, rehab, demolition, etc.)	\$0.00
OTHER (DESCRIBE:)	\$0.00
OTHER (DESCRIBE:)	\$0.00
TOTAL	\$657,567.94

PART VI – AGENCY INFORMATION

1. NON-PROFIT AGENCIES SHOULD SUBMIT ONE COPY OF EACH OF THE FOLLOWING DOCUMENTS:
 - A. ONE (1) COPY OF THE ORGANIZATION'S ARTICLES OF INCORPORATION
 - B. ONE (1) COPY OF THE ORGANIZATION'S IRS TAX EXEMPT STATUS DETERMINATION LETTER. ENTER TAX EXEMPT ID NUMBER HERE: _____
 - C. CURRENT LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS OR TRUSTEES, AND THEIR AFFILIATIONS.
 - D. ONE (1) COPY OF THE ORGANIZATION'S MOST RECENT ANNUAL REPORT.
 - E. ONE (1) COPY OF THE ORGANIZATION'S MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENT.
2. WHAT IS THE GEOGRAPHICAL AREA OF SERVICE FOR YOUR AGENCY? City of Lakewood
3. IS THE AGENCY LICENSED OR ACCREDITED? No Yes (If yes, by whom?)
4. DOES THE AGENCY FORMALLY EVALUATE AND MEASURE THE EFFECTIVENESS OF THIS PROGRAM? No Yes
Program measures include hours of service, unduplicated clients and client demographics which are documented by service providers and reported on a monthly basis. Program accomplishments are measured against the projected goals. The Clinical Manager reviews client intake assessments and progress notes for appropriateness of services provided.
5. HOW WILL THE AGENCY MODIFY THE PROGRAM IF FULL FUNDING IS NOT RECEIVED?
Should full funding not be received staff hours will be adjusted to the available funding level, which will directly influence the number of people served.
6. PLEASE EXPLAIN ANY SIGNIFICANT CHANGES IN AGENCY FUNDING SOURCES THAT HAVE OCCURRED IN THE LAST TWO (2) YEARS:
Western Reserve Area Agency on Aging denied funding for the Homemaker program, reducing revenues by \$20,957.
7. WHAT NEW APPROACHES ARE BEING DEVELOPED OR EXPLORED TO GENERATE NEW SOURCES OF FUNDS?
The Division of Aging works researches potential funding entities and engages the Lakewood Commission on Aging to assist with fund raising for specific programs and services. The Division has seven external public and private funding sources.
8. WHAT STEPS HAVE BEEN TAKEN IN THE PAST YEAR TO MAKE THE AGENCY MORE COST EFFECTIVE?
The Homemaker Program was discontinued June 1, 2011 resulting in the elimination of two staff positions.

PART VII

IF THIS REQUEST IS ACCEPTED FOR FUNDING, THE APPLICANT MUST BE WILLING TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND CITY REQUIREMENTS AND ENTER INTO A FUNDING AGREEMENT WITH THE CITY OF LAKEWOOD.

APPLICANT CERTIFIES THAT:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, DATA CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THIS APPLICATION HAS BEEN DULY AUTHORIZED BY THE APPLICANT'S APPROPRIATE BOARD OF TRUSTEES, BOARD OF DIRECTORS, OR CHIEF EXECUTIVE OFFICER.

SUBMITTED BY: YASENKA GOVERDOVSKI

SIGNATURE:

TITLE: CLINICAL MANAGER

DATE: JULY 18, 2011

SUBMIT:

- ONE UNSTAPLED ORIGINAL AND
- ONE ELECTRONIC COPY

OF APPLICATION AND ATTACHMENTS BY **NOON, MONDAY, July 18, 2011** TO:

EMMA PETRIE BARCELONA
DEVELOPMENT OFFICER
PLANNING & DEVELOPMENT DEPARTMENT
CITY OF LAKEWOOD
12650 DETROIT AVENUE
LAKEWOOD, OHIO 44107
(216) 529-7680
FAX: (216) 529-5907
EMMA.BARCELONA@LAKEWOODOH.NET

ATTACHMENT I
CHECKLIST FOR ENCLOSURES

- PART II, QUESTION 1 – PROBLEM NEED/IDENTIFICATION
- PART II, QUESTION 2 – STRATEGY STATEMENT
- PART V, 2 – PROGRAM INCOME SCHEDULE (IF APPLICABLE)
- PART V, 5A– CONSTRUCTION COST ESTIMATE (IF APPLICABLE)
- PART V, 5B – FUNDING SOURCE COMMITMENT LETTERS (IF APPLICABLE)
- ARTICLES OF INCORPORATION (IF APPLICABLE)
- IRS TAX EXEMPT STATUS DETERMINATION LETTER (IF APPLICABLE)
- LIST OF BOARD OF TRUSTEES (IF APPLICABLE)
- MOST RECENT ANNUAL REPORT (IF APPLICABLE)
- MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENT (IF APPLICABLE)

**ATTACHMENT II
LOW- AND MODERATE INCOME GUIDELINES**

Fiscal Year 2011 Income Limits			
Household Size	Moderate (80% of Metropolitan Area median)	Low (50% of Metropolitan Area median)	Extremely Low (30% of Metropolitan Area median)
1 person	\$35,200	\$22,000	\$13,200
2 person	\$40,200	\$25,150	\$15,100
3 person	\$45,250	\$28,300	\$17,000
4 person	\$50,250	\$31,400	\$18,850
5 person	\$54,300	\$33,950	\$20,400
6 person	\$58,300	\$36,450	\$21,900
7 person	\$62,350	\$38,950	\$23,400
8 person	\$66,350	\$41,450	\$24,900

Please note, income limits above apply to fiscal year 2011 programs, and are provided for example purposes only. Income limits for fiscal year 2012 may increase. The CDBG program's income limits as set by the U.S. Department of Housing and Urban Development each year.

DATA TO BE REPORTED FOR MOST PROGRAMS:

DATA ACCEPTED MONTHLY AND MUST BE RECEIVED IN ORDER TO PROCESS SAME MONTH INVOICES

- **NUMBER OF PEOPLE SERVED**
- **EXACT RACE OF EACH PERSON SERVED (INCLUDING MULTI-RACIAL VARIATIONS)**
- **HISPANIC OR NON-HISPANIC ETHNICITY OF EACH PERSON SERVED**
- **NUMBER OF FEMALE HEADED HOUSEHOLDS SERVED**
- **NUMBER OF PEOPLE SERVED IN EACH INCOME CATEGORY**
- **NUMBER OF PEOPLE WITH NEW OR CONTINUING ACCESS TO THE SERVICE OR BENEFIT**
- **NUMBER OF PEOPLE WITH IMPROVED ACCESS TO A SERVICE OR BENEFIT**
- **NUMBER OF PEOPLE WHO RECEIVE A SERVICE OF BENEFIT THAT IS NO LONGER SUBSTANDARD**
- **OTHER DATA AND INFORMATION AS NEEDED**

1. PROBLEM / NEED IDENTIFICATION

Mrs. D. contacted the Division of Aging for assistance with health insurance paperwork. A Community Social Worker (CSW) conducted a visit and discovered that Mrs. D's needs were much greater than she portrayed in her phone call. She is a 96 year old widow who lives alone in her own home and has one daughter who is permanently living in a nursing home. Although she has no other relatives, she does have supportive friends living in the area. Currently, Mrs. D. is recovering from minor surgery and is experiencing loss of appetite and decreased energy. The Community Social Worker not only assisted with her insurance information but also initiated home delivered meals, in-home personal care and housekeeping services and worked with Mrs. D's physician to clarify her medication. Mrs. D. now comes to the senior center weekly for congregate meals and socialization allowing personnel to regularly monitor her well-being.

In comparing the 2000 and 2010 US Census results, the percent of Lakewood's population age 60 years and older increased by four percent. According to the Division of Aging 2010 annual report to Western Reserve Area Agency on Aging, 90% of the seniors involved in programs funded through the Older American's Act (OOA), including nutrition, transportation and social work services, were 75 years of age or older. Increasing age often is accompanied by more critical health and lifestyle issues that contribute to the need for assistance in older adults. Some of these issues include but are not limited to:

Changes in Physical and Mental Functioning:

Many people experience a reduction in sensory acuity, general health and energy levels when they reach their seventies, eighties and nineties. Advancing age is the number one risk factor for developing Alzheimer's disease. Approximately one out of eight people over the age of 65 has dementia, and almost one out of every two people over the age of 85 has dementia. Multiple health problems, frequent hospitalizations with early discharges, reliance on multiple medications and general fatigue contribute to changes in functioning levels. These factors usually impede the person's ability to carry out activities of daily living, including maintenance of residence, handling personal and financial matters and driving.

Living Alone:

The American Community Survey (2005-2009) report showed that 9.7% of all households in Lakewood were comprised of residents 65 years of age and older who lived alone. According to the 2010 Division of Aging OOA Supportive Services annual report, 60% of Lakewood residents served, all 60 years of age and older, live alone. Living alone can sometimes lead to isolation putting the older person at risk for early dementia and poor quality of life. Increasing socialization through senior center services and activities can reduce the risk of isolation.

Abuse and/or Domestic Violence:

There is no single cause for abuse later in life. It may consist of neglect either by self or others, financial exploitation, physical and psychological mistreatment, or sexual assault. The risk factors for elder abuse include age, race, low-income status, functional or cognitive impairment, history of family violence, cultural differences and recent stressful events.

Income Status:

Income status contributes to an older person's vulnerability when needs such as medications, home maintenance, health care and nutrition are compromised due to an inability to cover costs. In 2010, 70% of OOA program clients were classified as living in poverty and 43% of CDBG program clients were extremely low income. While income alone is not a negative factor, when coupled with other life changes it can impact an older person's ability to meet daily needs for independent and quality living.

2. STRATEGY STATEMENT

Comprehensive coordinated care systems are essential to personal safety and quality of life for vulnerable older adults. The Lakewood Department of Human Services, Division of Aging supports older adults by providing services and resources that assist them in maintaining functional abilities and remaining in the community for as long as possible. The Division's aging service network is strengthened through agreements with four senior apartment buildings in Lakewood to hire and supervise a Social Worker-Service Coordinator in each of the buildings. The two community-based Social Workers and the Service Coordinators maintain a high level of knowledge regarding senior resident issues and the experience and resources to meet those needs.

Community Outreach:

The program goal is to improve communication through a variety of methods to educate and inform people about aging issues and available services. Communication needs to be ongoing in order to introduce residents to services before they find themselves in a crisis situation. Programs addressing identity theft, telephone safety, health concerns, driving performance, health insurance and a host of other senior issues will be scheduled at the senior centers. The *Commission Chronicle* newsletter, having a distribution of 2,000 newsletters, will continue to feature service information. In addition, the monthly calendar (600 copies per month) will feature special topics and various reminders including information about Medicare and health insurance. These two documents are also on the City's website, another medium to inform and reach out to residents and caregivers.

Case Management:

While the Division of Aging is committed to serve Lakewood residents over the age of 60, there is an increasing need for case management for persons as they age beyond 75. The second component of the strategy is to provide case management for 25 persons 75 and older who have been identified by Division of Aging staff to be vulnerable and in need of more comprehensive assistance. One such population is limited English speaking seniors from Bosnia, Romania, Serbia, and Croatia. The multilingual Clinical Manager assists them to navigate through complex health and service systems. Case management is a principal service intervention which Community Social Workers assist clients to access needed resources as well as coordinate and oversee the delivery of services. Every client who is provided case management services is assessed for the ability to care for themselves on a day to day basis. From this baseline assessment, the Community Social Worker, client and family identify client needs, formulate goals for their care and initiate services. The social worker evaluates the care provided and makes necessary changes as the needs arise.

Supportive Services:

Supportive services usually involve access, advocacy or linkages to a variety of resources including: benefits assistance; consumer protection; housing; in-home assistance; legal services; mental health services; utility assistance; and transportation. The Clinical Manager and community social worker will assess need and provide resource information and referrals for services for 300 individuals. Supportive services are also available specifically for caregivers of older persons and older caregivers of children. Individuals providing care for an elderly family member; spouse, parent, or sibling, are identified for support and assistance. Grandparents and other relatives raising children, faced with not only their own personal concerns but those of child rearing including educational, emotional and financial issues are provided information about available resources to aide them in their caregiver responsibilities. Often this resource and referral is a collaborative effort between the Division of Aging and the Division of Youth's Family to Family program staff.



Western Reserve Area Agency on Aging

DeDe MacNamee-Gold
Senior Center Manager
Lakewood Division of Aging
16024 Madison Ave.
Lakewood OH 44107

November 29, 2010

Dear Ms. MacNamee-Gold,

The Western Reserve Area Agency on Aging Board of Trustees has awarded your agency 2011-2012 Older Americans Act funds. These funds were awarded through a competitive process for experienced service provider agencies in Cuyahoga, Geauga, Lake, Lorain and Medina counties. These funds will support a range of services to assist older adults and support family caregivers.

The funds awarded to your agency for 2011 are outlined on Attachment A, which lists funded services and awards. If your agency is a nutrition provider the meal allocation is also listed. This award is contingent on estimated State and Federal funding allocations and may decrease at any time depending on available funds.

Enclosed you will find your contract documents. The electronic workbook and instructions for completing the contracting process have been sent to you by e-mail. Please complete your documents and return them to WRAAA by Wednesday, December 15, 2010. If you have questions about any aspect of the contracting process please contact Karen Webb, Manager of Older Americans Act Programs, at 216-621-8010, ext. 1111.

Thank you for your agency's commitment to providing Older Americans Act Programs.

Sincerely,

Ronald Hill
CEO

Advocacy. Assistance. Answers on Aging.

**2011 OLDER AMERICANS ACT AWARD
ATTACHMENT A**

City of Lakewood, Human Services, Division of Aging

SUPPORTIVE SERVICES

AWARD AMOUNT	FUNDING TYPE	UNITS
\$21,049.00	B	1,300 Hours

TRANSPORTATION

AWARD AMOUNT	FUNDING TYPE	UNITS
\$56,706.00	B	18,000 One-Way Trips

CONGREGATE MEALS

AWARD AMOUNT	FUNDING TYPE	MEAL ALLOCATION
\$13,881.00	C1	20,660

HOME DELIVERED MEALS

AWARD AMOUNT	FUNDING TYPE	MEAL ALLOCATION
\$14,953.00	C2	23,202

NUTRITION EDUCATION

AWARD AMOUNT	FUNDING TYPE	UNITS
\$100.00	C1&C2	4 Sessions

SUPPORT GROUP (KINSHIP)

AWARD AMOUNT	FUNDING TYPE	UNITS
\$2,400.00	E	12 Hours of Sessions

TOTAL AWARD \$109,089.00



DEPARTMENT OF HUMAN SERVICES
12650 DETROIT AVENUE • 44107
Telephone: (216) 529-6685 Facsimile: (216) 529-5654
Web site: www.onelakewood.com

DOROTHY M. BUCKON
DIRECTOR OF HUMAN SERVICES

April 4, 2011

Ms. Susan Grimberg, RN
Community Health Manager
Lakewood Hospital
14519 Detroit Avenue
Lakewood, Ohio 44107

RE: Lakewood Department of Human Services, Division of Aging Service Report

Dear Ms. Grimberg:

The City of Lakewood greatly appreciates Lakewood Hospital's continued support of our programs that benefit Lakewood residents age 60 years and older. Enclosed is the 2010 activity report from the Lakewood Division of Aging regarding services supported by Lakewood Hospital.

For over sixteen years, Lakewood Hospital has generously supported services to the most vulnerable of Lakewood's older adults. We hope to strengthen this relationship as the Hospital's Vision for Tomorrow focus on geriatric services unfolds. Please contact me with any questions.

Sincerely,

Dottie Buckon



**SERVICES PROVIDED BY LAKEWOOD DEPARTMENT OF HUMAN SERVICES,
DIVISION OF AGING
SUPPORTED BY LAKEWOOD HOSPITAL
2010 YEAR END TOTAL**

A. TRANSPORTATION SERVICES: \$ 13,137.98

Transportation to and from Lakewood Hospital

Lakewood senior residents are picked up from their homes and transported to Lakewood Hospital. Transportation is by appointment only. This does not include transportation to physician offices and other Cleveland Clinic locations such as 850 Columbia Road and the Adult Day Care at the Fairview Wellness Center. Lakewood residents are transported to these locations on a regular basis.

- ◆ Unit of service: 823 one-way trips
- ◆ Unduplicated clients served: 96 clients
- ◆ Unit cost per trip: \$13.26 per one-way trip;

Delivery of special diet meals prepared by Lakewood Hospital

Monday through Friday, meals are picked up from Lakewood Hospital food service and delivered to home-bound patients in Lakewood.

- ◆ Unit of service: 2,225 meals delivered
- ◆ Unduplicated clients served: 26 clients
- ◆ Unit cost per meal delivered: \$1.00 per meal

B. SOCIAL SERVICES: \$ \$ 10,644.94

Emergency Room Referrals: Upon referral, Community Social Worker conducts client follow up and initiates appropriate services.

- ◆ Referrals received: 60 referrals
- ◆ Unduplicated clients served: 60 clients
- ◆ Unit of service: 27.5 hours
- ◆ Unit cost per client: \$ 92.56

Discharge Planner Referrals: Social Workers provide home visit, assessment, service coordination and case management for people referred by Discharge Planners

- ◆ Referrals received: 60 referrals
- ◆ Unduplicated clients served: 55 clients
- ◆ Unit of service: 73 hours (follow up, assessment and case management)
- ◆ Unit cost per client: \$ 92.56

TOTAL ANNUAL COST: \$ 23,782.92

SAMS CLIENT REGISTRATION FORM
(BASE CLIENT RECORD)

G/S PARTICIPANT NO. _____

DATE _____

LAST _____ FIRST _____ MI _____
MAIDEN _____ SSN _____ GENDER _____ CITIZEN? YES ___ NO ___ DOB _____
AKA _____ H. PHONE _____ CELL PH. _____ WARD _____

MAILING ADDRESS _____ NAPIS RELATED: _____
ADDRESS: _____ CLIENT LIVES ALONE ___ HIGH NUTR RISK ___
INCOME BELOW POVERTY ___ NO. OF ADL ___
CNTY ___ TOWN _____ ST ___ ZIP _____ LIVES IN RURAL AREA ___ NO. OF IADL ___

DEFAULT AGENCY - WRAAA DEFAULT PROVIDER - LDOA

PRIMARY PHYSICIAN _____ PHONE _____
ADDRESS: _____ FAX _____
PHYSICIAN _____ PHONE _____ FAX _____
HEALTH/FUNCTIONING STATUS _____

FRIEND/RELATIVE: _____ PHONE _____ CELL _____
(residing in the area)
ADDRESS: _____ RELATIONSHIP _____

EMERGENCY CONTACT _____ PHONE _____ CELL _____
ADDRESS: _____ RELATIONSHIP _____

REASON FOR REFERRAL _____
SERVICE REQUESTED _____ SERVICE INITIATED _____
MONTHLY INCOME \$ _____ CDBG INCOME RANGE: EXTRA LOW ___ LOW ___ LOW/MOD ___ REFUSED ___

COMMON CLIENT CHARACTERISTICS (CHECK BOX IF THE CLIENT HAS THE CHARACTERISTIC)

DUP. MAIL ___ TRIBAL NAT. AMER. ___ USDA MEAL ELIGIBLE/ELIGIBILITY ___

MALE ___ FEMALE ___ FEM. HEAD OF HSEHOLD ___

RACE: _____ (BL/AF. AMER.; WHITE; ASN; AMER..IND./ALS NATIVE; NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER)

ETHNICITY: HIS/LAT. ___ NOT HIS. /LAT. ___

LIVES ALONE ___ AGE OVER 75 ___ UNDER 60 ___ DISABLED ___ FRAIL ___ ISOLATED ___

UNDERSTANDS ENGLISH ___ HOMEBOUND ___ ABUSED/NEGL/EXPL. ___ IN POVERTY MINORITY ___

___ CHECK HERE IF THE CLIENT HAS FORMALLY AUTHORIZED RELEASE OF INFORMATION

STAFF SIGNATURE _____ DATE _____

SUPERVISOR _____ DATE _____

DISCLOSURE STATEMENT

OLDER AMERICANS ACT PROGRAM

The Ohio Department of Aging and Western Reserve Area Agency on Aging require that select information and data be collected on program participants in order to determine eligibility and monitor programs under the Older American Act. All personal information will be safeguarded. While you will not be denied services based on refusal to provide information, lack of demographic data can adversely effect future funding. Eligible seniors cannot be denied services based on Race, Color, Age, Sex, Disability, Religion, National Origin, and ability to pay or donate.

I wish to participate in the following program(s)

I agree to abide by the rules and regulations associated with my program participation. _____

I have been provided with information and my questions have been answered. _____

I have received a Statement of my Rights _____

I have been advised of Cost Sharing (if applicable) _____

Program Participant/Designee Signature _____ Date _____

Agency Staff Signature _____ Date _____

Agency Staff Signature _____ Date _____

I HAVE DISCUSSED/READ/EXPLAINED THE DISCLOSURE STATEMENT WITH THE CLIENT. _____

I ACKNOWLEDGE THAT THE PURPOSE AND INTENT OF THE FOLLOWING DOCUMENTS WERE EXPLAINED TO ME AND THAT ABOVE SIGNATURE IS VALID FOR THE FOLLOWING DOCUMENTS:

- 1. ___ NUTRITION RISK ASSESSMENT
- 2. ___ FUNCTIONAL IMPAIRMENTASSESSMENT
- 3. ___ HOUSEHOLD INCOME STATUS (CDBG FORM)
- 4. ___ CONGREGATE MEAL POLICY
- 5. ___ TRANSPORTATION POLICY
- 6. ___ RIGHTS AND RESPONSIBILITIES

LAKWOOD DEPARTMENT OF HUMAN SERVICES – DIVISION OF AGING
FUNCTIONAL IMPAIRMENT INTAKE FORM

Clients Name: _____

Date: _____

During the past seven days and considering all of the episodes how would you rate the Clients ability to perform the following **Instrumental Activities of daily living?**

1. Meal Preparation

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

2. Manage Medications

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

3. Managing Money

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

4. Performing heaving housework

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

5. Performing light Housework

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

6. Shopping

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

7. Transportation

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

8 Telephone use

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

9 Yard Maintenance

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

10 Snow Removal

- _____ 0 independent
- _____ 1 sometimes dependent
- _____ 2 mostly dependent
- _____ 3 totally dependent
- _____ 4 activity does not occur

Client Needs Assistance With:

Activity	Has Assistance	Assistance Adequate	Needs Assistance
1. Meal Preparation	___yes ___no	___yes ___no	___yes ___no
2. Medication	___yes ___no	___yes ___no	___yes ___no
3. Money Management	___yes ___no	___yes ___no	___yes ___no
4. Heavy Housework	___yes ___no	___yes ___no	___yes ___no
5. Light housekeeping	___yes ___no	___yes ___no	___yes ___no
6. Shopping	___yes ___no	___yes ___no	___yes ___no
7. Snow Removal	___yes ___no	___yes ___no	___yes ___no
8. Transportation	___yes ___no	___yes ___no	___yes ___no
9. Telephone Use	___yes ___no	___yes ___no	___yes ___no
10. Yard Maintenance	___yes ___no	___yes ___no	___yes ___no

LAKWOOD DEPARTMENT OF HUMAN SERVICES – DIVISION OF AGING
FUNCTIONAL IMPAIRMENT INTAKE FORM

Clients Name: _____

Date: _____

During the past seven days and considering all of the episodes how would you rate the Client's ability to perform the following Activities of Daily Living (ADL'S)?

1. Bathing)
 0 independent
 1 supervision
 2 requires assistances sometimes
 3 mostly dependent
 4 totally dependent
 5 activity does not occur

2. Dressing
 0 independent
 1 supervision
 2 requires assistances sometimes
 3 mostly dependent
 4 totally dependent
 5 activity does not occur

3. Toilet use
 0 independent
 1 supervision
 2 requires assistances sometimes
 3 mostly dependent
 4 totally dependent
 5 activity does not occur

CLIENT NEEDS ASSISTANCE WITH:

4. Transfer
 0 independent
 1 supervision
 2 requires assistances sometimes
 3 mostly dependent
 4 totally dependent
 5 activity does not occur

5. Eating
 0 independent
 1 supervision
 2 requires assistances sometimes
 3 mostly dependent
 4 totally dependent
 5 activity does not occur

6. Walking in Home
 0 independent
 1 supervision
 2 requires assistances sometimes
 3 mostly dependent
 4 totally dependent
 5 activity does not occur

CLIENT NEEDS ASSISTANCE WITH:

Activity	Has Assistance	Assistance Adequate	Needs Assistance
1. Bathing	___yes ___no	___yes ___no	___yes ___no
2. Dressing	___yes ___no	___yes ___no	___yes ___no
3. Transfer	___yes ___no	___yes ___no	___yes ___no
4. Eating	___yes ___no	___yes ___no	___yes ___no
5. Walking	___yes ___no	___yes ___no	___yes ___no

COMMENTS:

Staff: _____

Date: _____

Staff: _____

Date: _____

Clients Name: _____

Date: _____

**LAKWOOD DEPARTMENT OF HUMAN SERVICES – DIVISION OF AGING
SERVICE PLAN**

Name _____ D.O.B. _____

HOME DELIVERED MEALS

Priority Status: I II III Start of Care Date: _____

L.D.O.A.: Ongoing Temporary Service Date Ends: _____

Daily: _____ Days Requested: _____

Regular Meal: _____ Hospital Meal: _____

Reason for Service: _____

Directions for Meal Delivery Volunteer: _____

CONGREGATE MEALS

Priority Status: I II III Start of Care Date: _____

L.D.O.A.: Ongoing Temporary Service Date Ends: _____

Daily: _____ Days Requested: _____

TRANSPORTATION

Priority Status: I II III Start of Care Date: _____

Service Needs: Nutrition Med. Appt. Med. Treatments Med. Other Phys/Occ. Therapy
 Other Community Agency Other: _____

Personal Characteristics: Assistive Devices Impairments Wheelchair In Home Wheelchair Outside
 Cane Walker Scooter Motorized Wheelchair
 Hearing Visual Speech Memory
 Language Limitations

Physical Assistance Required: Unsteady Frail History of Fall Recent Fall Balance Difficulty
 Recent Hospital or Nursing Home Stay Osteoporosis or Arthritis

Home Access Elevator Steep Driveway Unsafe Sidewalk Wheelchair Ramp
 Use Back Door/Stairs Use Front Door/Stairs Other _____

Reason for Service: _____

Other Options: PASSPORT OPTIONS RTA CRT Has Senior Disc. Pass
 Has/Uses Own Vehicle Family/Friends Available Other Community Agency

Service	Start of Care Date	Priority Status
Supportive Services		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
Case Management		N/A
Leaf Raking		N/A
Snow Removal		N/A
Yard Maintenance		N/A

CLIENT SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

**LAKWOOD DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING
CASE MANAGEMENT PROGRESS NOTE**

NAME _____ DOB _____

DATE _____

ASSESSMENT

SERVICE PLAN

REVIEW

NOTES












STAFF SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

Determine Your Own Nutritional Health

What you eat does affect your health. Use this checklist to find out if you or someone you know is at nutritional risk.

Instructions: For each question, answer "yes" or "no". Then circle the number that appears in the appropriate column. Add the circled numbers to determine your total score.

Nutrition Checklist		Yes	No
	1. Have you made any changes in lifelong eating habits because of health problems?	2	
	2. Do you eat fewer than two (2) meals a day?	3	
	3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day?	1	
	4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, or cheese) every day?	1	
	5. Do you sometimes not have enough money to buy food?	4	
	6. Do you have trouble eating well due to problems with chewing/swallowing?	2	
	7. Do you eat alone most of the time?	1	
	8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	2	
	9. Are you not always physically able to shop, cook, and/or feed yourself (or to get someone to do it for you)?	2	
	10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	2	
	11. Do you take three (3) or more prescription or over-the-counter drugs per day?	1	
Total Score Today			

Total your score from the Nutrition Checklist. If it's:

0 - 2.... Good! Recheck your nutritional score in six (6) months.

3 - 5.... You are at moderate nutritional risk. See what you can do to improve your eating habits. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your score in three (3) months.

6 or more.... You are at high nutritional risk. Talk with your doctor, dietitian or other qualified health or social service professional about any problems you may have. Ask for help to improve your nutritional health.

Adapted from the Determine Your Nutritional Health Checklist developed by the Nutrition Screening Initiative, Washington, DC.



DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING

16024 Madison Avenue ♦ 44107
Phone: (216) 521-1515 FAX: (216) 521-2613
Web site: www.onelakewood.com

DOROTHY M. BUCKON, RN
DIRECTOR

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

AS A CLIENT RECEIVING DIVISION OF AGING SERVICES, YOU HAVE A RESPONSIBILITY TO:

1. Cooperate with the service provider in the development of your care plan and in the delivery of your services.
2. Treat service provider staff in a respectful manner.
3. Provide to the fullest extent possible, a physical environment free from the threats to personal safety in which service provider staff can provide you with services.
4. Notify your service provider agency if you will not be home on days when services are scheduled.
5. Notify your service provider agency if you are admitted to a hospital or nursing home.
6. Cooperate to the fullest extent possible with service provider staff in the delivery of your service.
7. Not offer gifts, tips or bribes to service provider staff. Service provider staff are required to work under the Division of Aging "Code of Ethics." They are not permitted to consume alcoholic beverages, to smoke, to use your telephone for personal calls, or to use your automobile. Service provider staff are not permitted to ask you for money or goods. They may bring and eat their lunch in your home if you agree, but they may not ask you for food or drink. If service provider staff violate the Code of Ethics," you have the responsibility to notify the Division of Aging by calling 521-1515.

SIGNATURE _____

DATE _____



DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING

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Web site: www.onelakewood.com

DOROTHY M. BUCKON, RN
DIRECTOR

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

AS A CLIENT RECEIVING DIVISION OF AGING SERVICES, YOU HAVE A RESPONSIBILITY TO:

1. Receive a full explanation of your rights and responsibilities as a client receiving Division of Aging services.
2. Receive services without discrimination as to age, race, creed, religion, sex, national origin, or sexual orientation.
3. Receive a full explanation about the services you are receiving.
4. Know the name and manner in which the agency providing the services can be contacted.
5. Expect considerate and respectful treatment from all service provider staff and to expect that all staff entering your home will treat your premises and property with due care.
6. Know the names and duties of service provider staff who have contact with you.
7. Privacy. All communications and records about you and services provided to you are confidential unless you authorize their release in writing.
8. A full explanation about content and purpose before you are asked to sign any forms.
9. Receive explanations in understandable terms about your care to allow you to give informed consent.
10. Participate in decisions about your care.
11. Be informed of your progress in responding to your care.
12. Refuse care to the extent permitted by law, to receive an explanation of the possible consequences of such a decision, and to receive assistance in carrying out this decision.
13. Voice grievances or suggest changes without fear of discrimination, restraint, or reprisal.

SIGNATURE _____ DATE _____



DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING

CONGREGATE MEAL POLICY

Eligibility: People sixty years of age or older are eligible to participate in the congregate meal sites at Lawther Center West and Senior Center East dining rooms. Participation is not limited to Lakewood residents.

Reservations: After the first visit, reservations must be made one week in advance. The reservation desk is open by phone or in person, 9:00 am to Noon, Monday through Wednesday. Phone numbers for reservations are printed on the monthly menu and posted in the centers. Please sign yourself in at the reservation desk when you come into the center. If you need to cancel, please call (216) 529-5000 as soon as possible so that another participant on our waiting list can receive that meal. Priority will be given to those at nutritional risk.

Seating: Greeters assist participants with seating as they arrive in the centers. Seats are not reserved; however, if a name or chip is on placemat, do not remove. Table arrangements are preset. Always notify staff for changing arrangement.

Allocated Time: Meals are served at 11:45 AM. In the event programs or games follow lunch; those activities will be scheduled no earlier than 12:30 PM, allowing 45 minutes for eating. People who are slow eaters may wish to ask for a quiet table.

Orderly Service: One person at each table will go to the serving window with a cart and bring meals to the table. Tables will be called on a rotating basis to assure that each table number is called first during the month.

Suggested Donation: The suggested donation for all congregate meals is \$1.00 as approved by the Nutrition Site Advisory Council. Coin envelopes are provided at registration desks for confidentiality. A locked, slotted box is provided for deposit of envelopes. People under 60 are required to pay \$4.10 for the meal unless they are volunteering on the day of the meal.

Problems: Problems should be brought to the attention of the Service Coordinator at Senior Center East and the Nutrition Supervisor at Senior Center West. Depending on the nature of the situation, problems will be brought to the Nutrition Site Advisory Council for peer review.

Food Issues: Menus, food guidelines and food handling standards are under the direction of the Western Reserve Area Agency on Aging. Routine evaluations of the meal quality, types of food, quantity and other issues are performed on a regular basis.

Social Issues: Profanity and physical confrontation will not be permitted. People who are unable to control their language and/or behavior will be asked to take time out from the program. Smoking and alcoholic beverages are not permitted in City buildings. Consideration of others is expected at all times.

Please call (216) 529-5000 should you have any questions. Thank you for your participation.

SIGNATURE _____

DATE _____



**DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING**

TRANSPORTATION SERVICE POLICY

Lakewood Division of Aging Transportation Service is for Lakewood residents 60 years of age and older. It is designed to move individuals to and from community resources, services and activities through the use of a motorized vehicle. Rides include but are not limited to senior centers, nutrition sites, medical appointments, hospitals and public benefits. A unit of service is a one-way passenger trip.

Transportation Procedures:

Transportation is prioritized for older adults who are unable to access direct public transportation systems. People are encouraged to be independent when there are other viable options for transportation.

Individuals are asked to call (216) 521-1288 for transportation service as soon as they know their schedule or appointment time.

Wheelchair transports require an in-home assessment prior to the first transport to verify that wheelchair access from the home to the vehicle is adequate.

Riders are expected to cancel a reservation for a ride as soon as possible prior to the trip.

All drivers have received the appropriate training for transporting older and disabled adults. Drivers will provide passenger assistance when needed.

The suggested donation is \$3.00 for a round trip. For medical appointments outside of Lakewood the suggested donation is \$3.00 - \$6.00 depending on the distance. Donations should be given to the driver in the brown envelope provided for confidentiality. When using a cab voucher for a return trip, please refer to the Cab Voucher Policy.

The driver may not accept gifts and/or tips.

Please call the Transportation Supervisor at (216) 521-1288 with any questions.

THANK YOU FOR YOUR PARTICIPATION!

**CITY OF LAKEWOOD
ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act.

I understand that upon completion of reading the notice any questions I may have may be addressed to the PRIVACY OFFICER.

Signature: _____

Date: _____

PATIENT REFUSAL OR INABILITY TO SIGN ACKNOWLEDGEMENT

Patient has the right to refuse to sign and has decided not to sign an acknowledgement of receipt of this document.

Patient is unable to sign.

Signature of Privacy Officer or Designee: _____

Date: _____

Client Name: _____