KENT COUNTY
RESOURCE ROADMAP
ON SUCCESSFUL AGING

A COMPREHENSIVE GUIDE TO AGING
INFORMATION, RESOURCES, AND NON-PROFIT
KENT COUNTY SERVICE PROVIDERS
The Area Agency on Aging of Western Michigan seeks to promote the greatest level of dignity and independence for older adults, especially those in the greatest social and economic need. Established in 1975, the Area Agency on Aging of Western Michigan plans, develops, implements, and oversees in-home care for older adults that might provide an alternative to nursing home placement. AAAWM also funds the Caregiver Resource Network, which provides support to in-home caregivers.

Services include:

- Care management
- MIChoice - Medicaid Waiver Program
- In-home services
- Respite care

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DISCLAIMER
Every effort was made at the time of publication to ensure the accuracy of the information presented in this booklet. However, the information in this booklet is subject to change at any time. Information and resources can change very quickly. Certain resources might be available at certain times and unavailable at other times. It is not known exactly when a resource might be unavailable.
HOW TO USE THIS MANUAL

This manual was designed to educate and assist older adults, their families, caregivers, the emerging old of tomorrow (baby boomers) and the professional community of aging network providers in Kent County on the issues, needs, resources, and systems that affect older persons.

This manual may be used as a learning tool and read in its entirety or as a quick reference to needed information and/or community resources. For those who wish to use this manual as a quick reference, it provides a detailed Table of Contents and Indexes. The Table of Contents (pages i-iv) provides a detailed listing by title and subtitle of all written contents within the manual. The Indexes (pages 81-92) direct readers to detailed service listings of older adult community resources available within Kent County, and highlights where this information can be found within the manual.

It is hoped that this manual serves as a type of Roadmap, helping to direct those in need to the information and resources that will allow them to successfully age-in-place within our community.

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INTRODUCTION

The Aging Revolution
As we move into the 21st century, our nation is experiencing a major revolution. Its population is growing older at a rather remarkable rate. For the first time in its history, America is beginning to move away from a youth-based culture. This is not the result of a decision powerful persons or groups have made. In fact, there has been a lack of recognition and even a reluctance to recognize the realities of an aging population on the part of many movers and shakers in the worlds of business, government, entertainment, religion, and advertising. But the realities must be faced. Since 1960, the United States population grew by 45 percent, the number of persons 65 years and older grew by 100 percent, and those 85 years and older grew by a whopping 274 percent. This trend will accelerate in the 21st century (Riekse and Holstege, 1996).

Upon first hearing this news, it may not sound too exciting or even interesting. We now have the opportunity to see what the aging of America really means to the life of each of us as individuals, as persons in relationships, family members, students, workers or potential workers, retirees, and citizens, and we can begin to understand how this social revolution is changing America. This revolution is not over—it is not even slowing down. In fact, with the impending aging of the 76 million baby boomers (who began turning 50 in 1996), this revolution will become more pronounced. If the United States is experiencing problems dealing with all the needs of an aging population today, ‘you ain’t seen nothing yet!’

To get a better handle on what the aging of America will mean to the average person, the following facts may be startling:

- For the first time in history, the average American has more living parents than children.
- The average American woman will spend more years helping her aging parents (18 years average) than raising her own children (17 years average).
- Never in our history have so many middle-aged and young-old persons had living parents.
- More people than ever before are providing difficult and demanding care for elderly relatives, mostly parents.
- American families, especially adult daughters and daughters-in-law, give 80 percent to 90 percent of the personal care needed by elderly family members (U.S. Bureau of the Census, 1993).

- Currently, 22.4 million families are providing physical and emotional assistance to older relatives or friends.
- This is nearly one in four households in America.
- This is a threefold increase in a decade.
- The average caregiver devotes 18 hours a week to parent care.
- Some 4.1 million caregivers provide at least 40 hours a week of assistance.
- Typically, this goes on for more than four years.
- Caregivers spend about $2 billion a month out of pocket on groceries, medicine and other aid to relatives.
- Many workers refuse relocation because of elder-care issues.
- Sixty-four percent of caregivers are full- or part-time workers whose jobs suffer because of caregiving responsibilities to older relatives.
- Some caregivers may leave their jobs or take early retirement.
- Absenteeism, shortened or interrupted workdays, decreased productivity and replacing employees who leave costs U.S. businesses between $11.4 and $29 billion a year.
- Women are the caregivers for the elderly three-fourths of the time.
- The vast majority of caregivers work outside the home.
- Forty-one percent of the caregivers have children under 18.

PART ONE: PAYING FOR HEALTH AND MEDICAL CARE

The Financial Difficulties and Challenges of Older Adults

According to the U.S. General Accounting Office (1992), “a true picture of the economic status of older people can be gained by realizing that their overall economic status in America has improved dramatically since the beginning of Social Security and the inclusion of cost of living increases. Nonetheless, numbers of older people are not very well off financially. Indeed, considerable numbers of older people are not able to meet their needs for health care, housing, nutrition, and supportive services” (Rieke and Holstege, 1996).

The older adults most likely to experience poverty, according to the U.S. General Accounting Office (1992), include:

- Elderly Women (nearly twice as likely to be poor or near poor than their male counterpart)
- Elderly Hispanics (twice as likely to be poor or near poor than elderly whites)
- Elderly Blacks (three times more likely to be poor than elderly whites)
- People over 75 years old (almost twice as likely to be poor or near poor than persons age 65-74)
- Black Women over age 75 (more than half are poor or near poor – older black women often experience what is referred to as “Triple Jeopardy” in regard to their financial status due to the fact of their sex, race, and age)

Dealing with the High Cost of Medications

The majority of older Americans do not have any prescription drug coverage. Yet the cost of prescription medications continues to skyrocket, and the average older adult takes multiple prescription medications each day.

Possible Assistance in Paying for Prescription Medications

1. Medicaid, a state program which serves as supplement insurance for older adults (65+) and for people with disabilities who have Medicare as their primary health insurance. Also available for individuals receiving Supplemental Security Income (SSI).

   You must apply through the Family Independence Agency (FIA).

2. Elder Prescription Insurance Coverage (EPIC) is a state of Michigan program designed to assist low-income older adults (65+) who are not eligible for full Medicaid.

   To apply call Senior Neighbors at 459-6019 or ACSET at 336-4018 or the United Methodist Community House at 241-1645.

3. Senior Medication Assistance Program (SMAP) is funded by the Kent County Senior Millage and administered through the Area Agency on Aging of Western Michigan. Eligible older adults receive up to $1,500 in prescription assistance during a calendar year. If a senior’s prescription costs exceed $1,500 their prescription card may be used as a discount card for additional prescription purchases, providing savings of 5-40 %. SMAP cards are based on funding availability.

   Eligibility Criteria: age 60 or over; Maximum gross annual income $17,720 for singles and $23,880 for couples; Resident of Kent County; No other prescription insurance; Prescription costs in excess of 8% of income for singles and 6% for couples; Not residing in an assisted living or nursing facility.
4. Kent Health Plan
Senior Discount Prescription Program, a discount card providing savings on prescription drugs. A list of participating pharmacies is printed on the card. Most Kent county pharmacies are participating.

Eligibility Criteria: Kent County resident; Age 65 or over; No other prescription drug coverage.

To obtain an enrollment application contact the Kent Health Plan at 975-0182 or on-line: www.kenthealthplan.org. Enrollment application forms are also available at the Area Agency on Aging of Western Michigan at 456-5664.

5. Pharmaceutical Company Programs, many companies provide free medication or discount cards for persons who meet income and asset guidelines.

Eligibility Criteria: Drug companies determine income and asset limits; No other prescription coverage.

To research on the Internet:
www.needymeds.com This Web site provides free information about patient assistance programs available to consumers who cannot afford their medications. The site has links to these programs, drug companies and state Medicaid programs. The site also provides application forms, when available.

www.rxassist.org RxAssist, a national program supported by the Robert Woods Foundation, provides health-care providers with access to patient assistance programs. The information includes contacts, eligibility, instructions on how to apply and applications when available. These programs typically offer limited supplies of free or low-cost medications to patients in need.

Medicare
www.medicare.gov
“Medicare is a federal health insurance program for people 65 or older and certain disabled people. It is run by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services. Social Security Administration offices across the country take applications for Medicare and provide general information about the program.

The Two Parts of Fee-for-Service Medicare
Hospital Insurance (Part A)
- Hospital and skilled nursing facility, home health and hospice care.

Medical Insurance (Part B)
- Doctors’ services, outpatient hospital services including the emergency room, durable medical equipment, and a number of other medical services and supplies that are not covered by Part A.

Part A has deductibles and coinsurance, but most people do not have to pay premiums for Part A. Part B has premiums, deductibles, and coinsurance amounts that you must pay yourself or through coverage by another insurance plan. In 2003 Medicare Part B monthly premiums are $58.70. The Part B premium, deductibles and coinsurance amounts are set each year based on formulas established by law. New payment amounts begin each January 1.

Assistance for Low-income Beneficiaries
If you are getting Medicaid benefits from your state when you become eligible for Medicare, your state will pay Part B premiums. Federal law requires that state Medicaid programs pay Medicare costs for certain elderly and disabled people with low incomes and very limited resources” (Centers for Medicare & Medicaid Services (CMS), “Your Medicare Desk Reference,” October 1997).
To Enroll in Medicare
Contact the Social Security Administration at 1-800-772-1213. For assistance with Medicare questions or problems in Kent County call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174.

Additional resources for Medicare questions and claims include:

**Michigan Part A** .......... 1-866-804-0686
United Government Services
Medicare Part A
P.O. Box 160
Detroit, MI 48231-0160
(The health care provider must file all claims)

**Part A Home Health and Hospice** ...... 1-800-531-9695
(The health care provider must file all claims)

**End-Stage Renal Disease** ............. 1-800-973-3773

**Michigan Part B** ................. 1-800-482-4045
Wisconsin Physician Services
Medicare Part B
P.O. Box 5533
Marion, IL 62959

**Part B Durable Medical Equipment** .... 1-800-270-2313
AdminaStar Federal
P.O. Box 7031
Indianapolis, IN 46207

**Railroad Beneficiaries – Part B** ....... 1-800-833-4455
RR Medicare B Claims
P.O. Box 10066
Augusta, GA 30999

**Coordinator of Benefits (MSP)** ....... 1-800-999-1118

Medicaid

Medicaid is “a Federal-State matching entitlement program that pays for medical assistance for certain vulnerable and needy individuals and families with low incomes and resources. This program became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States furnishing medical assistance to eligible needy persons. Medicaid is the largest program funding medical and health-related services for America’s poorest people” (Centers for Medicare & Medicaid Services (CMS) web site fact sheet “Brief Summaries of Medicare & Medicaid,” August 1997).

“All States cover a minimum set of services including hospital, physician and nursing home services. States have the option of covering an additional 31 services including prescription drugs, hospice care and personal care services. Medicaid is the largest insurer of long-term care for all Americans. Medicaid covers skilled nursing facility care, intermediate care facilities for the mentally retarded and developmentally disabled, and home and community based-services. Although most long-term care spending is for institutional care, Medicaid has made great strides in shifting the delivery of services to home and community settings” (Centers for Medicare & Medicaid Services (CMS) web site fact sheet, “The Medicaid Program”, September 1996).

**Medicaid and the Elderly**
- The number of elderly Medicaid beneficiaries has increased from 3.1 million in 1985 to 4.4 million in 1995, and payments for these individuals have more than doubled.
- Medicaid is the largest insurer of long term care, even for the middle class. Medicaid covers 68 percent of all nursing home residents and over 50 percent of all nursing home costs.
- Only 27 percent of all Medicaid recipients are aged, blind or disabled, yet they receive 72 percent of all Medicaid expenditures (Centers for Medicare & Medicaid Services (CMS) web site fact sheet “The Medicaid Program” September 1996).

For More Information
In Michigan, Medicaid is administered by the Family Independence Agency. For more information on Medicaid eligibility and programs, contact the Kent County Family Independence Agency at 247-6000. For assistance with Medicaid questions or problems in Kent County call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174.

**Medigap Insurance**
The term “Medigap” is used to describe insurance policies that are sold to supplement traditional Medicare coverage. These policies are also sometimes referred to as Medicare Supplemental Policies. This type of policy is available through numerous insurance companies with a wide variety of coverage options and price ranges. Comparison-shopping is recommended to insure that the policy you pick fits your budget and specific coverage needs. For more information, contact the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174.
Older American’s Act

The Older Americans Act (OAA) of 1965 grew out of the deliberations of the 1961 White House Conference on Aging. The OAA laid the foundation for a wide array of community services to older people which has become known as the Aging Network. It is a nationwide system of federal, state, and local agencies designed to provide services to the elderly of the nation.

The central mission of the OAA has remained essentially unchanged since 1965:

To foster maximum independence by providing a wide array of social and community services to those older persons in the greatest economic and social need. The key philosophy of the program has been to help maintain and support older persons in their homes and communities to avoid unnecessary and costly institutionalization. (U.S. Senate Special Committee on Aging 1993)

In Kent County OAA allocated funds are administered by the Area Agency on Aging of Western Michigan. These funds are distributed throughout the Aging Network of Kent County and provide a wide range of services to area seniors, their families, and caregivers.

For more information on the Older American’s Act and OAA Funding:

Nationally – consult the Administration on Aging website at www.aoa.gov or call (202) 619-0724

In Michigan – contact the Michigan Office of Services to the Aging at (517) 373-8230 or on the Internet at www.MiSeniors.net

In Kent County – contact the Area Agency on Aging of Western Michigan at (616) 456-5664 or check out their website at www.aaawm.org

Title IIIE Family Caregiver Support

The National Family Caregiver Support Program - Older American’s Act Title IIIE:

- Established by enactment of Older American’s Act Amendments of 2000.
- Developed by Administration on Aging and Health and Human Services in response to the expressed needs of hundreds of family caregivers in discussions held across the country.
- Modeled after successful State Long Term Care Programs.
- Community services and resources made available by this funding help ease the burden on approximately 250,000 caregivers across the nation.

The National Family Caregiver Support Program calls for all states, working in partnership with area agencies on aging and local community-service providers to have five basic services for family caregivers, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, organization of support groups, and training to assist caregivers in decision making and problem solving related to the caregiving role;
- Respite care to allow caregivers temporary relief from their caregiving responsibilities;
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

In Kent County these funds are administered by the Area Agency on Aging of Western Michigan. This funding has resulted, in part, in the development of the Caregiver Resource Network. The Caregiver Resource Network is a collaboration of Kent County organizations dedicated to providing for the needs and welfare of family and professional caregivers within the community. This funding also helps to provide:

- Financial assistance for caregiver respite through the use of Caregiver Respite Certificates.
- Innovative caregiver projects and initiatives that provide for caregiver education, support, resource referral, and wellness.

Kent County Senior Millage

In November, 1998, the voters of Kent County approved a ballot initiative authorizing the Kent County Board of Commissioners to levy a property tax millage not to exceed .25 mills for the purpose of planning, coordinating, evaluating and providing services to persons 60 years of age and older.

The Area Agency on Aging of Western Michigan (AAAWM) was awarded the contract to administer the County senior millage funds. Therefore, AAAWM sets funding priorities and determines efficient allocation systems. Millage funded programs serve 10,000 clients annually. These funded programs are included in the Service Listings section of this guide.
PART TWO: INCOME

Social Security
Social Security is part of almost everyone’s life. Social Security protects more than 145 million workers and pays benefits to 44 million people.

You and your family are probably protected by Social Security…and you probably pay taxes that help make the system work. But you may also be unsure about what Social Security does, who it helps and how much it costs.

Why Social Security?
Over the past six decades, Social Security has become the most successful domestic government program in history.

A basic understanding of why Social Security came about is important to understanding today’s Social Security Program…and also to deciding what Social Security should be in the 21st century.

History of Social Security
Before the industrial revolution, America was mostly a country of small farmers. But we soon became a country where more people worked for wages—and fewer worked the land. This change helped make America strong, and it raised our standard of living. It also created new risks to family security and made it more difficult for families to “take care of their own” in hard times.

The Great Depression of the 1930’s dramatized the fact that many American workers were financially dependent on factors beyond their own control. The Social Security Act, signed into law by President Franklin Delano Roosevelt in 1935, helped to alleviate this situation.

In the years that followed, Social Security was broadened to include survivors benefits, disability benefits and health care benefits.

Philosophy of Social Security
The Social Security System provides a minimum “floor of protection” for retired workers, and for workers and their families who face loss of income due to disability or the death of a family wage earner. Dependent children are qualified to receive social security benefits up to age 18.

Social Security payments are based on two underlying concepts. First, the system is designed so that there is a clear link between how much a worker pays into the system and how much he or she will get in benefits. Basically, high wage earners get more, low wage earners get less.

At the same time, the Social Security benefit formula is weighted in favor of low wage earners, who have fewer resources to save or invest during their working years. Social Security retirement benefits replace approximately 57 percent of the pre-retirement earnings of a low wage earner, 42 percent of an average wage earner, and 28 percent of a maximum wage earner. In 1998 SS benefits provided about two-fifths of the income of older persons…80 percent of the income of older Americans with the lowest levels of income, for those in the highest income category, SS accounted for approximately 20 percent of the total income. (Older Americans 2000 Federal Interagency Forum on Aging 2000).

Basically, Social Security is a way of providing a base of economic security in today’s society. It allows older Americans to live independently and with dignity and relieves their families of the financial burden for their retirement years. And Social Security provides a valuable package of disability and survivors’ insurance to workers and their families over their working lifetimes.

Current Social Security Retiree Benefits
Social Security pays monthly retirement benefits to more than 30 million retired workers and their family members. More than 9 out of 10 Americans who are age 65 or older get Social Security benefits.

Full retirement benefits are now payable at slightly past age 65, with reduced benefits available as early as age 62. The age for full benefits will gradually rise in the next century, until it reaches age 67 in 2027 for people born in 1960 or later. (Reduced benefits will still be available at age 62) (Social Security Administration booklet “Social Security Basic Facts” March 1998).

The Future of Social Security
“The latest report of the Social Security actuaries predicts there will be a funding shortfall in the year 2041. By this they mean that the amount of revenues the program takes in will fall short of the amount needed to pay benefits by a bit more than 2 percent. Contrary to what the alarmists would have you believe, this doesn’t mean the system will be bankrupt. It means that, if no changes are made, Social Security will be able to pay 75 percent of its obligations for the next 75 years. Small, incremental changes to the program—including newly hired state and local workers in Social Security, or accelerating the increase in the retirement age, for example—would restore its long-term solvency” (National Committee to Preserve Social Security and Medicare, July 1998, p. 6-7).
The future of Social Security, the most successful federal program in history, still looks bright, but discussions regarding its future are necessary at this time to help insure the program's continued success and solvency into the next century.

For More Information
The Social Security Administration has a number of valuable publications available free of charge. You can request these materials by calling 1-800-772-1213 or via the Internet at:
http://www.ssa.gov

Supplemental Security Income (SSI)
“SSI is short for Supplemental Security Income. It pays monthly checks to people who are 65 or older, or blind, or have a disability and who don’t own much or have a lot of income. SSI isn’t just for adults. Monthly checks can go to disabled and blind children, too. People who get SSI usually get food stamps and Medicaid, too. Medicaid helps pay doctor and hospital bills.

To get SSI, you must be 65 or older or blind or disabled. Blind means you are either totally blind or have very poor eyesight. Children as well as adults can get benefits because of blindness. Disabled means you have a physical or mental problem that keeps you from working and is expected to last at least a year or to result in death.

For more information, visit or write any Social Security office, or call toll-free at 1-800-772-1213. If you think that you might be able to get SSI, don't delay. Call today” (Social Security Administration booklet “Social Security Supplemental Security Income”, January 1997).

Addressing Age Discrimination in Employment
Age discrimination is one of the worst barriers to the employment of older workers. According to a 1993 U.S. Senate report, age discrimination affects millions of older Americans and is seen as a serious problem by most Americans (Riekse and Holstege, 1996).

In response to this age-based form of employment discrimination, Congress enacted the Age Discrimination in Employment Act (ADEA). This legislation was designed “to promote employment of older persons based on their ability rather than age; to prohibit arbitrary age discrimination in employment; and to help employers and workers find ways of meeting problems arising from the impact of age on employment” (U.S. Senate Special Committee on Aging, 1993, p. 84). Since its inception this legislation has been amended several times to extend further protections to older workers in the workplace, yet age discrimination in employment persists in American society in subtle and cleverly disguised forms and there is no indication that it is diminishing.

Employment and the Older American
The following material is from “Employment and Older Americans: A winning Partnership”, Administration on Aging Fact Sheet, 1998.

“Older workers bring to their jobs a lifetime of experience, expertise and skills, and are good role models for younger employees. In fact, studies show that older workers’ attendance is as high or higher than younger workers, they have lower job turnover, and have fewer accidents on the job in situations that require judgement based on experience than do younger workers. Nor is there any pattern which demonstrates that any one age group has higher productivity and intelligence than another. Finally, studies have found that the ability to learn remains constant throughout most of the human lifespan.

Therefore, it would seem that older workers make ideal employees. Yet, they spend, on average, twice as long as their younger counterparts in seeking new employment, they often have to accept lower salaries in new jobs, and some become discouraged to the point that they stop looking for work.

Considering current levels of low unemployment, the declining number of younger workers, and the growing numbers of older Americans, it makes good economic sense to utilize the resources of older workers through new and continuing employment opportunities. Keeping older Americans working fuels the nation’s future economic growth.

Yet, for the past 45 years there has been a continuing trend toward early retirement. This not only puts added strains on private pensions and the Social Security system, but may leave retirees without sufficient incomes, especially in cases where pension benefits are not tied to cost of living increases.

Some researchers anticipate that this trend may be reversed in the future, however. Changes in the age eligibility for Social Security retirement benefits, Medicare eligibility, and private pensions, as well as a decline in personal savings, could result in more older workers remaining in the labor force. Even if the percentage of older workers remaining in the workforce declines slightly, the sheer numbers of ‘baby-boomers,’ who will be 55 or older in 2005, means that the projected number of persons 55 and over in the labor force will increase by 6.7 million – twice the rate of increase in the total labor force. Research indicates that 80 percent of Baby Boomers wish to continue work in some capacity after age 65.

Addressing Age Discrimination in Employment
Age discrimination is one of the worst barriers to the employment of older workers. According to a 1993 U.S. Senate report, age discrimination affects millions of older Americans and is seen as a serious problem by most Americans (Riekse and Holstege, 1996).

In response to this age-based form of employment discrimination, Congress enacted the Age Discrimination in Employment Act (ADEA). This legislation was designed “to promote employment of older persons based on their ability rather than age; to prohibit arbitrary age discrimination in employment; and to help employers and workers find ways of meeting problems arising from the impact of age on employment” (U.S. Senate Special Committee on Aging, 1993, p. 84). Since its inception this legislation has been amended several times to extend further protections to older workers in the workplace, yet age discrimination in employment persists in American society in subtle and cleverly disguised forms and there is no indication that it is diminishing.

Employment and the Older American
The following material is from “Employment and Older Americans: A winning Partnership”, Administration on Aging Fact Sheet, 1998.

“Older workers bring to their jobs a lifetime of experience, expertise and skills, and are good role models for younger employees. In fact, studies show that older workers’ attendance is as high or higher than younger workers, they have lower job turnover, and have fewer accidents on the job in situations that require judgement based on experience than do younger workers. Nor is there any pattern which demonstrates that any one age group has higher productivity and intelligence than another. Finally, studies have found that the ability to learn remains constant throughout most of the human lifespan.

Therefore, it would seem that older workers make ideal employees. Yet, they spend, on average, twice as long as their younger counterparts in seeking new employment, they often have to accept lower salaries in new jobs, and some become discouraged to the point that they stop looking for work.

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Job Training and Retraining
While there are many positive reasons to hire older workers, there are also challenges that must be met. One is the need for job training among certain groups of older workers. This is particularly true of middle-aged and older women who are entering the labor force for the first time. Having raised their children, many now want to devote their energies to employment outside the home. Other older women are entering the workforce for the first time because of the death of their spouse, or divorce, and need to work to be economically self-sufficient.

Another major trend that has profoundly affected the older labor force is the shift from heavy industry and manufacturing to a high technology and service-oriented economy. Many older workers require retraining in order to enter these new areas of job growth, as well as new job skills, and job placement and referral services.”

The Benefits of Training, Retraining, and/or Hiring Older Workers
Research by the Commonwealth Fund Case Studies (1991) demonstrated that the following benefits are associated with the employment of older workers (Riekse and Holstege, 1996):

- Older adult turnover is much lower with 87 percent of older workers staying on the job a year or longer, as compared to only 30 percent of the younger workers.
- Older worker on-the-job-training takes no longer than that of younger workers.
- Absenteeism rates are much lower for older workers (1.4 percent for older workers versus 3.7 percent for younger workers).
- Because turnover is so much lower, the cost to recruit and train an older worker is almost three times less than that of a younger worker.
- Older workers are better salespeople.
- Older workers can effectively utilize computer work stations and operate computers with demanding and difficult software.
- Using retirees as workers can be a cost savings to business, since many retirees already have some form of medical coverage thus saving the company the cost of an expensive fringe benefit.
- Supervisors more frequently request older workers.
- Older workers more often have a better work ethic and understanding of the culture of work.

- Older workers have been found to help boost the morale of the entire work force.
- Older workers have been found to have fewer on-the-job injuries and are more careful at work.
- Older workers make customer satisfaction a higher priority than do younger workers.
- In work environments where older workers predominate, less theft, damage and disappearance of goods was found.
- Older workers more willingly agree to work overtime.

Additional information is available from:
Administration on Aging
U.S. Department of Health and Human Services
330 Independence Avenue SW
Washington DC 20201
(202) 619-0724

American Association of Retired Persons (AARP)
601 E. Street NW
Washington DC 20049
1-800-424-3410

Note: AARP has a number of excellent booklets regarding this subject including:
- Employment Planning (Consumer Information Series)
- How to Stay Employable: A Guide for the Midlife and Older Worker
- Returning to the Job Market: A Woman’s Guide to Employment Planning
- A Winning Resume: A Guide to Writing an Effective Resume for Older Job Seekers
- How To Recruit Older Workers
- How To Train Older Workers
- How To Manage Older Workers

In Kent County, older and displaced worker training and employment assistance services are provided by:
Michigan Department of Career Development Rehabilitation Services
(616) 245-6487

AARP Foundation
2504 Ardmore SE
Grand Rapids MI 49506-4965
(616) 942-1181
PART THREE: FOOD AND NUTRITION

Crucial Nutritional Issues Facing an Aging Population

Food and nutrition are perhaps the most important factors relating to human existence. Good nutrition is especially important to older adults, helping them to maintain strength, stave off disease, illness and frailty. However, individuals often experience great nutritional challenges as they age. According to Dr. Susan Calvert Finn, past president of the American Dietetic Association, older adults are often at high risk for malnutrition due to the following:

- Decreased body organ function affects the absorption, movement, metabolism, and elimination of nutrients.
- Decreased physical mobility and dexterity lessen a person's ability to access, prepare, and eat food.
- Poor dental conditions have caused 50 percent of Americans age 65 and older to lose their teeth and many others have teeth in poor condition or have poorly fitting dentures. This severely limits food choices and food intake.
- Multiple prescription drug use interferes with digestion, absorption, and elimination of nutrients, which leads to nutrient deficiencies.
- Social isolation and loneliness can result in loss of appetite and unwillingness to prepare adequate meals leading to malnutrition.
- Poverty or near-poverty conditions force millions of elderly persons to choose between housing expenses and enough food, and/or prescription drugs and proper nutrition.
- Diminished senses (sight, smell, and taste) affect nutritional intake and nutritional health (U.S. House of Representatives Select Committee on Aging 1992b: 51-52).

According to Dr. Finn's research, up to 50 percent of all older adults living independently within a community have some type of nutritional deficiency. Far too often, signs of malnutrition and dehydration are mistaken as signs of aging, since often someone who is malnourished or dehydrated will appear as lethargic, confused and/or disoriented. Also older adults often have chronic health problems such as hypertension, diabetes, osteoporosis, heart disease, and cancer which can be exacerbated by poor nutrition.

Yet, proper nutrition has been found to be successful in the prevention and treatment of these conditions (U.S. House of Representatives Select Committee on Aging 1992b).

A useful tool in screening the nutritional health of older adults is the publication “Screening Older Americans Nutritional Health: Current Practices and Future Possibilities.” This publication is available for $5.00 and can be ordered from the:

Nutritional Screening Initiative
2626 Pennsylvania Avenue, NW
Suite 301
Washington D.C. 20037

Also, a fact sheet entitled “Determine Your Nutritional Health” is available, free of charge, by calling the Area Agency on Aging of West Michigan. They can be reached at (616) 456-5664.

What Constitutes Good Nutrition for an Older Adult?
The dietary guidelines for older Americans are not significantly different than those of other age groups. The Recommended Daily Allowance (RDA) nutritional guidelines for adults are divided into only two categories, those 25 to 50 years old, and 51 years old and older. However, the caloric intake needs of an adult do decrease with age. As of 1989, the RDA for a 50-60 year old is 1700 calories per day where the RDA for a 70-80 year old is only 1500 calories per day.

According to the U.S. Department of Agriculture, and U.S. Department of Health and Human Services publication, “Nutrition and Your Health: Dietary Guidelines for Americans” (Fifth Edition, 2000), Americans should:

Aim for Fitness...
- Aim for a healthy weight.
- Be physically active each day.

Build a Healthy Base...
- Let the Pyramid guide your food choices.
- Choose a variety of grains daily, especially whole grains.
- Choose a variety of fruits and vegetables daily.
- Keep food safe to eat.

Choose Sensibly...
- Choose a diet that is low in saturated fat and cholesterol and moderate in total fat.
- Choose beverages and foods to moderate your intake of sugars.
- Choose and prepare foods with less salt.
- If you drink alcoholic beverages, do so in moderation.
Due to chronic conditions such as osteoporosis, and the commonness of anemia in the elderly, the diet of an older adult should also include sufficient amounts of calcium and iron.

Note: A Free copy of the publication, “Nutrition and Your Health: Dietary Guidelines for Americans” can be obtained from the USDA via the Internet at www.usda.gov/cnpp or you can request a copy for 50 cents by writing:

Superintendent of Documents
Consumer Information Center
Pueblo, CO 81009

Sharing a Meal: The Value of Mealtime Socialization

Traditionally, older adults in America viewed mealtime as a time of family togetherness. Mealtime was a time of socialization and relationship bonding, and not simply a time to eat and drink. Knowing this it is easy to understand why many isolated older adults who live alone have decreased appetite and no longer eat a nutritionally balanced diet. Therefore, socialization is a very important factor in relationship to the nutritional health of many older adults. This is part of the reason that retirement communities, which offer congregate meals, have flourished in recent years throughout our country.

Think of the pleasure derived from preparing and serving a meal to others who gratefully enjoy it, and compare this to the feeling of doing the same simply for yourself. There is just no comparison. Being motivated to prepare a nutritionally balanced meal for oneself alone can be very difficult especially for older women who are used to preparing meals for a family and older men who rarely if ever had to cook for anyone earlier in their life. This again is evidence of the importance of mealtime socialization for older adults.

The answer to this dilemma for many older adults is found through participation in congregate meal programs. As already stated, many retirement communities now offer congregate meal plans. Also, noontime congregate meal programs are available in most communities at local Senior Centers.

Mealtime Planning Tips

As stated earlier, eating alone and cooking for only one or two can be a very difficult experience for many older adults. Perhaps the following suggestions from Kent County Health Department Dietician Paula Kerr will be helpful to individuals in this situation:

Before grocery shopping:
• check your supply of staple foods, like bread products, meats, and canned foods
• cut coupons from magazines and newspapers
• make a list of food you need to buy
• eat a meal or snack before you go shopping

At the store:
• look at the store advertisement for food that is on sale
• choose low-cost protein foods like fish, eggs, milk, chicken, and legumes (dry beans)
• choose generic brand food
• decide which size package is right for you—remember, bigger packages are not always the best value
• do not buy many ready-made products, they are more expensive than making food yourself
• share large packages with a friend
• check all packages for freshness and expiration date
• “natural, health, or organic” food is no more nutritious than regular food, but is a lot more expensive
• buy fresh produce from a salad bar to get only the amount you want
• ask the butcher to cut a small piece of meat for you
• the bakery has rolls, buns, and bagels sold separately

In preparing foods:
• make large amounts of foods you like all at one time
• refrigerate some of it to eat the next day
• freeze some of the food by putting it in small containers or aluminum foil
• write the date and type of food on it before freezing

At mealtimes:
• eat regular meals and snacks each day
• eat with a friend or family member often
• listen to relaxing music while eating
• enjoy the food you are eating
• eat slowly to help with digestion
• refrigerate or throw away any leftovers right after you are finished eating
PART FOUR: DISEASE, DISABILITY, HEALTH AND FITNESS

Health and Fitness Issues for an Aging Society

A nurse practitioner who works in a physician's office has said that the best advice she could give an older adult is for her/him to “just get up and do something.” She suggested that a large number of the older patients that she has seen in the office would significantly benefit physically and mentally from increased exercise and activity. There is clear evidence that a healthy diet, regular exercise, meaningful activities, and proper sleep are necessary ingredients for good physical and emotional health at any age. However, older persons do not always take the best care of themselves. And due to chronic health conditions such as fatigue, depression, cognitive losses, and the loss of employment, many no longer remain active, exercise, or pay attention to their overall health and fitness.

The following are important facts summarized from the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity (Physical Activity and Health: A Report of the Surgeon General - Fact Sheet):

Key Messages

- Older adults, both male and female, can benefit from regular physical activity.
- Physical activities need not be strenuous to achieve health benefits.
- Older adults can obtain significant health benefits with a moderate amount of physical activities, preferably daily. A moderate amount of activities can be obtained in longer sessions of moderately intense activities (such as walking) or in shorter sessions of more vigorous activities (such as fast walking or stairwalking).
- Additional health benefits can be gained through greater amounts of physical activities, either by increasing the duration, intensity, or frequency. Because risk of injury increases at high levels of physical activity, care should be taken not to engage in excessive amounts of activities.
- Previously sedentary older adults who begin physical activity programs should start with short intervals of moderate physical activities (5-10 minutes) and gradually build up to the desired amounts.

- Older adults should consult with a physician before beginning a new physical activity program.
- In addition to cardiorespiratory endurance (aerobic) activity, older adults can benefit from muscle-strengthening activities. Stronger muscles help reduce the risk of falling and improve the ability to perform the routine tasks of daily life.

Facts

- The loss of strength and stamina attributed to aging is in part caused by reduced physical activity.
- Inactivity increases with age. By age 75, about one in three men and one in two women engage in no physical activity.
- Among adults aged 65 years and older, walking, gardening or yard work are, by far, the most popular physical activities.
- Social support from family and friends has been consistently and positively related to regular physical activity.

Benefits of Physical Activity

- Helps maintain the ability to live independently and reduces the risk of falling and fracturing bones.
- Reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes.
- Can help reduce blood pressure in some people with hypertension.
- Helps people with chronic, disabling conditions improve their stamina and muscle strength.
- Reduces symptoms of anxiety and depression and fosters improvements in mood and feelings of well being.
- Helps maintain healthy bones, muscles, and joints.
- Helps control joint swelling and pain associated with arthritis.

Truly the slogan “Use It Or Loose It” does apply to older adults’ need for exercise and activity. “If you are retired, you now have the time it takes to get in shape. If you are not retired, make the time. Weight training should be done three times a week for a minimum of 20 minutes under a trained instructor, while bending and stretching exercises should be done every day for about 10 minutes and aerobic exercise for 30 to 60 minutes three times a week” (ELDERACTION: Action Ideas For Older Persons And Their Families. Administration on Aging Fact Sheet, 1995).
Understanding the Medical Care System
Choosing the Right Physician and/or Specialist
“Just as children see pediatricians, who specialize in caring for the young, your parent needs a doctor who is familiar with the ailments that are common in old age and savvy about the symptoms, treatment regimes and side effects that are unique to elderly patients. While it is preferable to have a doctor who specializes in geriatrics, it is by no means essential. Family practitioners and internists are perfectly capable of caring for your parent, especially if they have had a good deal of experience with elderly patients” (Morris, 1996).

Not everyone needs or wants to find a new physician. If your current physician is someone that you trust and feel comfortable with there is probably no need to look any further. However, if you do need to choose a new physician or specialist author, Virginia Morris, in her book, “How To Care for Aging Parents,” suggests the following:

- Use your gut instinct – does this physician communicate well, especially with older adults, and does he/she instill confidence in you?
- Check out his/her credentials.
- How much experience does he/she have, especially in working with older adults?
- Does this physician accept Medicare/Medicaid/ or Third Party Payer “assignment” coverage of medical costs?
- Does this physician have admitting privileges at your hospital preference; does he/she have proper emergency backup, and what are his/her professional affiliations?
- Does this doctor have a shared “philosophy” regarding medical care, and will he/she respect your wishes especially regarding “end of life” decisions.

Tips for Working with Your Physician or Medical Care Provider
To make the most of an office visit with the doctor, on behalf of yourself or an older loved one, you may wish to consider the following helpful hints:

Before Your Visit:
- Write down any changes that you have noticed in your or an older loved one’s condition.
- Write down any questions or concerns that you wish to discuss with the doctor.
- Write down all the medications that you or your loved one is taking and present to the doctor.

At Your Visit:
- Present your written observations and concerns to the office staff and ask that they make a copy for the doctor.
- Ask questions and take notes.
- Be sure you understand the doctor’s orders regarding any new medications or treatment.
- Ask for written information.
- Ask about next steps (i.e. – next appointment, needed tests, or seeing a specialist)

Dementia (Alzheimer’s Disease and Related Disorders)
Another major factor affecting the mental health of many older adults is the onset of dementia. The term dementia does not refer to any one particular disease or illness, but rather is used to describe a group of symptoms that impair a person’s ability to care for his or her daily needs. These symptoms include memory loss (usually short-term memory) and may also include decreased intellectual function, disorientation (to day, date, time, season, etc.), difficulties with concentration/task follow through, and impaired judgement. There are many different diseases, illnesses and/or conditions which can cause dementia, the most common are Alzheimer’s Disease and Vascular Dementia, both which will be discussed in greater detail later in this section.

Dementia vs. Normal Aging
Only about 10 percent of all persons 65 and older have some form of dementia. However, nearly half of all persons 85 and older suffer from dementia. It is important to note that dementia is not a normal part of the aging process, but is caused by a disease, illness or condition to which individuals become more susceptible with increasing age.
The only mental status changes normally seen with increased age are:

**Slowed Recall:** Older adults can still remember and recall the information stored in their memory. It just takes them a little longer.

**New Learning:** Older adults find learning new things a little more difficult. However, they can still learn. To be most effective it requires more creative learning approaches, greater repetition, and increased reinforcement.

If you notice mental status changes in an older adult that you care about which are not normal to the aging process, you should discuss your concerns with a physician and pursue diagnostic assessment for dementia. Approximately 10 percent of the diseases, illnesses, and/or conditions that cause dementia, if diagnosed and treated soon enough, can be reversed (i.e. depression, adverse drug reactions, metabolic changes, and nutritional deficiencies, infections, etc.). Sadly, however, the majority of dementing illnesses (Alzheimer's Disease, Vascular Dementia, Pika's Disease, Parkinson's Disease, Huntington's Disease, Creutzfeldt's Disease) are irreversible and often progressive. But early diagnosis is still crucial in these situations to assure the individual's proper treatment and to plan for adequate care.

**Diagnostic Assessment for Dementia**

Diagnostic assessment for dementia is often referred to as dementia "rule-out" testing because the diagnosis is obtained through a testing process of elimination where all diseases and conditions that can cause dementia are systematically "ruled-out". This diagnostic rule-out testing can often be done by an attending physician, and can involve the following:

- A thorough personal, medical, and symptom history on the individual being tested along with a medical history of his/her family members
- A thorough physical examination
- A series of lab/medical tests (often including analysis of blood and urine, EKG/EEG, CT Scan or MRI)
- Mental status testing (usually using a Mini Mental State Exam)
- A referral for further psychological and/or neurological examination

**Alzheimer's Disease**

"Alzheimer's Disease (pronounced Alz'-hi-merz) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking, and behavior. Alzheimer's Disease (AD) is the most common form of dementia. Symptoms of AD can include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgment and planning and personality changes" (Alzheimer's Association – fact sheet).

Alzheimer's Association materials also indicate the following regarding AD:

- Approximately 4 million Americans have AD.
- An AD victim can live from three to twenty or more years from the onset of the disease.
- AD is the sixth leading cause of death in adults.
- AD is the third most expensive disease in the U.S. after heart disease and cancer.
- AD costs the U.S. between $80 and $100 billion a year; the majority of this cost is the responsibility of the families of the victims, and the average lifetime cost per patient is $174,000.
- Half of all nursing home residents have some form of dementia.
- Identified risk factors are age and family history.
- Most persons with AD are older than 65, but AD can occur in people in their 40's.
- A 100 percent accurate diagnosis of AD can only be made after the individual dies by an autopsy of the brain. However, an AD diagnosis made through dementia rule-out testing is usually found to be over 90 percent accurate.

**Cause and Treatment of AD**

Exact causes for AD have not yet been identified. However, researchers do have an understanding of the changes that occur in the brain and the characteristics of the disease process. Currently, there is no cure for AD, although options are available to help with the management of this disease, including:

**Medical Management**

Good medical care, a healthy diet, exercise, and appropriate medications can often help to increase quality of life for persons with AD and/or their caregivers. It is recommended that persons with AD work closely with their physicians. There are currently several FDA approved medications for use with AD patients in the early to middle stages of the disease.
None of these drugs are a cure for AD. However, in some cases these drugs have been found to help persons with AD maintain higher levels of function for longer periods of time. An attending physician or psychiatrist can also be valuable in cases where the AD patient has become difficult or violent. In these cases the doctor may be able to provide appropriate medication management of these behaviors.

**Social Management**
A healthy active lifestyle where the AD patient is provided with appropriate levels of structured, simplified activity and socialization is important in helping to slow both the physical and mental process of deterioration. Many communities offer excellent adult day care programs for individuals with AD that can help caregivers to provide just such social management.

**Behavior Management**
A local Alzheimer’s Association office can provide caregivers with excellent written materials and advice on how to communicate and interact more effectively with someone who has AD, as well as information on how to manage difficult behaviors through the use of simple management techniques, interventions, and approaches.

**Vascular Dementia**
Vascular Dementia, sometimes also referred to as Multi-infarct Dementia, is the second most common form of dementia and is caused by multiple strokes (or TIA’s) to the brain. When this stroke activity causes damage to the parts of the brain that govern memory, reason, or intellect, dementia occurs. Symptoms can include memory loss, disorientation, confusion, personality and behavioral changes. Unlike AD, where symptoms and losses occur in a slow progression over time due to generalized damage in the brain, Vascular Dementia losses occur rapidly (with each new stroke activity) with symptoms only in specific areas of function based on the areas of the brain that have been damaged.

Vascular Dementia cannot be reversed or cured. However, healthy lifestyle changes including diet and exercise, as well as treatment of the underlying conditions that caused the stroke activity, may halt further progression. Just as in cases of AD, individuals with Vascular Dementia may often benefit from the same types of management options already outlined earlier in this section.

Note: For more information on issues relating to dementia, contact the Alzheimer’s Association’s West Michigan Chapter at 1-800-337-3827.
**PART FIVE: INDEPENDENT HOUSING**

**Aging-in-Place**

One’s living environment is vitally important to his or her life satisfaction. This is especially true for older adults, because they spend so much time in and around their homes. As people continue to “age in place” they find themselves more confined to their immediate living environment.

The older adult who no longer works outside the home, no longer drives, and/or is experiencing declining health and mobility due to increasing age is definitely more apt to be dependent upon his or her living environment for life satisfaction (Riekse and Holstege, 1996).

The term “aging in place” is used to describe the fact that people generally choose to grow older in the place where they have been living. A 2000 study by AARP supports the fact that most older persons wish to age in place. It found that the vast majority of older adults (84 percent) would like to stay in their own homes and never move. However, several factors need to be taken into consideration if an older adult wishes to successfully “age in place” in his or her own home. Listed below are three such factors that should be taken into consideration:

**Need for home repair and/or modification**

Older adults often live in older homes in need of significant repair and/or modification. These homes very often need costly maintenance, lack adequate insulation, have high utility costs, and are frequently too big for the older adult to maintain. Many older homes lack the functional design needed to accommodate for the losses frequently experienced by older adults. These homes often have second story bedrooms/bathrooms, basement laundries, and narrow doorways that are not easily accessible for seniors with limited mobility (Riekse and Holstege, 1996).

**Safety factors/issues**

Important factors that could effect the safety and welfare of an older adult are often overlooked in older homes. Throw rugs, use of extension cords, and inadequate lighting all contribute to a potential health hazard for the older adult and put him or her at high risk for serious injury due to falling. Sensory loss including loss of vision, hearing, and smell, as well as forgetfulness and memory loss can lead to further vulnerability and a risk for injury due to fire. The older adult may also be unsafe and at higher risk for crime while living in an older home, since many of these older homes do not have adequate security locks and are located in older and often deteriorating neighborhoods.

**Crimes against the elderly**

Seniors are often the target of consumer scams, cons, and rip-offs especially in the areas of health care, home improvement, and mail fraud such as sweepstakes. They also experience crimes such as breaking and entering, robbery, purse snatching, destruction of property, and assault. Although they may feel more vulnerable to violent crimes, seniors are actually statistically less likely to be the victim of violence than the rest of the population. The fear, however, that many older adults experience is no less real, and/or destructive. Fear of crime has led to a very negative and unhappy existence for many older adults who feel vulnerable due to their condition and/or trapped in a deteriorating neighborhood (Riekse and Holstege, 1996).

**Independent Housing Options for Seniors**

For many older adults, their number one priority is to maintain continued “independence.” Therefore, living environments, which contribute to continued independence, are most often the housing option of choice for an older adult. The following is a brief list, taken from Growing Older In America by Riekse and Holstege, of some of the independent housing options that are generally available to seniors:

**Home Ownership**

The majority of older people who live in independent housing, live in single-family homes, are homeowners, and have a fully paid mortgage. However, as already stated above, older homeowners generally live in homes which are older, and more costly to maintain. The concept of home ownership seems to be closely tied to “continued independence” for many older persons. This is why many older adults are resistant to moving into a retirement community or other senior housing option.

**Apartments**

Some older adults prefer apartment living. Generally, apartments come in a variety of styles and price ranges. Many older persons enjoy the fact that renting transfers the responsibilities of home ownership to someone else, and allows them additional time and freedom to pursue other interests. Many apartment units offer seniors the advantage of a community-like atmosphere and peace of mind which comes from added security measures. Approximately twenty-five percent of all seniors living in independent housing are renters.
Condominiums
Condominium living offers the benefits of home ownership along with the convenience and freedom of apartment living. The older adult owns the condominium, yet does not have responsibility for its upkeep and maintenance, since a monthly membership fee paid by each owner covers such services. This independent housing option, however, may be too costly for many older individuals living on a fixed income.

Mobile Homes and Manufactured Housing
Mobile and manufactured homes are an attractive and affordable housing option for many older adults. Even though mobile homes depreciate rather than appreciate in value, many older adults enjoy living in mobile and manufactured home communities. Some older adults enjoy living in these communities because they tend to have a large population of senior residents, and are more affordable than owning a house.

Shared Housing
Some older people find that shared housing allows them to continue to live independently. Shared housing is where two or more unrelated people share the comfort, security, expense, and responsibilities of the same home. It is important when considering shared housing to understand the importance of compatibility and the appropriate matching of individuals prior to establishing a home-share arrangement.

Public Housing
Public housing for the elderly, within our community, exists primarily of HUD (Housing and Urban Development) subsidized apartments. These apartments are available to low-income elderly and disabled persons for 30 percent of their income. Senior subsidized apartment buildings provide their residents with a safe, affordable living alternative. Many seniors value the socialization and companionship available while living in a building full of individuals their own age. The disadvantage associated with public housing for seniors, however, is the lack of it. There is not enough subsidized public housing to meet the needs of a growing older adult population. This is evidenced by the fact that it is not uncommon for an older person to wait over two years on a waiting list for an apartment to become available to them.

Single-Room Occupancies
This is a living environment that not many older adults would voluntarily choose. Single-room occupancies are usually one-room dwellings within older, decaying inner city hotels and boarding houses. The residents of single-room occupancies tend to be men who have led single lives and prefer living alone.

Accessory Apartments
Accessory apartments are self-contained private living quarters within an existing single-family home. Some adult children create these accessory apartments within their own home as a way to provide continued privacy and independence for an older parent within the safety and convenience of the family home environment.

Living with Adult Children
Some older adults choose to live in the home of an adult child in their later years. Also, some adult children feel that they have an obligation to take aging parents into their home. Many have the idea that this was the way it was done in earlier times, yet history shows the occurrence of older parents moving into the home of a nuclear family to be relatively low. This can be an appropriate option for some families, yet in other instances it may be best for both parties not to pursue this option. Questions to ask if considering this option:

- Can they tolerate each other’s differences and lifestyle choices?
- Can they communicate and view each other as adults?
- Is the home large enough to accommodate, and provide for everyone’s privacy?

Retirement Communities
Retirement communities are living environments for retired persons. They can be mobile home parks, apartment complexes, residential housing and/or condominium communities. Many retirement communities are located in the sunbelt, are age-segregated, and have a focus on leisure activities. The goal of most retirement communities is to enhance the lives of retired persons, yet many individuals may not be able to afford this retirement housing option, since these communities can be very costly and often target primarily the wealthy. It is also important to realize that many retirement communities do not provide the continuum-of-care that is needed by many adults as they age and their health begins to decline.
PART SIX: CAREGIVING

What Every Caregiver Needs to Know

Age-Related Changes and Adaptation
To effectively care for an older adult, it is important for the caregiver to have at least a basic knowledge and understanding of losses associated with the aging process, and how he or she, as caregiver, can help the individual successfully adapt to these losses. The following “Principles For Relating To Aging Parents,” developed by Gerontology Network, may be helpful in this regard:

1. Your parents have many emotional and physical strengths they have used throughout their lives, and are still using. Relate to them as adults with a variety of strengths, not children who need to be taken care of.

2. There are a variety of normal physical and mental challenges which occur as part of the aging process. For example:
   • There is a loss of physical flexibility.
   • Eyes take longer to adjust to differences in lighting.
   • Some hearing loss often occurs.
   • Food is digested less efficiently.

3. Older adults face a great number of changes and losses including decreased physical abilities, loss of friends and family, retirement, changed roles in the family, diminished income, moving to another residence, etc. These losses need to be recognized, and time allowed for grieving.

4. A general understanding of the changes related to aging is helpful to both parents and children.

5. Aging successfully involves adapting to the changes and losses related to aging.

6. Unless the older adult wants to change, try to avoid additional unnecessary changes during periods of loss.

7. Often old habits do not change, but become more pronounced.

8. If your parents can no longer live independently, remember there are alternatives to nursing home placement which allow the older adult to remain at home and living as independently as possible. Check out in-home nursing services, chore services (i.e., light housekeeping and yard work), home delivered meals, etc.

9. Talk with your parents and work together to formulate plans. Do not make decisions for your parents when they can make their own decisions, or at least be involved in the decision making process.

10. Realistically assess what assistance you can provide.

11. Remember, there is no right answer for how to relate to aging parents. You and your parents must find an approach that will work for you.

Gerontology Network has also developed the following suggestions regarding “Adapting To Aging Related Changes”:

1. Vision
   • Check all areas of the home to make sure lighting is bright, without glare or shadows.
   • At night, use night lights, flashlight, or regular lighting—avoid walking in the dark.
   • If uniform lighting is not possible, eliminate possible barriers in the area.
   • Use brighter lighting for reading areas.
   • Supplement markings on appliances.

2. Taste and Smell
   • Use seasonings in foods, such as spices and herbs. Avoid extra salt.
   • Pay attention to the appearance of food – it is more appealing if it looks attractive.
   • Use safety devices, such as smoke detectors.
   • Put the date on leftovers stored in the refrigerator.

3. Hearing
   • Speak clearly and distinctly – don’t shout.
   • Eliminate background noises if possible.
   • Face the person, don’t sit between the person and the window or other light source.
   • Telephone amplifiers and hearing aids can be helpful.
4. Touch
• Touch older adults – it is a powerful communication tool.
• Use different textures and materials to help older adults negotiate their environment.
• Pay attention to temperature – both indoors and out.

5. Mobility
• Be sure the home is free of barriers, or dangers such as slippery floors, throw rugs, clutter on the floor.
• Maintain some type of exercise program.
• Use assistive devices if needed.

Role Reversal and the Sandwich Generation
Many adult children as well as their aging parents find the “role reversal”, which occurs as the parent becomes more dependent upon their child, a very difficult adjustment. Not only does the adult child provide parent care, but often they are “sandwiched” between the added responsibilities of a marriage, teenage children still at home, financial obligations, and careers. The pressures faced by individuals in the “Sandwich Generation” are often unbearable, yet surprisingly research indicates that adult children overwhelmingly do contribute to their parents’ care in old age.

Dealing with Manipulation and Feelings of Guilt and Anger
Many individuals struggle with feelings of frustration, anger, and guilt while caring for an elderly loved one. Some adult children feel as though their parent is using guilt and manipulation to “push their buttons” in order to get a desired response. Others may feel angry or cheated by the fact that their parent has become old and frail. Still others may feel guilty for viewing their parent’s care needs as an unwelcome burden in their life. This in turn may result in not only feelings of guilt, but also anger, and frustration.

There is no question that caring for an elderly parent or loved one can evoke a number of feelings and emotions. It is important to remember, however, that it is not wrong to have these feelings as long as you do not act upon them inappropriately. The following section entitled “Caring for the Caregiver” contains helpful hints on how caregivers can maintain positive attitudes, keep themselves physically and emotionally healthy, and how they can “keep their cool.”

Caring for the Caregiver
It is very important for a caregiver to not only take good care of her or his elderly loved one, but also to take good care of him/herself. Gerontology Network has developed the following “Self-Help Guidelines for Caregivers”:
• Educate yourself regarding your loved one’s condition and what care may be needed.
• Don’t feel guilty about asking others for help. Ask for and accept help. Remember that you need to get away at times, so delegate roles to others and keep other family members involved.
• Maintain meaningful relationships with family and friends.
• Take breaks from caregiving.
• Understand and accept your feelings as normal human responses.
• Make realistic commitments.
• Hope for the best, yet plan for the worst.
• Join a caregiver support group. This will give you a safe place to vent your feelings and frustration, as well as get valuable advice from other caregivers.
• Seek advice from health care providers, social workers and counselors regarding community resources and personal care.
• Consult with an attorney and/or financial planner regarding legal and financial matters.
• Celebrate small successes and good days.
• Check out resources for day care, respite, and other community resources before they may be needed, and keep this information close by.
• Readjust priorities to match available time, energy, and motivation.
• Modify the environment for safety, simplicity, comfort, and ease of care.
• Find ways to reassure and reward yourself.
• Seek immediate medical help when sudden changes occur in your loved one’s condition.
• Take time off to restore yourself.
• Don’t neglect yourself. It won’t make your loved one feel any better, and it will diminish your capacity to provide good care.
• Make sure that your elderly loved one has opportunities to feel loved, valued, and successful as well as to give love.
• Remain flexible and keep the capacity to alter your perspective as changes occur.
• Retain a tolerance for inevitable mistakes.
• Retain a sense of humor and use it often.
• Remember that NO ONE is perfect.

Dealing with Resistance and Denial from the Older Adult in Need of Care

At times, an older adult may be in denial that a problem exists, and therefore may be resistant to accepting or receiving needed assistance. As a concerned loved one, this can be a very difficult and frustrating situation to deal with, but it is important for you to remember that:

• Your elderly loved one is an adult, and has been making his/her own decisions, good or bad, for longer than you have been alive.

• Your elderly loved one has the right as long as he/she remains mentally competent (able to fully understand and accept the consequences of his/her own decisions) to continue to make his/her own decisions without interference, even if you disagree with those decisions and fear for his/her safety.

• Your elderly loved one probably won’t be in denial forever. Often mentally competent older adults at some point will begin to recognize their limitations and accept assistance. Therefore, it is important for you to be patient with, loving toward, and available to your elderly loved one, always continuing to gently encourage him/her to accept needed help.

However, the above does not apply to situations where the older adult is no longer mentally competent. In these situations you must act to protect your elderly loved one from harm. The following options may assist you in keeping your elderly loved one safe under these circumstances:

• Take control, don’t offer an option, just move into the situation and do what needs to be done. This will sometimes be successful, but other times may lead to further conflict and difficulties.

• Contact Adult Protective Services through your county’s Family Independence Agency. This is a governmental agency mandated by law to protect vulnerable adults in danger of abuse, neglect (including “self” neglect), and exploitation. They may be able to get community resources into the home or help your family build a case for needed Guardianship.

• Seek legal counsel and petition the Probate Court for Guardianship. If granted by the court, Guardianship would give you the right to make decisions on your elderly loved one’s behalf. For general questions concerning guardianship/conservatorship you may contact the Kent County Probate Court at 336-3630.
PART SEVEN: CARE AT HOME

Understanding the Maze of Available Home Based Services

If you have ever tried to arrange services for an older adult in need, you probably know how difficult and confusing that this process can be at times. In working with families and caregivers, social workers frequently hear from individuals how stressful and frustrating the process of getting help was for them. It often takes six to eight phone calls just to reach an appropriate service provider who could help them.

Is this difficulty and confusion the fault of the aging network service providers? Not really. The following more often causes these difficulties:

- Lack of funding – since most aging network service providers are non-profit organizations they lack the money necessary to properly market or advertise their products and services.

- Lack of one coordinated system for referral—most providers, out of a genuine sense of caring and customer service, will try to provide to at least some extent an Information and Referral (I&R) service. Yet, to provide a quality I&R service requires a great deal of effort, for it is very difficult to stay up-to-date in a system as large and complicated as the aging network of service providers.

- Older adults, their families and caregivers can also add to this confusion – since at times they are in denial that a problem or need even exists until the situation reaches a critical or crisis level. Then, in panic, they try to seek assistance when they can’t always think straight, and when it may already be too late for the aging service provider to be able to help their loved one.

This is one of the primary reasons why we developed this Resource Roadmap Manual for your use—so that you might better understand and utilize the excellent network of aging service providers within our community.

Caring for an Older Adult at Home

You’ve probably heard the saying “If you fail to plan, you plan to fail.” Praying that a crisis won’t happen, but planning for it in case it does, is sound advice for all families.

One of the first steps you may want to consider is becoming familiar with the wide-range of community-based services available to help support and provide for the care needs of an older adult in a home-based setting. These services may include, but are not limited to, homemaker, home chore, home delivered meals, care management, home health aide, home-based nursing and therapy services, friendly visitor, telephone reassurance, personal emergency response systems, in-home respite care, home repair and maintenance, transportation, loan/use of assistive devices, hospice care, etc. The Service Listings section of this manual should be helpful in identifying the appropriate services available within our community to meet older adult home-based care needs.

The cost for home based services is often privately paid by the individual receiving services. Federal, state and local funds may be used to assist with the cost of some of these services. Assistance may vary based on availability of funds and eligibility requirements.
PART EIGHT: CARE IN AN INSTITUTIONAL SETTING

(Most of the content in this section was provided by Citizens for Better Care)

Levels of Care/Licensure
Long Term Care is a phrase used to describe health care and other services designed to provide care and assistance to people with disabilities and chronic illnesses. Long-Term Care services include in-home care, community based services, and residential care provided in such settings as nursing homes, homes for the aged, and adult foster care homes. For the sake of this manual, since in-home and community based services are discussed in “Part Six: Long Term Care: Home Based Services", the term Long Term Care in this section will be used to describe care provided within licensed residential settings including nursing homes, homes for the aged, and adult foster care homes. The Michigan Department of Consumer and Industry Services now licenses all three of these Long-Term Care residential settings. Determining an appropriate, available, and affordable Long Term Care setting to meet your needs can be both complicated and confusing.

Assisted Living: Adult Foster Care and Homes for the Aged
“Assisted Living is a marketing term used to describe a kind of residential care program. Most assisted living in Michigan is provided by [licensed] adult foster care homes and homes for the aged” (Citizens For better Care, “Long Term Care: What it is...How to Find It” brochure). However, beware that some businesses market and provide “assisted living” services which are not licensed by the state. Adult foster care homes (AFC) and homes for the aged (HFA) provide room and board, special diets, supervision and some personal care to adults who are frail but in generally good health. Personal care includes help with bathing, dressing and taking medications.

Residents pay for their care with Social Security, Supplemental Security Income, pensions, other income and savings. Medicare pays no portion.

Some AFC homes specialize in care for the developmentally disabled, the chronically mentally ill or the elderly. Most AFC homes are privately owned and operated and house one to 20 people. Your county Family Independence Agency office has listings of nearby AFC homes. Ask for the Adult Community Services worker at the Family Independence Agency.

Homes for the aged (HFA) provide the same kind of care as AFC homes. HFAs serve people who are at least 60 years old. They tend to be larger with 50 to 300 residents. About half of the state’s HFAs are attached to a nursing home. Like AFC residents, people living in HFAs use their income and savings to pay for services.

Like AFC homes, homes for the aged do not provide medical care, although some may provide nursing care on a limited basis. Lists of homes for the aged in your area and information about both kinds of facilities are available from your local Long Term Care Ombudsman office, Citizens For Better Care. (Citizens For Better Care, “Long Term Care: What it is...How to find it” brochure)

Nursing Homes
Nursing homes are for persons who need a higher level of care.

Basic Care is what most nursing home residents need. Basic care includes help with what are called activities of daily living - bathing, toileting, feeding, dressing, medication, skin care, and walking. Nursing homes also observe and assess health needs such as watching for infections and serious illness.

Skilled Care means the resident needs the daily attention of a licensed health professional such as a registered nurse, practical nurse or physical therapist under orders from a doctor. Skilled care may include intravenous (IV) feedings or medication, colostomy care, treatment of severe bedsores, physical therapy, or observation and assessment of a changing or unstable condition.

Medicaid pays for both kinds of care; Medicare pays only for skilled care [and only on a time-limited basis]. Most Michigan nursing homes accept both Medicare and Medicaid payment.

There should be no difference in the quality of care between skilled and basic care—the difference is in the degree and kind of care provided, and whether Medicare or Medicaid will help pay the cost.

Lists of nursing homes and important information from their inspection reports and more help [including information on financing long term care, i.e. Medicare, Medicaid, SSI, etc., are available from your local Long-Term Care Ombudsman office, (Citizens For Better Care, “Long Term Care: What it is...How to find it” brochure)
Continuum of Care/Life Care Communities
Many individuals decide to move into retirement facilities that offer a wide range of services, including independent apartment living, meals, transportation, social activities, maintenance, assisted living and nursing care.

Some retirement facilities offering these services require a retiree to sign a lease agreement that exceeds one year and to pay a substantial amount of money prior to the date they move in. Retirees often sell their personal residence to fund the up front fee or ‘entrance fee.’ All retirement facilities (often called life care or continuing care facilities) that require an entrance fee to be paid must be registered with the Michigan Department of Consumer and Industry Services (MDCIS), Corporation, Securities and Land Development Bureau, Securities Examination Division, Living Care Section. Registered facilities must provide you with a disclosure statement describing the services the facility provides before you sign a lease or resident and care agreement. To find out if a life care or long term lease facility is registered, you may call the bureau's Living Care Section at (517) 334-8408. If you would like to file a complaint or check if a complaint has been filed against a registered facility, contact the bureau's Enforcement Division at (517) 241-6500.

If you are looking for a lifetime arrangement, make certain that the facility of your choice will be able to accommodate your physical needs should you require a higher level of care over time. The fact that a facility says it can provide a complete continuum of care does not necessarily mean they can. Some retirees are shocked to find out that they would have to live separately from a spouse when it became clear nursing home care was necessary for one of them.

As always, when making large financial commitments, shop around to see what the market has to offer, and remember, get all promises in writing before committing to any financial transaction." (Source: Issue Alert, Michigan Office of Services to the Aging, November 1997)

Unlicensed Homes
Persons who live in unlicensed homes have far fewer rights and protections than their counterparts in licensed facilities. The number of inspectors in the Bureau of Family Services dropped from 186 to 124 as of Nov. 1, 2002, the number of adult foster care consultants dropped from 90 to 53. More information (www.michigan.gov/cis) and click on “Family & Health Services ”

How to Choose a Long -Term Care Facility
Choosing the long-term care facility that best meets your needs can be very difficult and frustrating. Therefore, the more you know the better your chance of finding a placement that will meet your needs. A long-term care placement is a very important and expensive purchase; for this reason a placement decision should be made only after careful investigation and thoughtful consideration.

When considering a potential long term care facility placement individuals should:
• Ask to be given a tour of the entire home.
• While touring the facility:
  1. Use your 5 primary senses of sight (Do you see residents who are not dressed appropriately, who appear bored, who are ignored by staff? Is the facility clean and barrier free?); hearing (Do staff speak respectfully toward residents?); smell (Do you smell any unpleasant odors such as urine or chemical cover-up?); taste (How does the food taste?); and touch (Are staff making appropriate use of touch with residents?)
  2. Observe the facility design. Does it have a homelike environment with the amenities that you need/desire (i.e. - common areas, private rooms, adaptive equipment, yard space, activities area, etc.)
  3. Talk to willing residents, visiting family members, and staff.
• Observe the residents and how the staff treats them.
• Ask what services the facility provides.
• Ask the administrator about his/her staff.
• Carefully review admission contracts and issues relating to financing this placement.
• Review the state inspection report on the facility.
• Never underestimate the value of your own first impression/intuition.

NOTE: For additional information on How To choose A Nursing Home, Home For The Aged, or Adult Foster Care Home contact Citizens For Better Care at (616) 245-9451 or 1-800-782-2918.
Quality of Nursing Homes

Information about the quality of all 17,000 nursing homes in the US is now available from the federal government. One can log on www.medicare.gov or call 1-800-633-4227. Information is available on quality of care indicators for each nursing home listed. This information may be valuable but is not a substitute to a visit and personal inspection of the institution.

Nursing Home Placement:
When is it needed and appropriate?

Nursing homes are not meant for everyone. They are licensed to provide care only for those individuals who meet eligibility criteria. If you are unsure about what level of long term care placement that your loved one requires, discuss this matter with your physician. Also, the Admissions Director at your local nursing home could tell you if your loved one’s condition warrants nursing home placement.

Making the decision [of nursing home placement] is never easy, and feelings of guilt accompany the process—especially when you had promised you would never put your mom, dad, or spouse in a nursing home.

As primary caregiver, only you can make that decision; while relatives, friends, neighbors, the doctor, respite providers all may give advice, the responsibility and ultimate decision are yours. Only you know when you have reached your limit of endurance mentally and physically. There is no universal guideline for when this happens.

For some, it is time for the transition when the loved one becomes incontinent of bowel and bladder. For others when the person paces all night! Or becomes abusive! Or so totally dependent on the caregiver that the latter cannot so much as go to the bathroom alone! For some, it is time when life seems to have lost meaning and purpose.

If your own health and sense of well being are in jeopardy, the time for placement is now.

Once the decision is made, be gentle with yourself and trusting enough of yourself to stick with it. If you are not already involved in a support group, find one and join it. Talk about your feelings with others who have had to make the same painful decision." (West Michigan Alzheimer’s Association, by Jo Lindquist)

Issues Involving Those with Cognitive Impairment
(i.e., Alzheimer’s and other Dementia)

On a national average, approximately 50 percent of all nursing home residents have some form of dementia. The term dementia does not refer to any one specific disease or illness, but rather is used to describe a group of symptoms, (including memory loss, confusion, disorientation, decreased intellectual function, difficulties in concentration, and impaired judgement), that impair someone’s ability to care for him or herself. The most common forms of dementia are Alzheimer’s Disease and Vascular Dementia (caused by TIA’s and strokes). More detailed information on dementia is included in the “Part Nine: Mental Health” section of this manual.

Key Issues in Understanding and Maneuvering the Long-Term Care System:

Nursing Home Placement: Financial Discrimination

The state limits and controls the number of licensed nursing home beds available within any community through a Certificate-Of-Need process. Therefore, the number of nursing home beds available at any one time, especially within larger, more populated metropolitan areas, is usually very limited. At times, this can lead to difficulty in finding an appropriate nursing home placement, and often leads to financial discrimination against those who can not afford to pay privately for their care (with nursing home beds going to those with the most financial resources).

Current laws do not prohibit nursing homes from discriminating against people seeking admission based on their source of payment. Nursing homes prefer private paying patients because they can charge them more money than Medicaid, Medicare, or the VA. Some nursing homes only admit applicants who have enough money to pay privately for several months or years. When a nursing home decides whom to admit, based on financial resources, it is practicing financial discrimination. (Citizens For Better Care, 1995)

Financing Long Term Care

Paying for, and understanding the payment systems allowed within each level of long-term care, can be confusing. Knowing what Medicare, Medicaid, and SSI will cover, and when and how to become eligible for these programs requires an educated consumer. The following basic information on paying for long-term care placement is being provided in this section. For more information on how to finance a long term care placement, you may contact Citizens For Better Care.
Private Payment
As discussed earlier in this section, “assisted living” options (adult foster care and homes for the aged) are generally private pay only. This means that you can only go into a facility that you can afford, and when you can no longer afford the monthly fees, you may be asked to leave. A limited number of assisted living facilities do, however, accept low-income residents at the Supplemental Security Income (SSI) rate. The SSI rate will be discussed latter in this section.

Certainly, those residents who can afford to pay privately are highly favored for admission into a nursing home, since nursing homes can bill private-pay residents at a much higher rate than the reimbursement that they receive from Medicare and Medicaid. However, since the average private-pay nursing home stay costs approximately $60,000 per year not many individuals can afford to indefinitely private-pay for their nursing home stay. As a result, most residents spend-down their assets and eventually become Medicaid eligible.

Supplemental Security Income (SSI)
As indicated previously, assisted living facilities can voluntarily choose whether they want to accept the SSI rate residents. Low-income older adults who need assisted living may qualify for SSI to help pay for their care.

There are both income and asset tests for SSI eligibility. An assisted living facility resident who meets SSI eligibility criteria and who lives in a facility that accepts the SSI rate would qualify for increased monthly SSI income to pay for the cost of their care based on annual SSI Rate Income Limits.

Detailed up-to-date information on SSI eligibility and the SSI rate can be obtained from the Family Independence Agency in your county or through Citizens For Better Care.

Medicare
Medicare only pays for a small portion of nursing home care. Medicare payment of nursing home care is also time limited and has many eligibility restrictions.

To qualify for Medicare nursing home coverage a resident must meet the following eligibility criteria:

- He/she must have been admitted to an Acute Care Hospital for at least 3 days, followed by a placement, within 30 days of a hospital stay, in a Medicare-Certified nursing home, and
- He/she must need “skilled” nursing care services that are provided at least 5 days per week, which can only be rendered on an in-patient basis in a nursing home.

Those who qualify for Medicare coverage can receive up to 100 days per benefit period as long as they remain in need of “skilled” nursing home care. (Note: what constitutes “skilled” nursing home care was outlined earlier in this section.) The first 20 days of “skilled” care is covered in full. The 21st through 100th day of “skilled” nursing home care is only partially covered by Medicare. There is a substantial daily co-pay which may be covered by the resident’s Medicare Supplemental Insurance (Medigap) Policy.

Medicaid
Medicaid pays for the care of the majority of nursing home residents. Approximately two-thirds of all nursing home residents will eventually become Medicaid eligible, with 70 percent of single older Americans spending down to Medicaid eligibility within 13 weeks of their nursing home admission (Rieke and Holstege, 1996).

It is important to note that in the case of couples where one individual lives outside of the nursing home, Medicaid eligibility does not require the spouse at home to become impoverished in order for the nursing home resident to qualify for Medicaid coverage. Under these circumstances Medicaid allows some of the income and assets of the community-living spouse to be protected.

Nursing Home Medicaid Eligibility
To receive Medicaid within a nursing home, a nursing home resident must meet both income and asset eligibility requirements. Income eligibility criteria are simple. If the resident’s monthly income is less than the monthly cost of his/her nursing home care, income eligibility for Medicaid is met. Asset eligibility requirements, however, are more complicated, and need to be put into two different categories:

- Nursing home residents without a spouse at home
- Nursing home residents with a spouse at home
Asset Eligibility for Nursing Home Residents without a Spouse at Home

There are two types of assets, those that are counted and those that are exempt. A nursing home resident is allowed to keep all exempt assets and still be eligible for Medicaid. However, a resident is allowed to have up to $2,000 dollars in counted assets in order to be eligible for Medicaid in the nursing home. If a resident has more than $2,000 in countable assets, they must first spend-down to that level before becoming Medicaid eligible.

The Most Common Exempt or Not Counted Assets Include:

• one's home (if in Michigan)
• one car
• personal and household goods (no matter what their value)
• certain funeral and burial provisions (see a funeral director for more information)
• life insurance (if the face value of all policies is $1,500 or less)
• any counted asset that one is unable to sell (after at least 30 days, within the last 3 months) at a fair market value
• under special circumstances a trust (that has been established at least five years prior to nursing home Medicaid application, and which includes certain restrictions for use)

The Most Common Counted Assets Include:

• cash
• money in:
  • bank/credit union accounts
  • checking accounts
  • certificates of deposit (CD's)
  • IRA's
  • trusts, depending upon the conditions
• equity in:
  • property other than your home
  • a land contract or mortgage
  • additional vehicles, boats, or recreational vehicles
  • stocks and bonds

Asset Eligibility for Nursing Home Residents With a Spouse At Home

For those nursing home residents who have a spouse living outside a nursing home, all of the above counted, not counted/exempt asset criteria, and nursing home resident allowances apply. However, additional Spousal Impoverishment Provisions also apply.

The spouse at home is allowed to keep:

• all not counted and exempt assets,
• half of all counted assets within certain limits (these include an asset ceiling and floor that is established by the State and that change annually due to cost of living), and
• may qualify for a portion of their spouse’s monthly income once the spouse in the nursing home is Medicaid eligible.

Note: For the most up-to-date and detailed information on Medicaid Nursing Home Eligibility contact either the Family Independence Agency in your county, Citizens For Better Care, or the Michigan Medicare/Medicaid Assistance Program (MMAP).

Rights and Advocacy Issues

It is important that you understand the rights guaranteed by Michigan and Federal law for residents of each type of long-term care facility. For information on resident rights and advocacy assistance contact your Long Term Care Ombudsman, Citizens for Better Care.
PART NINE: SUPPORT GROUPS/SYSTEMS

The Support and Information Needs of an Aging Society
We live in an age where information and support are now available at the touch of a button. Television, digital satellite, cellular, and internet technologies have literally brought a world of information and communications into our own homes and offices. For this reason, the baby boomers of today and “emerging old” of tomorrow will have an advantage over the older adults and caregivers of today. Because of their increased access to and familiarity with communication technologies, older people today are more likely to stay informed and connected resulting in less isolation and greater access to support and assistance.

However, this is not necessarily true for most frail older adults and their caregivers. Caregivers often have a very demanding lifestyle and live a somewhat isolated existence. They often lack the time and/or energy required to stay informed and connected with the outside world at a time when they are most vulnerable and in need of this outside information, support, and assistance.

The Role and Value of a Support Group
Today families and caregivers often face tremendous pressures and difficult challenges in trying to care for the needs of a frail older adult. The caregiving role often takes a tremendous physical, financial, and especially emotional toll on the dedicated individuals who assume this responsibility. That is why family members and especially caregivers need support, information, and access to resources and assistance.

A highly recommended and exceptional source for caregiver information and support is a “support group”. Support groups allow for people in like situations and life circumstances to gather in a place where they can vent their feelings and frustrations, share valuable information, learn about resources and assistance available in the community, and provide support and understanding to one another in times of need. In most large communities a variety of support groups are available, these may include but are not limited to: caregiver support groups; friends and family of aging adults support groups; Alzheimer’s/dementia support groups; grief/bereavement/widow support groups; and support groups that are specific to a variety of diseases/conditions (i.e., stroke, heart, cancer, etc.).

Check the Service Listings section of this manual for contact information on support groups available in Kent County.
PART TEN: LEGAL ISSUES, ADVOCACY, AND ELDER CARE PLANNING

Information, Planning, and Advocacy Issues for an Aging America

Information Needs of Older Adults
We live in an information age, but this information is only effective if in the hands of those who need it. Older adults generally need information on a wide variety of available programs, services, and resources. This kind of information can usually be obtained through contact with an aging service provider who can offer an Information and Referral (I & R) service. (Note: See Part Fifteen: Information and Referral)

Planning and Advocacy Needs of an Aging America
It is no secret that our society is aging rapidly. We are in the middle of an aging revolution. Society can only meet the increasing needs of an aging population through proper planning. This planning needs to take place on national, state, and community levels. The planning process should include significant input from older persons, their families, caregivers, and the “emerging old” of tomorrow (baby boomers).

The aging revolution has created a need for two types of advocacy on behalf of older Americans:

• Advocacy on behalf of the vulnerable older adult who cannot speak for him/herself
• Advocacy on behalf of older adults as a group (i.e., a coordinated association or organization which advocates for the needs and desires of older adults as a group)

State and national advocacy groups can be found on the Internet a few are listed below.

AARP: www.aarp.org
Family Caregiver Alliance: www.caregiver.org
Center for Medicare Advocacy: www.medicareadvocacy.org
Families USA: www.familiesusa.org
Medicare Rights Center: www.medicarerights.org
Michigan League for Human Services: www.mlhs.org

Planning As A Family Project

A. Know your finances.
1. If you are married, make sure both spouses know the status of your finances.
2. If you are single, do not turn over all of your finances to some other family member or friend without some type of safeguard or oversight.

B. Make an estate plan.
1. Identify your goals (which may or may not be the same as other members of your family).
2. Make sure your concerns are addressed.
3. Make sure you understand how you will live under the plan.

C. Keep good records.
1. Keep good records of your assets and their location.
2. Let someone know where to find these records.

D. Communicate with your family.
1. Encourage parents to talk with other family members about their wishes.
2. Talk with your children or close family members about your wishes.
3. While it is hard to discuss difficult issues with family members, it only becomes more difficult when people are ill.

E. Try to be realistic, and encourage your family to be realistic.
Financial Management

A. Why Plan?
1. If you are between the ages of 35 and 65, insurance statistics indicate that you have a one in three chance of being disabled for at least three months, and the average length of disability is over five years. After age 65, your chances of being disabled increase.
2. Disability can result from a variety of causes, including illness or accident, and can strike at any time.
3. If you have not planned in advance, someone will have to petition the probate court for a protective order or appoint a conservator to manage your financial affairs.
   a. Evidence must be presented at a probate court hearing that you are unable to manage your property and affairs effectively for reasons such as mental illness, mental incompetency, or physical illness or disability.
   b. The court will appoint a conservator based on a statutory priority. It may not be the person you would select.
   c. The conservator must file an annual account with the court and the account must be approved at a hearing at least every three years.

B. What is the effect of Joint Ownership?
1. Many people plan by holding all of their assets in joint name with a spouse, adult child, or other relative.
2. The joint owner of your checking account or savings account will have access to your money to pay your bills if you are disabled.
3. However, the joint owner of your real estate, stocks, bonds, and many other investments will not be able to manage or liquidate those investments without your signature. This is true even if the joint owner is your spouse.
4. Also, the joint owner of your bank accounts has no obligation to account to you and has the legal right to withdraw all the money for his or her own benefit.
5. The joint owners’ creditors may be able to make a claim against your jointly owned assets. Your assets may also become an issue in your joint owner’s divorce.
6. Joint ownership also means that the joint owner will automatically own the asset at your death regardless of what your will directs, so it may upset your estate plan.
7. Joint ownership may also have serious estate tax consequences.
8. Joint ownership with a spouse is often useful and appropriate, where your joint estate is less than $1,000,000. Joint ownership with people other than your spouse can be a problem.

C. What is a Durable Power of Attorney?
1. A power of attorney is a document by which you can appoint an agent to legally act on your behalf.
   a. A "durable" power of attorney remains in effect in the event of your disability or incapacity.
   b. It can be used to avoid the expense, delay, and public nature of a formal probate court conservatorship proceeding if you become disabled.
2. A durable power of attorney can also be designed to:
   a. Be effective only if you become disabled (a “springing” power which may cause problems of proof of disability); or
   b. Be effective immediately without proof of disability.
3. You can choose anyone, or more than one person, to act as your agent but:
   a. Your agent should be someone you trust and who has good business judgment; and
   b. A successor agent should be named in case your first choice cannot act.
4. Your durable power of attorney should be witnessed and notarized so that it can be recorded if it is used in connection with real estate.
5. You should periodically sign a new durable power of attorney to decrease the possibility that it will not be recognized.

D. What is a Living Trust?
1. A living trust is an agreement between you as the “grantor” and someone you select as the “trustee.”
   a. It is called a “living” trust because you transfer assets to it during your lifetime.
   b. Because the assets are in the trust, they can be managed by the trustee if you become disabled, thus avoiding the expense, delay, and public nature of a formal probate court conservatorship proceeding.
2. Your living trust can accomplish other goals after your death, such as:
   a. Avoiding probate;
   b. Minimizing federal estate taxes;
   c. Managing assets for children and preventing minor children from receiving an inheritance at too early an age;
d. Providing for a spouse while protecting the ultimate inheritance of children from a prior marriage;
e. Providing for disabled children or elderly parents without disqualifying them from governmental benefits to which they may otherwise be entitled;
f. Allowing for continuation and management of business interests and facilitating orderly disposition of a family owned business.

3. Even if you have a living trust, it is a good idea to also have a durable power of attorney and a will to cover assets which may not get transferred to the trust.

4. If you intend to use your living trust to avoid probate, all of your property must be transferred to the trust before your death.

5. There are specialized trusts called Special Needs Trusts that can be set up for the purpose of allowing assistance to a disabled person without the loss of government benefits. The trust can help the disabled person maintain his or her quality of life or pay for medical services not covered by Medicaid. It is funded with the parent's or other relative's assets. If this is established as a separate trust (not part of the parent's general estate plan) during lifetime other family members can add assets in the form of lifetime gifts or bequests at death.

E. Avoiding Probate.

1. Probate can be avoided by not having any probatable assets. If all you own is in the form of beneficiary assets and joint assets, there will be no probate.
   a. Since the surviving joint tenant becomes the sole owner of the joint assets, probate will be avoided on the death of that joint tenant.
   b. Holding all your property jointly can have adverse personal, estate, gift and income tax consequences.

2. If you transfer all of your assets into a living trust before death, you will avoid probate.
   a. A living trust keeps financial and personal information out of the public record. This is particularly important where a family business is involved.
   b. You may serve as initial trustee of your trust so that you retain control and your trust may be changed by you.

Heath Care Decisions

A. Why Plan?

1. Most people do not die of a sudden illness of injury. Rather, most people die after a prolonged chronic illness. Numerous medical decisions must be made during the course of such an illness.

2. If you are competent, you have the right to accept or reject medical treatment based on the common law right of self-determination and the federal constitutional right of privacy.

3. That right should not be lost by incapacity, but most people become incapacitated at some point in the process.
   a. A surrogate decision-maker should be designated.
   b. The surrogate decision-maker should determine what you would have wanted.
   c. If there is no evidence of what you would have wanted, the surrogate decision-maker must determine what is in your best interests.

4. If you have not designated a surrogate decision-maker, someone will have to petition the probate court to appoint a guardian to make personal care decisions for you.
   a. Evidence must be presented at a probate court hearing that you are impaired by reason of mental illness, mental deficiency, or physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, to the extent that you lack sufficient understanding or capacity to make or communicate informed decisions concerning your person.
   b. The court will appoint a guardian based on a statutory priority and it may not be the person you would select.
   c. If you have not expressed your wishes, the guardian will make decisions in a vacuum.

5. Michigan does not yet have a clear standard for withholding or withdrawing medical treatment from a patient who is not competent and who has not given an advance directive regarding medical treatment or appointed a surrogate decision-maker. The fact that a person is elderly does not necessarily mean that extraordinary measures will be avoided.
B. What is a Designation of Patient Advocate?

1. A designation of patient advocate is a document by which you can appoint an agent called a "patient advocate" to make health care decisions for you in the event you are unable to participate in medical treatment decisions.

2. Michigan is one of several states which statutorily authorizes appointment of an agent for health care decisions. The Michigan legislature enacted the Patient’s Rights Act on December 18, 1990.

3. You must be competent to designate a patient advocate.

4. The patient advocate’s authority is exercisable only when you are unable to participate in medical treatment decisions.
   a. The determination of inability to participate in medical treatment decisions must be made in writing by your attending physician and another physician or licensed psychologist upon examination of you.
   b. If you regain your ability to participate in medical treatment decisions, the designation of a patient advocate is suspended.

5. Your designation may include a statement of your desires on care, custody, and medical treatment.

6. Your patient advocate may make a decision to withhold or withdraw treatment which would allow you to die only if you have expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision and that you acknowledge that such a decision could or would allow your death.

7. You can choose any person who is at least 18 years old as your patient advocate and you can designate a successor if your first choice cannot act.

8. To be effective, the designation must be:
   a. written, dated and signed voluntarily by a competent person; and
   b. signed in the presence of two witnesses who cannot be your spouse, parent, child, grandchild, sibling, presumptive heir, known devisee, physician, patient advocate, an employee of your life or health insurance provider, an employee of a health facility that is treating you, or an employee of a home for the aged where you reside.

9. You may revoke your designation at any time and in any manner sufficient to communicate an intent to revoke.

10. If you name your spouse as your patient advocate, the designation is suspended during the pendency of an action for separate maintenance, annulment, or divorce and is revoked upon a judgement, unless you have named a successor to your spouse as your advocate.

11. Your current desire takes priority over a previously expressed desire.

12. Your physician, hospital, and health facility are bound not only by your patient advocate's instructions but also by “sound medical practice.” Sound medical practice would probably not condone euthanasia or assisted suicide.

13. Your patient advocate has legal authority to make medical treatment decisions for you. However, if there is a dispute over whether your patient advocate is acting consistently with your best interests (your known desires as expressed while you were able to participate in medical treatment decisions) a petition may be filed with the probate court requesting a court determination as to the continuation or removal of the patient advocate.

14. If you have a durable power of attorney for health care which was signed before December 18, 1990, it is valid but only if it specifically gives the power to refuse life-sustaining treatment or in some other language clearly and convincingly states that your agent may make decisions to withhold or withdraw treatment which would allow you to die. Most pre-1990 powers of attorney do not contain this language.

Long Term Care Planning

What is long-term care?

Long-term care is assistance with activities of daily living in a nursing home, assisted living facility, adult foster care home, in-home care at a person’s own residence, respite care, or adult day care. Approximately 43% of Americans who reached the age of 65 in 1990 will use a nursing home. Of those, 37% will stay for more than six months; 24% will stay at least a year; 9% will stay at least 5 years.

A very small portion of the cost of long-term care in a nursing home is covered by Medicare and/or private health insurance. One-third of all nursing home costs are paid from a person’s own assets and income. Other means of paying are long-term care insurance, paying from existing assets and income, and Medicaid. Often, when a person needs long-term care it is too late to plan to retain control of finances and health care. Costs vary based on the amount of care needed. The average cost of traditional nursing home care in Michigan is $60,516.
What is long-term care insurance?
Long-term Care Insurance is a type of insurance intended to cover a portion of the cost of long-term care. It generally covers only care in nursing homes and home care. Many people purchase long-term care insurance to protect themselves, their spouse and their children from the risk that long-term care costs will substantially reduce their estate. Long-term care policies vary substantially. However, they generally pay a fixed dollar amount each day you receive care. They supplement a person’s other income to help pay for the cost of long-term care. Other policies pay a set percentage of the cost of care. Some will pay up to a specified dollar amount. The length of coverage depends on the type of policy. Some policies will cover a portion of the cost of care no matter how long the person is in a nursing home. This type of policy is usually relatively more expensive. Other policies cover care for a limited period of time like two years. Here are some of the factors to consider in selecting long-term care coverage. The deductible or elimination period is the period from the beginning of a nursing home stay until the policy begins payment. The longer the elimination period the cheaper the policy. You should consider the amount of money you can afford to pay out of your own pocket before insurance payments begin. This should guide you in choosing an elimination period. If you have pre-existing health problems at the time you apply for long-term care insurance, it may be more difficult to qualify for insurance. Additionally, a nursing home stay due to your pre-existing condition soon after purchase of the policy may not be covered. Renewal options determine whether your policy can be cancelled even if you pay your premium on time. Inflation riders allow you to purchase coverage to automatically increase the benefit you receive to provide for inflation. A waiver of premium clause tells you how long you must continue to pay the premium after you enter nursing home care. When buying long-term care insurance, deal only with reputable agents and agencies, beware of high pressure sales techniques, understand the policy, and ask hard questions. A reputable agent will be happy to answer them.

What is Medicaid?
Medicaid is a government funded health care program which may help financially needy people pay for medical care. Medicaid also pays for certain services provided to disabled persons through Community Mental Health. Currently, it is the only health care program which assists people with paying for nursing home care. Medicaid does not pay for homes for the aged, adult foster care, assisted living, and most home health care. Medicaid is available only to people who meet certain asset and income requirements and the rules vary significantly based on whether or not you are married. Planning for Medicaid is complicated and risky because it is controlled by both state and federal laws, which frequently change. In addition, the Medicaid program is administered by the Family Independence Agency (FIA), a division of state government, pursuant to rules and regulations through the federal Centers for Medicare and Medicaid Services Agency (CMS). FIA policies and MSA policies also change frequently. Changes may or may not “grandfather” existing arrangements. There are asset limits and income limits to qualify for long-term care Medicaid. In determining whether a person applying for Medicaid meets the asset test, FIA looks at the person’s current assets and at all assets which have been given away. When a person applies for Medicaid, FIA “looks back” for a 36 month period (the “look back period”) to see if the applicant gave away assets or sold assets for less than fair market value for the purpose of becoming eligible for Medicaid. A longer 60 month look back applies for certain transfers to and from trusts. Certain assets are not counted in determining whether a person meets the asset limitations of Medicaid, including a home in Michigan, a car, household and personal effects, and burial space and certain prepaid funeral arrangements. There are different rules for single persons and married couples.

Tax Tips for Caregivers
Did you know that some out-of-pocket expenses associated with long-term care, including transportation to medical appointments, long-term care insurance premiums, prescription drugs, privately hired in-home health care, and changes to a dwelling or care for medical reasons, are tax deductible as medical expenses? As a caregiver it is important to be aware of the tax deductions and credits that you might qualify to receive.

Here are some important tax tips for you to consider:
1. Get Organized Early. Assemble receipts for medical expenses, property taxes, charitable contributions, license tabs, prior years tax preparation expense, unreimbursed business expenses, mortgage interest and personal property taxes paid. Assemble income information including W-2s, 1099s, K-1, year end brokerage and bank statements. If you are assisting a loved one who has dementia, use the prior year’s return as a checklist to make sure you are not missing important information.
2. Don’t Procrastinate. It’s hard to get around to the task of working on your tax return when you are already swamped with caregiving responsibilities. However, doing things at the last minute increase your chances of making mistakes on the return, and missing potential sources of tax savings.

3. Take Advantage of Free Information. The IRS offers recorded messages on 150 tax topics at Teletax Service, 1-800-829-4477. Tax forms and publications can be obtained at 1-800-TAX-FORM. The IRS staffs a tax help-line at 1-800-829-1040 and has a website at www.irs.gov. Many post offices and libraries carry commonly used tax forms as well.

4. Take Minimum Required Distributions. If you are at least age 70, make sure to take required minimum distribution from IRAs, TSAs, 401ks, profit-sharing or other qualified retirement plans. Failure to do so can result in a 50% penalty.

5. Claim a Dependent Deduction. If you are providing more than 50% of the support for a family member who has very little income, you may be able to claim that person as a dependent. If a family works together to support a loved one pursuant to a multiple support agreement, the dependent deduction may be allocated among the supporting family members.

6. Dependent Care Credit. If you pay for adult day care or home health care for a loved one while you work, you may qualify for the dependent care credit.

7. Home Adaptations. The cost of home adaptations for persons with disabilities may also qualify as medical expenses. Examples include building ramps, adding handrails or grab-bars in bathrooms and widening doorways to accommodate wheelchairs.

8. Long Term Care Expenses. Expenses of caring for a chronically ill person who needs assistance with eating, toileting, transferring, bathing, continence, or dressing may be deductible to the extent that expenses exceed 7.5% of adjusted gross income. Assistance must be needed in at least two of these areas. The services must be provided pursuant to a plan of care prescribed by a licensed health care practitioner. Deductible expenses may include home health care, assisted living, nursing home, therapy, personal care, or other services.

9. Check Estimated Taxes. Changes in your income or deductions during the year can affect your estimated tax payments. Check to see if your estimated payments are appropriate for your current situation. If your estimated payments are too low, you may incur penalties for underpayment.

10. Get Help. Contact your local neighborhood association, church, synagogue, mosque, or Senior Center where volunteers may provide free tax assistance. Tax assistance is available in Kent County from the following organizations:

- Senior Neighbors, Inc. (616) 459-6019
- Northview Senior Citizens (616) 361-3444
- AARP (616) 243-6598
- Wyoming Senior Center (616) 530-3190

Who is Able to Make Choices?
The issue of self-determination can be quite complex and confusing. When is an older adult able to make his or her own decisions, and when should he or she no longer be allowed to do so? There are no easy answers to this question, but a good basic rule of thumb to consider would be to always respect the rights, dignity, and autonomy of each older adult, allowing them to make their own decisions unless they are otherwise unable to make an “informed decision” due to mental incompetence and/or frailty, and are unsafe and/or vulnerable due to their condition. The issue of whether someone is competent to make an “informed decision” is not always easy to determine or clear-cut, and is generally considered a legal question which must be determined by a court of law.

(Note: see the previous information on durable power of attorneys, guardianship and conservatorship)
PART ELEVEN: MENTAL HEALTH

Mental Health and Aging—An Overview
The overall mental health of older adults is generally very good, and "mental illness occurs less frequently in older adults than in younger persons" (Riekse and Holstege, 1996. p. 96). However, as people grow older they often experience significant losses in their lives which can lead to grief, bereavement, isolation, changes in mental status, and depression.

Age related losses often include:

- loss of job/career
- loss of income (decreased significantly in retirement)
- role loss (loss of one’s role as spouse, parent, friend, worker, etc.)
- loss due to death of a spouse, friends, and possibly children
- loss of one’s health and independence
- loss of one’s home due to increased dependence and need for long-term care placement

Loss and Bereavement
Loss is a common theme for older adults. However, some individuals seem to handle these losses better than others. Those who do seem to have better coping and support systems and understand the fact that all loss (no matter how insignificant it may seem) must be grieved. Yes, bereavement is a normal part of the healing process needed to restore an individual’s balance after experiencing loss.

Recognizing and being able to express one’s feelings and emotions relating to loss is an important part of the bereavement process. Older adults experiencing loss need the loving support of family, friends, and possibly the help of a professional therapist. Often, however, older adults do not reach out for this type of assistance and support fearing that they will be a burden on others or that they might be labeled as “crazy.” Many older adults still have a negative view of "mental health services,” and too often this prevents them from sharing with others and getting the help they need.

Depression
“Depression among the elderly is usually not the result of guilt or childhood trauma, but the result of significant loss. Given such loss, the reasons for depression are clear. The symptoms of depression include feelings of despair, a denial of self-worth, angry outbursts, and psychosomatic symptoms such as a loss of appetite, sleeping difficulties, constipation, and fatigue.” (Riekse and Holstege, 1996. Pp. 103-104)

Types of Depression
Endogenous Depression: A bio-chemical imbalance that causes a depressed condition.

Reactive Depression: A depression caused by the events in a person’s life (i.e., losses experienced by older adults).

Seasonal Affective Disorder: A depression experienced seasonally by some people during the winter months when there is decreased sunlight and shorter days.

Bipolar Depression: A bio-chemical imbalance that causes emotional mood swings from a hyperactive mania to a depressed state.

Lifestyle and Depression
An individual’s lifestyle choices can also lead to depression in later life. Lethargy, lack of exercise and activity, self-isolation, lack of sleep, alcohol and/or drug misuse/abuse, and poor nutrition can all lead to depression. This type of sedate lifestyle often becomes a self-fulfilling prophecy and can lead to ever increasing lethargy, isolation, mental decline, and depression for those older adults who choose this destructive lifestyle.

Some older people also suffer from depression and deteriorate emotionally because they buy into the false stereotypes of a society that doesn’t always value the needs and abilities of older adults. The “throw-away” mentality of our society that values the productivity and vigor of youth does not always value the contributions of older adults. Therefore, some older adults who are no longer in the work force may feel as though their lives no longer have value since they are no longer considered "productive" members of society.
Diagnosis and Treatment Options

There is considerable hope for persons with depression who get professional help. The first and most important step for someone believed to be depressed is to seek an accurate diagnosis of his or her problem. Older adults who want help should start by discussing their concerns with their attending physician. A physician can often make an initial diagnosis of depression, and provide recommendations and/or referrals for possible treatment. However, many older adults experiencing depression do not seek the help and assistance that they need. This often creates difficulties and concerns for spouses and/or family members. Concerned family members should seek the advice of a mental health professional on possible interventions and approaches to use with their loved ones who are in denial and resistant to treatment.

For older adults “prevention works best where isolation, inadequate nutrition, reactive depression, inadequate medical care, and destructive lifestyles are the major problems.” (Riekse and Holstege, 1996. p. 105) Preventative interventions include increased activity and exercise, improved nutrition and medical care, as well as outside stimulation and socialization. Family members and professionals should always recommend and encourage these preventative interventions when appropriate for older adults experiencing any of these problems.

Other treatment options that might be recommended:

**Therapy:** Often referred to as counseling, psychotherapy or talk therapy with a licensed mental health professional (i.e. - psychiatrist, psychologist, social worker, and counselor).

**Medications:** Use of antidepressant medications prescribed by a qualified professional (i.e., psychiatrist, attending physician, etc.)

Note: Treatment with medications often requires “trial-and-error” since there is no one specific drug or dosage which works for everyone. It is recommended that you work closely with the prescribing physician, regularly communicating any side effects, observations, and/or any positive or negative changes in your loved one’s condition.

**Electroconvulsive Therapy (ECT):** “The American Psychiatric Association has endorsed ECT as a safe, effective, first-line therapy for severe depression, especially in older patients. ECT treatment consists of a very slight electrical impulse sent through the frontal part of the brain.” (Riekse and Holstege, 1996. p. 105) Sometimes in cases of severe depression which do not initially respond to medication therapy, ECT is effective at reducing the severity of the depression long enough for the appropriate antidepressant medications to take effect. ECT can only be ordered by a licensed medical doctor, and is usually administered by a psychiatrist.

**In-Patient Psychiatric Hospitalization:** In cases of severe depression, especially where individuals are a threat to themselves or others (due to suicidal or violent behaviors), in-patient psychiatric hospitalization may be necessary. There are two types of in-patient psychiatric hospitalization: voluntary hospitalization where the individual voluntarily signs themselves into the psychiatric hospital, and involuntary hospitalization which is a psychiatric hospitalization ordered by a Probate Court Judge through an involuntary petition process.

Note: For more information on the involuntary psychiatric hospitalization process, contact your local mental health provider or psychiatric hospital.

Note: Most mental health services for older adults are covered in part or in full by Medicare and supplemental (Medigap) insurance policies.

**Anxiety**

Anxiety and depression frequently go hand in hand, especially with older adults who often become anxious about many things including their health, finances, fear of institutionalization, and other losses. “Anxiety is usually defined as having physical symptoms such as sweating, diarrhea, palpitations, headaches, dizziness, and for some hyperventilation” (Riekse and Holstege, 1996, p. 104). Anxiety is often described in lay terms as “nervousness.” In severe cases this can result in “panic attacks” which can be very disabling for those who experience them. Older adults with anxiety can also sometimes become psychosomatic, constantly complaining of physical ailments that cannot be verified through medical testing.

Older adults who experience anxiety problems can become controlling and difficult to deal with. As a result, people will often turn away from them, and this in turn leads to increased isolation and anxiety for the individual suffering from this condition.

The good news, however, is that in most cases anxiety can be successfully treated if properly identified and treated with medications and/or therapy.
PART TWELVE: LEISURE, EDUCATION, AND RECREATION

Continuing Education and Life-Long Learning
Imagine what life would be like without the beautiful spectrum of colors in a rainbow, the sound of a babbling brook, the fragrant smell of roses, or the soft smooth touch of silk. Just as depressing as life would be without these sensory experiences, so too would life be without opportunities for “learning”.

Learning is a life-long pursuit that over the course of our life’s journey contributes to personal, professional, and intellectual growth. Everything one does, whether at home, school, work, or in recreation, to some degree involves learning. Learning can be a challenge at times, but with the right attitude, it can be a wonderful adventure.

Never ignore an opportunity to learn something new. As an older person commented, “just find something you’re interested in and learn it—it doesn’t matter what it is, just learn it—you’ll like it if you do.”

A number of non-credit life-long learning opportunities exist at area Colleges and Universities. See the Service Listings section of this manual for information on these educational programs.

The Learning Abilities of Older Adults
There are some changes which can occur with age in the cognitive function (intellect, reason, thought, and memory) of a healthy older adult including

- a somewhat slower recall (they can still remember it just takes longer to retrieve something from their memory), and
- a somewhat modified learning process (older adults can still learn, acquire knowledge, and store information in their memory – they simply require the use of more creative learning approaches and greater reinforcement).

“Use It or Lose It”
We have all heard this phrase in reference to the need for physical activity and exercise, but have we ever thought about it in terms of maintaining mental abilities? Just as one should exercise and remain active as one ages, so too should one continue to exercise one’s brain. This can be achieved through the “learning” required in educational exercises and programs. Researchers have concluded that “there is considerable elasticity in cognitive functioning even into the oldest-old age, and that older adults, even into their late seventies, can show significant cognitive improvements by remedial educational programs. Lower levels of cognitive performance in older adults may be associated with limited mental stimulation in their everyday lives and not exercising their minds. Ability performance can be enhanced through educational exercises” (Riekse and Holstege, 1996, p. 93). However, this same research also indicates that if individuals return to non-stimulating environments and do not continue to exercise their minds, they may lose the mental abilities gained through exercising their minds.

Recreation and Older Adults
The word recreation can be described as “re-creation,” the opportunity to re-create, re-fresh, re-new, and re-vive oneself. When described in these terms, it is easy to see the importance of regular recreation in daily lives. However, for some older adults the terms “recreation” and “leisure” may provoke a negative connotation in their minds. The idea of leisure and recreational activities may be somewhat foreign to them. These same individuals may even feel somewhat guilty or uneasy if they engage in recreational activities. Leisure and recreation are necessary, healthy, and enhance all other areas of life.

History of the Modern Day Senior Center
“The modern day senior center is said to trace its roots back to the early 1940’s to the Hodson Center in New York City which focused on meeting the needs of low-income elders. Nutrition and recreation were two of the primary services offered. Since then, senior centers have evolved from sites for recreation and nutrition services to focal points for the comprehensive delivery of social services” (Senior Centers; Administration on Aging Fact Sheet, 1998).
The Value of Community Senior Centers
The multipurpose senior center today often acts as a main focal point of service provision to the elderly within the community. These centers often provide a wide range of programs and services for seniors, and in many smaller more rural areas may be the only place that an older adult can access information and assistance. The array of services offered to older adults at a multipurpose senior center often include health, mental health, social, nutrition, educational services, and recreational activities. (Senior Centers; Administration on Aging Fact Sheet, 1998)

Senior Center Services
“Senior centers are constantly changing to meet the changing needs of the community. Today a typical senior center may offer the following services:

- meal and nutrition programs,
- information and assistance,
- health and wellness programs,
- recreational opportunities,
- transportation services,
- arts programs,
- volunteer opportunities,
- educational opportunities,
- employee assistance,
- intergenerational programs,
- social and community action opportunities, and
- other special services” (Senior Centers; Administration on Aging Fact Sheet, 1998).
PART THIRTEEN: VOLUNTEER OPPORTUNITIES

Older Adult Volunteerism in America

“Volunteering is an American tradition. In fact, some 45 million Americans participate in volunteer activities and 15 million, or nearly half of all older persons volunteer. Despite the large number of people who share their time and talents, however, the needs of our communities and the nation outstrip the number of people who volunteer. This has become particularly true since increasing numbers of women have entered the workforce and no longer have the time to volunteer.

Older Americans, especially retirees, are in an excellent position to volunteer. They not only have the time, but the experience and expertise to help in a variety of activities. However, more needs to be done to alert older persons to the need for their services and to involve them in volunteer activities, especially in the area of assisting those elderly who are at risk of losing their independence” (Volunteer Opportunities and Older Americans; Administration on Aging Fact Sheet, 1998).

Volunteer Opportunities for Older Adults

The volunteer opportunities that exist for older adults are endless, especially in the non-profit sector that serves the needs of older adults and their families. Due in part to numerous funding structure changes and cutbacks, there are now more needs than ever for older adults to serve in volunteer capacities within the aging service network. Churches and civic groups often rely heavily upon older adult volunteer efforts.

“The federal government encourages volunteerism in older citizens. Several federal programs provide volunteer opportunities that utilize the diverse talents of older Americans” (Administration on Aging; Volunteer Opportunities for Older Americans Fact Sheet, 1997).

In Kent County, the following federally-funded volunteer programs are among those available for older adult participation:

Foster Grandparent Program (FGP)
Foster Grandparents are individuals age 60 and over who meet low-income guidelines and receive a small tax exempt stipend for working 20 hours per week with special and exceptional needs children in institutional and educational settings within the community. In Kent County this program is operated by Gerontology Network. For more information call (616) 771-9748.

Senior Companion Program (SCP)
Senior Companions are individuals age 60 and over who meet low-income standards and who receive a small tax exempt stipend for working 20 hours per week providing dependent older adults with companionship, and their caregivers with much needed respite. In Kent County this program is operated by Gerontology Network. For more information call (616) 771-9748.

Retired Senior Volunteer Program (RSVP)
RSVP involves individuals 55 and older in a wide range of volunteer opportunities within the community. The RSVP program can usually accommodate a wide variety of volunteer interests, and no set number of hours are required for participation in this program. In Kent County this program is currently affiliated with Senior Neighbors Inc. and can be reached at (616) 459-9509.

Service Corps of Retired Executives (SCORE)
SCORE is a volunteer association sponsored by the U.S. Small Business Administration and made up of retired executives and small business owners. SCORE volunteers provide free workshops and counseling to small business owners. In Kent County SCORE can be reached at (616) 771-0305.
PART FOURTEEN: TRANSPORTATION

The Transportation Needs of Older Adults
“Transportation is important to the well-being of older people. It is a vital link between home and the community. For people of all ages, adequate transportation is necessary for the fulfillment of the most basic needs including commuting to work, maintaining relations with friends and family, grocery shopping and engaging in social and recreational activities. Housing, medical, financial and social services are useful only to the extent that transportation can make them accessible to those in need” (Transportation and the Elderly; Administration on Aging Fact Sheet).

“How would your life change if, because of some physical limitation, you could no longer drive? Many older Americans face this problem. In fact, they consistently cite transportation as a major challenge to their ability to live independently. Urban areas may have good public transportation, but often these systems do not fill the needs of older people. In suburban and rural areas, there are few alternatives to the automobile. Without alternative transportation, many people just stay home. This can lead to increased isolation—at a time when people need connections to their community more than ever” (AARP Webplace, 1995).

Driving and Independence
Most of us enjoy the freedom that automobiles provide. The ability to get from point A to point B, whenever we choose, without having to rely on the kindness of others or public transportation. Most Americans view their ability to drive as a right of citizenship. Driving is often viewed as a “rite of passage” experienced in an individual’s mid to late teens, and people often recall fond memories regarding the feelings of freedom and independence experienced after receiving their first driver’s license. Therefore, automobile ownership and the ability to drive, to the majority of older adults, represent continued freedom and independence.

It is easy to understand why the continued ability to drive is so often viewed with such importance by older adults. This is why some older adults may strongly resist their own better judgements and the advice of spouses, family members, or physicians to stop driving.

When Should an Older Adult No Longer Drive?
This can be a very difficult issue and should always be considered on a case-by-case basis. However, a good basic rule of thumb would be that an individual should no longer drive when he or she can no longer drive safely due to physical and/or cognitive losses that effect their driving skills, coordination and/or judgement. These losses may include, but are not limited to, vision loss, slowed reaction/response time, a physical disability that keeps him or her from being able to brake or accelerate appropriately, and impaired judgement due to changes in cognitive function (i.e., memory loss and forgetfulness).

The decision that someone can no longer drive is a serious one, and may be met with resistance by the older adult who is experiencing loss. All losses need to be grieved, so it is not surprising if an older adult loved one seems depressed after he or she loses the right to drive. It can be helpful to be understanding of this loss, provide a sympathetic ear, be supportive, and make arrangements (via family, friends, or community service providers) to meet all of his or her transportation needs.

How to Deal with the Resistant Older Adult Who Should No Longer Drive:
• Assess the individual’s ability to continue driving (through a physician, driver evaluation program, or special testing available through the Secretary of State office which can be arranged by completing a “Request For Reexamination” form).
• Strongly encourage the person not to drive.
• Arrange for someone else to drive.
• Involve his or her physician in the decision to give up driving (note: a physician also has the ability to revoke an individual’s driver’s license through the Secretary of State’s office).
• Ask a respected authority figure (i.e., pastor, lawyer, friend) or family member to reinforce the message about the need to give up driving.
• Find ways to distract the individual from driving (i.e., “I’d like to take you for a drive in my new car; why don’t I drive today, since the route is familiar to me and new to you” etc.).
Keeping the Resistant Cognitively-Impaired Older Adult from Driving

Studies support the idea that older adults with Alzheimer's Disease or related dementia should not be allowed to continue to drive since they can no longer drive safely due to their cognitive loss (Alzheimer's Association, 1992, Fact Sheet). Yet, a family member is often in a very difficult position when attempting to get a loved one with dementia to comply with requests that he or she no longer drive. Individuals with dementia usually have impaired judgements and reasoning and will often become defensive and sometimes angry and combative when told that they can no longer drive.

The following suggestions, along with those already listed above, may be helpful in dealing with the individual with dementia who is resistant to giving up driving:

- Hide and/or control access to the car keys
- Disable the car (i.e., remove the distributor cap, or possibly have your mechanic install a hidden “kill switch”)
- Remove or sell the car

For More Information on Cognitive Impairment and Driving:

Contact the West Michigan Chapter of the Alzheimer's Association at 1-800-337-3827

For General Information on Driving Safety and the Transportation Needs of Older Adults:

Contact either AARP or the Administration on Aging.

American Association of Retired Persons (AARP)
601 E Street
Washington, DC 20049
1-800-424-3410 or e-mail at: www.aoa.dhhs.gov

Administration on Aging
U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201
(202) 619-0724 or e-mail at: www.aarp.org

Also a variety of transportation options exist in Kent County to serve the needs of area seniors. These include accessible transportation options such as lift equipped vehicles and door to door services. Refer to the Service Listings section of this manual for information on these transportation options.
PART FIFTEEN: INFORMATION AND REFERRAL

Heart of West Michigan United Way has introduced 2-1-1, a new three-digit telephone number that will connect individuals to thousands of health and human service programs in Kent County. Currently, Michigan is one of only seventeen states in the country to implement the simplified 2-1-1. Kent County is among the first in the state to offer 2-1-1.

In 2000, the Federal Communications Commission designated 2-1-1 as the universal number for information and referral to social services. The free service, available 24-hours a day, 7 days a week will connect a caller with a trained resource specialist who will refer him or her to community services that may be available to address his or her needs. United Way’s 2-1-1 is designed to provide callers with information and referrals using an extensive database of resources. The service is available to all Kent County residents.

United Way’s 2-1-1 can link residents to resources such as counseling services, job training, transportation and volunteering. It also provides support for seniors such as access to health resources, or nutritional meals; or persons with disabilities such as adult day services, respite care and transportation.

Last year, Heart of West Michigan United Way assisted more than 28,000 callers through its First Call For Help service, which will become 2-1-1. The number of calls is expected to increase by as much as 40% with the ease of dialing United Way’s 2-1-1.

Heart of West Michigan United Way’s mission is "to increase the organized capacity of people to care for one another.” United Way, together with others in the community, work to positively impact the lives of children, kids, adults, seniors and families.

For further information about Heart of West Michigan United Way please visit our website at www.unitedwaycares.com.

The state of Michigan maintains a website providing information on services for seniors at www.miseniors.net. This site allows users to search for services in every county in the state.

Nationwide Elder Care Locator Service
Since 1991, the Eldercare Locator, a nationwide toll-free service, has helped older adults and their caregivers find local services for seniors. The U.S. Administration on Aging is now pleased to make part of this service available on-line so that consumers can easily link to the information and referral (I&R) services of their state and area agencies on aging. These I&R programs can help you identify appropriate services in the area where you or your family member resides. The Elder Care Locator can be accessed via the world wide web at www.eldercare.gov.

If you want more specific references, however, call the Eldercare Locator to speak to an Information Specialist who has access to a database of more than 4,800 entries. The toll-free Eldercare Locator service operates Monday through Friday, 9:00 a.m. to 8:00 p.m., Eastern time, and can be reached at 1-800-677-1116.

Medical/Health Care Information on the Internet
There are numerous sites that offer good medical information on the Internet. However, health-care consumers should be very cautious. Many Web sites offer information that is accurate but perhaps not complete in scope. There is also, unfortunately, much misinformation, quackery, and even outright medical fraud on the Internet. The best medical information sites are usually operated under the editorial oversight of a panel of health-care experts or under the auspices of a highly reputable and trusted medical organization (e.g. the American Heart Association) from Caring for Aging Loved Ones (H. Holstege and R. Riekse) Tyndale Pub. 2002.
SERVICE LISTINGS

How to Use the Service Listings Section
There are three separate indexes to help you use the service listings section of this manual. The first is the Site Name Index (p. 81), which allows you to look up services by the name of the agency/site. The second is the Program Index (p. 88), which allows you to look up services by their program name. The third is the Service Index (p. 91), which allows you to look up services by the type of service.

The Service Index is based upon the types of services the agencies offer. The types of services are in alphabetical order with the agency name and service description following. Examples of types of services are Activities of Daily Living, Adult Day Care, Adult Protective Services, etc.

Other Ways to Access Resources
There are two additional ways to access resources besides this directory. One way is to dial 2-1-1 and speak to an Information and Referral Specialist, who will be able to direct you to the resources that will be most beneficial for you. The second way is to access the 2-1-1 database on the Heart of West Michigan United Way’s web site. The web site address is www.unitedwaycares.com. Once on the web site click Your Way to Help and then Get Help. Currently the information that you will receive on the web site will give you an agency’s name and phone number. Currently United Way’s 2-1-1 is looking to add additional information regarding the resources/services. United Way is hopeful that this will be established by June 2003.

DISCLAIMER: Every effort was made at the time of publication to ensure the accuracy of the information presented in this booklet. However, the information in this booklet is subject to change at any time. Information and resources can change very quickly. Certain resources might be available at certain times and unavailable at other times. It is not known exactly when a resource might be unavailable.

Activities of Daily Living Assessment
Programs that evaluate an individual’s capacity for self-care and his or her ability to function independently in the context of everyday living and which may recommend rehabilitative services (i.e., independent living skills instruction) and/or supportive services (i.e., attendant care, personal care) where necessary. Evaluation services are generally provided for individuals who have physical and mental limitations or for people whose age may constitute a temporary (children) or developing (elderly) limitation.

DISABILITY ADVOCATES OF KENT COUNTY
3600 Camelot Dr. SE, Grand Rapids, MI 49546
INDEPENDENT LIVING ASSESSMENTS/PHYSICAL DISABILITY SERVICES
(616) 949-1100 Main Line
Performs individualized independent living assessments and comprehensive service planning for people with disabilities who are Medicaid clients (and referred by Medicaid) and others who are low-income.

EASTER SEALS MICHIGAN
4065 Saladin Dr. SE, Grand Rapids, MI 49546
(616) 942-2081 Main Line
Provides assessment, education and recommendations by an occupational therapist to determine and implement ways to increase functional independence.

Adult Day Care
Programs that provide care and supervision in a protective setting for dependent adults living in the community during some portion of a twenty-four hour day. Services may include social and recreational activities, training that is essential for sustaining activities of daily living and hot meals, as appropriate.

FAMILY LIFE CENTER
1256 Walker NW, PO Box 141124, Grand Rapids, MI 49504
(616) 235-2910 Main Line
Provides adult day care and overnight respite services. The program is designed to maintain or improve social, educational, psychological and physical abilities of the participants, thus providing a positive impact on body, mind and spirit. Each client will have an individualized care plan that may include activities like garden therapy, music therapy, medication and nursing services, art therapy, games, spiritual care, cooking, dancing, trips, exercises, transportation, nutritious meals and snacks, and support groups.

GERONTOLOGY NETWORK
2766 Baldwin, Jenison, MI 49428
CARE TREE ADULT DAY SERVICES – JENISON
(616) 669-7260 Main Line
Provides adult day programs designed for those with physical, mental and psychosocial needs. Goal is to improve quality of life and prevent or postpone placement in a residential setting. Includes people with Alzheimer’s and related dementias. Offers a safe environment, activities, nursing and socialization. Lunch is provided. Bathing program is available at some sites. Transportation arrangements are available.
**GERONTOLOGY NETWORK**  
500 Cherry St. SE, Grand Rapids, MI 49503  
**FRIENDSHIP PLACE ADULT DAY CARE CENTER**  
(616) 456-6135 Information Only  
Provides services and support for those with physical, mental and  
developmental impairments. Also houses a geriatric day care  
designed to prevent or postpone institutionalization of older adults,  
including people with Alzheimer's and related dementias. It offers  
psychosocial, nursing, and occupational therapy, maintenance  
programs, information and referral, health monitoring, and hot  
lunch. Transportation arrangements are available.

**GERONTOLOGY NETWORK**  
4065 Saladin Dr., Grand Rapids, MI 49546  
**CARE TREE ADULT DAY SERVICES**  
(616) 464-3665 Main Line  
Provides adult day programs designed for those with Physical,  
mental and psychosocial needs. Goal is to improve quality of life  
and prevent or postpone placement in a residential setting.  
Includes people with Alzheimer's and related dementias. Offers a  
safe environment, activities, nursing and socialization. Lunch is  
provided. Bathing program is available at some sites.  
Transportation arrangements are available.

**SAINT ANN’S HOME**  
2161 Leonard St. NW, Grand Rapids, MI 49504  
**HOLY FAMILY ADULT DAY CARE**  
(616) 453-7715 Main Line  
Open five days a week to provide adult day care with supervised  
individual and group activities, assistance with personal hygiene,  
meals, outings, and rehabilitative services. Persons may attend  
from one to five whole days per week or part-time.

**Adult Protective Services**  
Programs that provide assistance for adults who are unable to  
act on their own behalf or manage their own affairs, or who  
are in immediate danger due to physical or emotional abuse,  
safe or hazardous living conditions, exploitation, neglect  
or abandonment.

**MICHIGAN FAMILY INDEPENDENCE AGENCY—**  
**KENT COUNTY**  
415 Franklin SE, Grand Rapids, MI 49507  
**ADULT PROTECTIVE SERVICES PROGRAM**  
(616) 247-6300 Main Line  
Provides services to insure the protection of vulnerable adults.  
Services include investigation, crisis intervention, counseling,  
information and referral, and other supportive services. Intake  
24 hours, 7 days a week.

**Adult Residential Facilities Complaints**  
Programs that provide assistance for individuals who want to  
register complaints regarding the licensing, cleanliness, and  
safety of facilities, treatment of residents, quality of care,  
excessive fees, unethical or improper conduct of personnel or  
or other inappropriate business practices of group residences for  
adults with disabilities and senior residential care homes.

**ARC MICHIGAN (THE)**  
1325 S. Washington Ave., Lansing, MI 48910  
**DIGNIFIED LIFESTYLES AND COMMUNITY CONNECTIONS**  
(517) 487-5426 Main Line  
(800) 292-7851 Toll-Free  
Visits mental health funded, Contract B, group homes for people  
with developmental disabilities to assess the quality of life of  
residents. Information gathered is used for advising group home  
staff members about ways to achieve better outcomes for people and  
for local advocacy efforts and systems change. Program staffed by  
trained volunteers who visit one home each per month. Program is  
funded by Michigan Department of Community Health.

**CITIZENS FOR BETTER CARE**  
700 36th St. SE, Suite 104, Grand Rapids, MI 49548  
**LONG-TERM CARE OMBUDSMAN**  
(616) 245-9451 Main Line  
(800) 782-2918 Toll-Free  
Monitors nursing homes, adult foster care homes and other  
long-term care facilities for the aged to ensure compliance with  
government and industry standards and acts on behalf of residents  
and their families to resolve complaints. Activities include  
coordinating volunteers who visit long-term care facilities on a  
regular basis to observe and report on conditions, and providing  
information, support, advocacy and referrals for regulatory or legal  
aid to people who have a grievance regarding a facility’s  
administrative decisions or actions, services, or personnel.

**Adult Residential Facilities Licensing**  
Programs that establish and enforce health, safety and  
program standards for group residences for adults with  
disabilities and senior residential care homes, review  
applications for licenses, issue or deny licenses, inspect  
facilities for compliance with requirements and revoke  
licenses or bring disciplinary action for noncompliance.

**MICHIGAN DEPARTMENT OF CONSUMERS**  
**AND INDUSTRY SERVICES**  
G. Mennen Williams Building, 4th Floor  
525 W. Ottawa, Lansing, MI 48909  
**BUREAU OF REGULATORY SERVICES**  
(517) 373-1820 Main Line  
Agency handles the licensing of adult foster care homes, child day  
care centers, and homes for the aged.
**Alternative Dispute Resolution**

**DISPUTE RESOLUTION CENTER OF WEST MICHIGAN**
678 Front St. NW, Suite 250, Grand Rapids, MI 49504  
(616) 774-0121 Main Line

Provides mediation and dispute resolution services as an alternative to court. Cases appropriate for mediation include issues between landlords and tenants, consumers and merchants, caregivers and clients, as well as neighborhood problems (noise, harassment), and family issues. Mediation is voluntary and creates a mutually acceptable agreement.

Training Seminars: Mediation Training teaches the basic elements of effective mediation, negotiations, problem solving, and communication. The training is forty hours, and is approved by the Michigan Supreme Court. Participants who take this training can be volunteers for the Center, or use those mediation skills in their home or work environment.

Peer Mediation Training instructs educators in planning, implementing, and maintaining a Peer Mediation Program in their schools.

**Arthritis Treatment Centers**

Programs that provide comprehensive diagnostic and treatment services on an inpatient or outpatient basis for individuals who have arthritis and other joint disorders.

**ARTHRITIS FOUNDATION**
3226 28th St. SE, Suite 1, Grand Rapids, MI 49512  
(616) 949-9938 Main Line

Offers several exercise programs for people with arthritis or other rheumatic diseases designed to increase range of motion, flexibility and muscle strength. Includes ARTHRITIS FOUNDATION AQUATICS PROGRAM and PEOPLE WITH ARTHRITIS CAN EXERCISE (PACE).

**Assisted Living Facilities**

Residential facilities specially constructed or converted to combine housing and supportive services in a “home-like” environment with the goal of maximizing the individual functioning and autonomy of residents. Assisted living facilities generally have private apartment-style accommodations with walk-in showers, wide doors for wheelchair access, emergency pull cord systems and other special amenities; and offer an individualized array of personal care services which will allow each resident to function as independently as possible. Services vary from facility to facility, but usually include three meals a day with special diets, as required housekeeping and linen services, personal laundry; social and recreational activities, transportation to medical appointments, stores and community services, money management assistance; assistance with toileting, bathing, grooming, dressing, mobility and other activities of daily living; medication management and administration; therapy and pharmacy services, and wellness and exercise programs. Assisted living facilities may be licensed by the state or may not require a license depending on the area in which they are located.

**CITIZENS FOR BETTER CARE**
700 36th St. SE, Suite 104, Grand Rapids, MI 49548  
(616) 245-9451 Main Line  
(800) 782-2918 Toll-Free

Provides consultation and a wide variety of literature to help consumers make decisions about long-term care/assisted living centers and find and select an appropriate long-term care/assisted living provider. Topics include care options, including support for caring for a relative at home; the location, level of care, performance history, and payment options for specific long-term care facilities; guardianship; Medicare, Medicaid, and other financial coverage programs; and laws which govern long-term care facilities and protect patient rights.

**CLARK RETIREMENT COMMUNITY**
1551 Franklin St. SE, Grand Rapids, MI 49506-3331  
(616) 452-1568 Main Line

Provides residential care for older adults.

**COVENANT VILLAGE OF THE GREAT LAKES**
2520 Lake Michigan Dr. NW, Grand Rapids, MI 49504  
(616) 735-4541 Main Line

Provides a home-like environment in a residential setting for older adults.

**EMERALD MEADOWS**
6117 Charlevoix Woods Ct. SE, Grand Rapids, MI 49546  
(616) 954-2366 Main Line

Provides a home-like environment in a residential setting for older adults.

**HOLLAND HOME**
2100 Raybrook SE, Suite 300, Grand Rapids, MI 49546-5783  
(616) 235-5000 Main Line

Provides retirement housing with a continuum of care at 7 locations:
1. Breton Manor – skilled and basic nursing care
2. Brown Manor – assisted living care
3. Fulton Manor and 4. Raybrook Manor – residency, assisted living, skilled and basic nursing
4. Raybrook Estates I and II and Breton Terrace – independent living apartments
5. Raybrook Homes – independent living triplex/fourplex
6. Breton Homes – independent living triplex/fourplex
7. Alzheimer’s Care Center – Range of care for Alzheimer’s/dementia residents
LUTHER COMMUNITY  
2000 32nd St. SE, Grand Rapids, MI 49508  
(616) 452-6084 Main Line

LUTHER VILLAGE: THE NEIGHBORHOOD  
(ALZHEIMER DEMENTIA)  
The Neighborhood offers a self-contained, open environment for residents needing minimal personal care resulting from a diagnosis of an early stage of dementia or Alzheimer's disease. Licensed as home for the aged.  
(616) 452-6084 Main Line

LUTHER WOODS  
Luther Woods is a 40-bed assisted care unit facility which provides for persons who need assistance with activities of daily living. Activity programs, medication assistance, housekeeping and laundry services on site.

PILGRAM MANOR  
2000 Leonard St. NE, Grand Rapids, MI 49505  
(616) 458-1133 Main Line

Provides long-term care housing, home for the aged, assisted living, and skilled nursing.

PORTER HILLS VILLAGE  
3600 E. Fulton St., Grand Rapids, MI 49546-1395  
(616) 949-4971 Main Line

Porter Hills provides services for seniors who can no longer live completely independent, but who don't need extensive nursing care. Assistance can range from simple medication reminders to help with dressing and/or bathing. This support is provided in a private residential apartment.

REST HAVEN HOMES, INC  
1424 Union NE, Grand Rapids, MI 49550-5519  
(616) 336-6819 Main Line

Provides a home-like environment in a residential setting for older adults.

SAINT ANN'S HOME  
2161 Leonard St. NW, Grand Rapids, MI 49504  
(616) 453-7715 Main Line

Provides a retirement facility with a Medical Care Unit. The facility is not limited to Catholic and non-denominational services, there are choices of a variety of activities. All meals, day care services, social services and more are included. Residents range in age from 60 upward. St. Ann's is a home for the aged with assisted care unit and a basic medical care unit filled primarily from residents moving from the Home For Aged unit to basic medical care. (St. Ann's does not provide skilled nursing care).

WELCOME HOME FOR THE BLIND  
1953 Monroe NW, Grand Rapids, MI 49505  
(616) 363-9088 Main Line

Is a residential home with accommodations and social activities for elderly visually impaired persons and/or their sighted spouses. Professional staff provides twenty-four hour assisted care for residents. Applicants for admission under the age of sixty are accepted with an approved waiver. Persons wishing temporary/short-term stays are also accepted if room is available.

Benefits Assistance

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS – VETERANS HEALTH ADMINISTRATION – GRAND RAPIDS OUTPATIENT CLINIC  
3019 Coit NE, Grand Rapids, MI 49505  
(616) 365-9575 Main Line

The US Department of Veterans Affairs provides a benefits office at the Veterans Outpatient Clinic. The office functions primarily to assist with both claims intake/development and with problem resolution on existing awards. General information and referral on veteran benefits/services is also provided. All claims processing is accomplished in the Detroit VA Regional Office. No local case-worker is assigned. Questions regarding general information and status of specific claims are best referred to the Detroit VA Regional Office at 1-800-827-1000 JDD 1-800-829-1833). For summary of veterans benefits see VA Pamphlet 27-82-2, “A Summary of Veterans Affairs Benefits,” i.e., Education/Work Study, Home Loans, Disability Benefits, Health Care, Life Insurance, Ad and Attendance/ Housebound Grants, etc. (Note: One or more service officers of veteran's organizations are also available at the VA Clinic Mon-Fri and can also advise on veteran's benefits.)

UNITED STATES SOCIAL SECURITY ADMINISTRATION  
50 College SE, Grand Rapids, MI 49503-2977  
(616) 742-2373 Main Line  
(800) 772-1213 Toll-Free

National SSA Hotline Provide cash benefits following retirement. Persons retiring at age 65 receive full benefits; persons retiring and accepting benefits at age 62 receive reduced benefits.

Bereavement Support Groups

WIDowed PERSONS SERVICE  
4211 Clyde Park SW, Unit C, Wyoming, MI 49509  
(616) 538-0101 Main Line

Provides support and information, social and educational activities for widowed men and women. Trained volunteer aides often provide the initial contact with newly widowed people, offering individual support, information and referral. Support groups, including a Younger Support Group (for those under the age of 50).
Cancer Detection
Programs that offer any of a variety of tests which are used to identify people who have some form of cancer which, if caught in on early stage, may be treated with a higher probability of success.

AMERICAN CANCER SOCIETY
400 Ann St. NW, Suite 202, Grand Rapids, MI 49504
(616) 364-6121 Main Line
Provides a variety of information to individuals with cancer, their caregivers, and families. Includes printed materials, workshops, current disease-related information, and a World Wide Web site at http://www.glcancer.org. Offers several programs including I CAN COPE – a series which helps educate patients, family, and friends about cancer, treatments, and side effects; and FOCUS ON LIVING – a self-help group which gives participants an opportunity to discuss concerns, gain support, and gather the latest information. Provides referrals to cancer screening programs, smoking cessation programs and support groups.

GRAND RAPIDS CLINICAL ONCOLOGY PROGRAM
75 Sheldon, Suite 101, Grand Rapids, MI 49503
(616) 391-1230 Main Line
Offers cancer health education sessions and breast cancer screening. Translator can be provided.

KENT COUNTY HEALTH DEPARTMENT
700 Fuller NE, Grand Rapids, MI 49503

WOMEN'S HEALTH NETWORK
(616) 336-3030 Main Line
A cancer screening program for low-income women age 40-64. Screening includes: clinical breast exam, screening mammogram, pelvic exam, pap smear, patient education, notification of exam results and re-screening date, referrals as needed. Bilingual and transportation services are available. Exams are scheduled at various times at the following clinics: Cherry Street Health Services, Cedar Springs Clinic, Sparta Clinic, Clinica Santa Maria, Westside Clinic, Breton Health Center, Betty Ford Center, Wege Center (St. Mary's), Spectrum OB-GYN Clinic, and the Kent County Health Department. Call for schedule of screening times, brochure lists other sites/locations. Women under 40 years of age can call the Kent County Health Department for a referral to a clinic that can provide screening and diagnostic tests for breast cancer.

SPECTRUM HEALTH – BUTTERWORTH
100 Michigan St. NE, Grand Rapids, MI 49503
(616) 391-1774 Main Line
The Kent County Health Department offers free mammograms, breast exams, pelvic exams, and pap smears to lower income women over the age of 40 at Spectrum Health Butterworth and Blodgett.

Caregiver Support Groups

AREA AGENCY ON AGING OF WESTERN MICHIGAN
1279 Cedar NE, Grand Rapids, MI 49503-1378
(616) 456-5664 Main Line
(888) 456-5664 Toll Free
Provides a list of caregiver support groups within the area.

FAMILY LIFE CENTER
1256 Walker NW, PO Box 1141124, Grand Rapids, MI 49504
(616) 235-2910 Main Line
Provide a caregiver support group.

GERONTOLOGY NETWORK
4065 Saladin Dr., Grand Rapids, MI 49546

CARETREE ADULT DAY SERVICES
(616) 464-3665 Main Line
Provides telephone assessment, education, referrals, supportive conversation and coaching. An RN will work with the caregiver over the phone to address request for health, emotional, social and care support. The RN will talk with the caregiver via the telephone to determine what the caregiver’s most immediate concerns/needs are and develop a plan with the caregiver to address these concerns/needs. The caregiver will determine appropriate times for the RN to call.

LUTHER COMMUNITY
2000 32nd SE, Grand Rapids, MI 49508

SUPPORT GROUP FOR CONCERNED FAMILY/FRIENDS OF AGING ADULTS
(616) 235-5029 Main Line
Provides education through speakers with an expertise in aging and an opportunity for sharing for those who are responsible for or concerned about older persons who live in their own homes, with a relative or in a residential facility. The group’s goal is to provide information, acceptance, peace and hope for participants.

RAYBROOK MANOR
2121 Raybrook SE, Grand Rapids, MI 49546
(616) 235-5002 Main Line
Provides education through speakers with expertise in aging and an opportunity for sharing for those who are responsible for or concerned about older persons who live in their own homes, with a relative or in a residential facility.
WEST MICHIGAN CAREGIVERS ALLIANCE  
Masonic Temple Building, Suite 222  
233 E. Fulton St., Grand Rapids, MI 49503  
(616) 235-8501 Main Line  
Support group for everyone who is involved with providing care to an aging or disabled family member or friend. Will discuss ways to help improve time management, skills, link with community resources, develop better coping skills, learn how to prepare vital records and expand support network. Support groups will be held on-site on request, for organizations or groups, with flexible schedule available. Also, provides individual or group therapy and workshops and seminars.

Case/Care Management

AREA AGENCY ON AGING OF WESTERN MICHIGAN  
1279 Cedar NE, Grand Rapids, MI 49503-1378  
(616) 456-5664 Main Line  
(888) 456-5664 Toll-Free  
Nonprofit corporation designated by the Michigan Commission on Services to the Aging as the planning, and coordinating agency for Older American programs in the nine county region. Also administers Kent County Senior Millage and manages contracts with local organizations providing services for the aging. Services include: information and referral.

GERONTOLOGY NETWORK  
500 Cherry St. SE, Grand Rapids, MI 49503-4702  
(616) 456-6135 Main Line  
Provides care planning, support, counseling, education of other community resources, and/or coordination of psychiatric evaluation, if needed, for adults 55 or older.

CONTINUING CARE SERVICES  
(616) 456-6135 Main Line  
Provides mental health case management for older adults with long-term mental health problems, consultation to families, AFC’s and other care providers.

HHS HEALTH OPTIONS  
5363 44th St. SE, Grand Rapids, MI 49512  
(SENIOR MILLAGE) CARE MANAGEMENT PROGRAM  
(616) 956-9440 Main Line  
A service designed to find, set in motion, and manage a variety of home care and other services needed by frail elderly persons aged 60 and over. Includes comprehensive assessment, needs identification, individualized care plans, and follow-up services. Assists clients in remaining as independent as possible for as long as possible. Medicare/Medicaid Assistance (MMAP), nutrition education, senior center staffing, home health aide, homemaker, and respite care, congregate and home delivered meals, Medicaid MI Choice Waiver program, care management, case coordination and support, adult day care, health screening and education, legal services, and long-term care assistance.

LATIN AMERICAN SERVICES  
121 Franklin SE, Grand Rapids, MI 49507  
HISPANIC OUTREACH PROGRAM  
(616) 336-4017 Main Line  
Provides an outreach program for seniors with various direct services such as interpretation, translation, advocacy, information and referral, financial assistance for medical prescriptions and transportation to medical and dental appointments. Also provides transportation for outings and shopping.

NATIVE AMERICAN COMMUNITY SERVICES  
Steepletown Center  
671 Davis NW, Grand Rapids, MI 49504  
(616) 458-4078 Main Line  
Finds resources such as employment, transportation, housing, medical services, substance abuse and mental health services, and counseling services. Also, offers a support/educational group for caretakers of Native American children and other seasonal special events.

SENIOR NEIGHBORS  
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442  
(616) 459-6019 Main Line  
Case Management is a service provided by a team of professionals assisting and advocating on behalf of anyone aged 60 and older living in Kent County. The caseworkers help people solve problems. The team gathers information, visits the home, assesses needs, networks with appropriate service providers, and implements a mutually agreed upon service plan. Caseworkers can provide assistance with crisis situations (i.e., disconnected utilities, eviction notice, abuse or neglect), transportation, prescription assistance, tax assistance, legal assistance, information and referral, daily connections (daily phone contact), independent housing options and educational information.

WEST MICHIGAN CAREGIVERS ALLIANCE  
Masonic Temple Building, Suite 222  
233 E. Fulton St., Grand Rapids, MI 49503  
(616) 235-8501 Main Line  
Support group for everyone who is involved with providing care to an aging or disabled family member or friend. Will discuss ways to help improve time management, skills, link with community resources, develop better coping skills, learn how to prepare vital records and expand support network. Support groups will be held on-site on request, for organizations or groups, with flexible schedule available. Also, provides individual or group therapy and workshops and seminars.

UNITED METHODIST COMMUNITY HOUSE  
904 Sheldon SE, Grand Rapids, MI 49507  
(616) 452-3226 Main Line  
Offers social and recreational activities, educational opportunities (classes, speakers, etc.), advocacy to assist older adults in receiving community services, congregate and home delivery meals. Assisted transportation to meal program and for vital errands such as shopping and doctor appointments within limited distance.
Centers for Independent Living
Programs that offer a wide variety of independent living services for severely disabled individuals with the objective of helping them to function more independently in family and community settings and to secure and maintain appropriate employment. Services may include information and referral services, referrals for attendant care, attendant recruitment and training programs, independent living skills training, assistance in meeting housing and transportation needs, peer counseling, individual and community advocacy and advice and guidance regarding legal rights and benefits eligibility.

DISABILITY ADVOCATES OF KENT COUNTY
3600 Camelot Dr. SE, Grand Rapids, MI 49546
(616) 949-1100 Main Line
Offers two essential programs: social security disability assistance and assistance in obtaining and securing affordable, barrier-free community-based housing.

Cholesterol/Triglycerides Tests
Programs that examine the type and level of fatty substances in the blood as an early indication of heart disease.

CATHERINE’S CARE CENTER
NEIGHBORHOOD HEALTH SERVICES
224 Carrier St. NE, Grand Rapids, MI 49505
(616) 336-8800 Main Line
Provides community based preventative health care services including immunizations, pregnancy testing, help in quitting smoking, WIC enrollment, help in finding resources to meet health care needs, healthy habit and lifestyle consultation, nutritional consultation and confidential screenings for blood pressure, communicable diseases, tuberculosis, and blood sugar (diabetes). Periodically offered at the Center and other sites are monthly health workshops, CPR certification, and screenings for cholesterol, glaucoma, stroke, breast cancer, lead, etc.

NATIVE AMERICAN COMMUNITY SERVICES
Steepletown Center
671 Davis NW, Suite 103, Grand Rapids, MI 49504
MMIN-NUH-GAH-DAH, HEALTHY HEART PROGRAM
(616) 458-4078 Main Line
Provides heart disease and diabetes information, screening and referrals within a 7-county area; health education programs, and cultural competency training.

Community Clinics
Private, nonprofit outpatient facilities, many previously known as free clinics, that have been established by the community rather than a hospital and which provide basic medical care including physical examinations, immunizations, family planning, nutrition assistance and diagnosis and treatment of common ailments. Services are provided on an ability-to-pay basis and target low-income and indigent residents of the community.

BAXTER COMMUNITY CENTER
935 Baxter SE, Grand Rapids, MI 49506
(616) 456-8593 Main Line
(616) 456-8595 Fax
Preventative and treatment oriented medical care of Baxter neighborhood children and adults is provided. Including immunizations, EPSIDT screenings, dental care (for Baxter patients) and eye care. Baxter is a WIC site. Staff includes pediatricians, general practitioner, optometrist, dentist, and a social worker (MSW). The dental clinic is open weekly (by appointment) for those persons only who are already Baxter Clinic patients. Medical clinic is open to low-income persons without a doctor; somewhat flexible to geographic area.

BELKNAP COMMONS HEALTH CENTER
751 Lafayette NE, Grand Rapids, MI 49503
(616) 742-9942 Dental
(616) 742-9945 Medical
Provides comprehensive primary medical care. Services include: medical exams/check-ups, nutritional counseling, T.B. tests, immunizations, pregnancy tests, gynecological exams, prenatal program, blood pressure checks, health screening and counseling, and care for the whole family from newborn to elderly.

BROWNING-CLAYTOR HEALTH CENTER
1246 Madison SE, Grand Rapids, MI 49507
(616) 913-8300 Main Line
Full service health care facility for patients in Madison/Hall area.

CATHERINE’S CARE CENTER
NEIGHBORHOOD HEALTH SERVICES
224 Carrier St. NE, Grand Rapids, MI 49505
(616) 336-8800 Main Line
Provides community based preventative health care services including immunizations, pregnancy testing, help in quitting smoking, WIC enrollment, help in finding resources to meet health care needs, healthy habit and lifestyle consultation, nutritional consultation and confidential screenings for blood pressure, communicable diseases, tuberculosis, and blood sugar (diabetes). Periodically offered at the Center and other sites are monthly health workshops, CPR certification, and screenings for cholesterol, glaucoma, stroke, breast cancer, lead, etc.

CHERRY STREET HEALTH SERVICES
550 Cherry St. SE, Grand Rapids, MI 49503-4748
(616) 235-7272 Main Line
Provides comprehensive primary medical care. Services include: medical exams/check-ups, nutritional counseling, T.B. tests, immunizations, pregnancy tests, gynecological exams, prenatal program, blood pressure checks, health screening and counseling, and care for the whole family from newborn to elderly.
CLINICA SANTA MARIA
730 Grandville SW, Grand Rapids, MI 49503
(616) 913-8400 Main Line
The Clinica Santa Maria is an outreach of Saint Mary's located at 730 Grandville SW, offering primary medical care targeted to members of the Hispanic community (bilingual staffing), the homeless, and the working poor. Offering pregnancy testing, pre-natal and well child care, WIC, immunizations, MSS enrollment, pre-marital counseling in Spanish, services to elderly adults as part of the primary care offered. Social work services and referrals for mental health and substance abuse programs are also provided.

HEALTH INTERVENTION SERVICES
15 Andre SE, Grand Rapids, MI 49507
(616) 475-8446 Main Line
(616) 475-1272 FAX
HIS is a Christian medical center whose purpose is to bring hope, encouragement, and practical assistance to underserved individuals and families through the provision of high-quality medical care (Pediatrics, Counseling, Dental and OB-GYN). Primarily volunteer and administrative professionals staff the organization.

HERKIMER HEALTH CENTER
319 S. Division, Grand Rapids, MI 49503
(616) 831-0404 Main Line
(616) 831-0402 FAX
Provides: annual physicals and health maintenance; well-child physicals and immunizations; TB testing; diagnosis and treatment of acute health problems such as infections and injuries; diagnosis, treatment, and monitoring of chronic diseases such as diabetes and high blood pressure; the center can also order, perform, and interpret diagnostic studies such as laboratory tests and X-rays; Prescribe medications, physical therapy, and occupational therapy; refer for counseling to a Medical Social Worker, Certified Adult Mental Health Clinical Nurse Specialist, Psychiatrist, or Psychologist; promotes positive health behaviors and self-care skills through education and counseling; community resource referrals; collaborate with Physicians and other health care professionals; contract with Physicians for Hospital admissions at Spectrum Health Downtown and East Campus, and Saint Mary's Hospital.

SHELDON COMPLEX
121 Franklin, Grand Rapids, MI 49507
(616) 336-4000 Main Line
Sites for free public health clinics staffed by Kent County public health nurses. Providing blood pressure checks and health counseling. Public health nurses serve all ages. Includes Well Child Clinic, Otolaryngology Clinic; sliding fee scale.

WESTSIDE HEALTH CENTER
669 Stocking NW, Grand Rapids, MI 49504
(616) 235-7507 Dental
(616) 235-1480 Medical
Provides comprehensive primary medical care. Services include: medical exams/check-ups, nutritional counseling, T.B. tests, immunizations, pregnancy tests, gynecological exams, prenatal program, blood pressure checks, health screening and counseling, and care for the whole family from newborn to elderly.

Community Mental Health Agencies
City or county-operated, neighborhood-based outpatient facilities that offer individual, group, conjoint and family counseling, therapy groups, medication and other mental health services for community residents, targeting those who are indigent, who have acute or chronic mental or emotional disturbances or who may be experiencing difficulty resolving personal or interpersonal conflicts. Also those making personal adjustments to stressful life situations such as separation, divorce, widowhood, loss of a child, poor health, unemployment, family violence, delinquency or substance abuse.

CORNERSTONE COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
833 Lake Drive SE, Grand Rapids, MI 49506
(616) 336-3909 Main Line
(616) 336-3535 Crisis Line
The Adult Services Unit at Cornerstone provides 24-hour telephone or in-person mental health crisis intervention. The program is staffed 24 hours, 7 days a week by mental health professionals. No appointments are needed. Assessments are provided to determine level of continuing treatment that is appropriate. Referrals for continuing treatment are made to CMH contract providers. Professional evaluation may include referral to on-going treatment for outpatient treatment. Individuals with long-term mental illnesses may be referred for case management services.

GERONTOLOGY NETWORK
RESOURCE CENTER ON AGING
500 Cherry St SE, Grand Rapids, MI 49503-4702
(616) 456-6135 Main Line
Counseling and referral services for older adults and families/caregivers in office or home.

METROPOLITAN HOSPITAL
1919 Boston SE, Grand Rapids, MI 49506
METRO PINES – INPATIENT PSYCHIATRIC CARE – MEDICAID RECIPIENTS
(616) 252-7200 Main Line
Metro Pines is a 12-bed residential unit for adults needing acute psychiatric treatment and who receive Medicaid. Most patients spend 6-8 days as an inpatient before moving into day treatment. Metro Pines is a licensed program of Metropolitan Hospital with Pine Rest Christian Mental Health Services providing the facility and the staffing.
PINE REST CHRISTIAN MENTAL HEALTH SERVICES
Saint Mary’s Cancer Center
310 Lafayette SE, Grand Rapids, MI 49503
(616) 913-1400 Main Line
Older adult, adult, child, and adolescent services: outpatient evaluation, individual, group, marital, and family therapy; vocational counseling, pastoral counseling, medication services, case consultation, and support groups. Also, biofeedback services, Employee Assistance Programs (EAP, 455-5000, ext. 2373), and Church Assistance Programs, (CAP, 455-5000, ext 2373).

PINE REST CHRISTIAN MENTAL HEALTH SERVICES
300 68th St SE, Grand Rapids, MI 49548
OLDER ADULT PROGRAMS
(616) 455-5000 Main Line
Provides evaluation and outpatient, inpatient, and partial hospital treatment for older adults with such problems as depression, anxiety, forgetfulness, concern about daily tasks, etc. A team of psychiatrists, psychologists, and social workers are available.

Condition-Specific Rehabilitation Services
Programs that provide comprehensive rehabilitation services that help people who have specific types of injuries or other impairments to achieve their maximum level of functioning.

METROPOLITAN HOSPITAL
1919 Boston SE, Grand Rapids, MI 49506
(616) 252-7200 Main Line
A comprehensive exercise and education program for patients who have had a heart attack or heart surgery. The patients assist in developing their own exercise schedule using a treadmill, bike, rower, skier, and/or stairclimber. The patients are encouraged to bring a family member to join them in exercising (no additional charge). Patients and their families receive education on diet/exercise of stress management.

SAINT MARY’S HEALTH SERVICES
200 Jefferson SE, Grand Rapids, MI 49503
(616) 752-6090 Main Line
The Cardiac Rehab Program is a nurse supervised exercise program(s) for men and women who are recovering from heart attacks. Classes meet at Saint Mary’s Hospital and the Michigan Athletic Club. Classes are at various levels. Early post heart attack classes include active heart monitoring. Also has Pulmonary Therapy.

SPECTRUM HEALTH – BLODGETT CAMPUS
1840 Wealthy SE, Grand Rapids, MI 49506
(616) 774-7444 Main Line
Rehabilitation is provided by a team of specialists including nurses, therapists, dieticians, exercise physiologists, pharmacists, social workers, and psychologists. In addition, a preventative pre-cardiovascular event program is offered, which includes education, an exercise program, and nutrition counseling.

VISITING NURSES ASSOCIATION
OF WESTERN MICHIGAN
1401 Cedar NE, Grand Rapids, MI 49503
(616) 774-2702 Main Line
This program provides comprehensive cardiac services utilizing a team approach to people in their homes as a viable alternative to hospitalization. VNS will provide care to patients through RN’s, therapists and social workers in concert with patients’ primary care physician.

Congregate Meals
Programs that provide hot meals on a regular basis for people who are elderly, adults with disabilities or other targeted populations who may be at risk for nutritional deficits without assistance and who can profit from an opportunity to socialize with others. Congregate meals are often combined with recreational, educational and social activities.

CAPITOL LUNCH – GOD’S KITCHEN
303 S. Division, Grand Rapids, MI 49503
(616) 454-4110 Main Line
Meals are offered Monday through Friday from 2:30 - 4:00 p.m. at God’s Kitchen.

DEGAGE MINISTRIES
144 S. Division Ave., Grand Rapids, MI 49503
(616) 454-1661 Main Line
Provides free lunch to any person who comes on the first Friday of each month from 11:00 a.m. - 1:00 p.m.

DOWNTOWN SENIOR NEIGHBORS CENTER
44 Ionia SW, Grand Rapids, MI 49503
(616) 459-3040 Main Line
Nutritionally balanced lunches are served five days a week at seven Senior Neighbor Centers at lunch time (lunches provided by the Senior Meals Program). Nutrition education is provided. Home delivered meals are also available for the homebound. Call Meals Coordinator for information.

EASTERN AVENUE CHURCH OF CHRIST
658 Eastern Ave. SE, Grand Rapids, MI 49503
4th SATURDAY CONGREGATE MEAL
(616) 241-1797 Main Line
Serves a hot meal from 2:00 - 4:00 p.m. on the fourth Saturday of each month. Anyone in need is welcome to come.

FIRST COMMUNITY CHURCH OF CHRIST
23 Pleasant, Grand Rapids, MI 49503
(616) 243-0023 Main Line
Serves a hot meal every Wednesday from 12:00 noon to 2:00 p.m. Clients may go directly without a referral. Also give out food baskets to needy people (not an ACCESS pantry), also have clothing.
GRANDVILLE SENIOR NEIGHBORS CENTER  
3380 Division Ave., Grandville, MI 49418  
(616) 531-5250 Main Line  
Nutritionally balanced lunches are served five days a week at seven Senior Neighbor Centers at lunch time (lunches provided by the Senior Meals Program). Nutrition education is provided. Home delivered meals are also available for the homebound. Call Meals Coordinator for information.

GRATTAN TOWNSHIP  
12050 Old Belding Rd., Belding, MI 48809  
(616) 691-8450 Main Line  
Provides congregate meals for older adults. It is a site of Senior Meals.

GUIDING LIGHT MISSION  
255 S. Division Ave., Grand Rapids, MI 49503  
(616) 451-0236 Main Line  
Serves breakfast, lunch and dinner every day to people who otherwise would not have an adequate diet. Residents must be in by 7:00 p.m. for chapel service in order to receive shelter. Those who do not need shelter, but are in need of an evening meal are welcome to eat but must be out by 8:00 p.m.

LATIN AMERICAN SERVICES  
121 Franklin SE, Grand Rapids, MI 49507  
(616) 336-4017 Main Line  
Provides congregate meals for older adults. It is a site of Senior Meals.

LOWELL SENIOR NEIGHBORS CENTER  
314 S. Hudson, Lowell, MI 49331  
(616) 897-5949 Main Line  
Nutritionally balanced lunches are served five days a week at seven Senior Neighbor Centers at lunch time (lunches provided by the Senior Meals Program). Nutrition education is provided. Home delivered meals are also available for the homebound. Call Meals Coordinator for information.

NORTHWEST FOOD PANTRY  
Trinity Reformed Church  
1224 Davis Ave NW, Grand Rapids, MI 49504  
COMMUNITY KITCHEN  
(616) 451-4131 Main Line  
Provides a free weekly dinner for low income people and their families. Capacity: 60

OAKRIDGE SENIOR NEIGHBORS CENTER  
3781 Giddings SE, Grand Rapids, MI 49508  
(616) 452-8183 Main Line  
Nutritionally balanced lunches are served five days a week at seven Senior Neighbor Centers at lunch time (lunches provided by the Senior Meals Program). Nutrition education is provided. Home delivered meals are also available for the homebound. Call Meals Coordinator for information.

OTHER WAY MINISTRIES (THE)  
710 W. Fulton St., Grand Rapids, MI 49504  
SUPPER CLUB  
(616) 454-4011 Main Line  
Sponsors a weekly family potluck—a common meal followed by structured relational and educational activities for women and children.

PA WA TING MA GED WIN UNITED METHODIST CHURCH  
441 Knapp-St. NE, Grand Rapids, MI 49505  
(616) 364-6445 Main Line  
Sponsors a Senior Meals Program for Native Americans ages 50 and older on Tuesdays and Thursdays at 45 Lexington NW. Transportation to the meal site is provided if needed.

SENIOR MEALS PROGRAM  
1279 Cedar St. NE, Grand Rapids, MI 49503-1378  
(616) 459-3111 Main Line  
HISPANIC MEALS FOR OLDER ADULTS  
Prepares and serves Hispanic-style meals at Latin American Services in the Sheldon Complex. Call for reservations. Spanish speaking staff. Congregate meal site is the Sheldon Complex; home delivered meals are also available to home-bound older adults. Spouses and dependents are eligible also and can be of any age.

SPARTA SENIOR NEIGHBORS CENTER  
100 Ida Red, Sparta, MI 49345  
(616) 887-1273 Main Line  
Nutritionally balanced lunches are served five days a week at seven Senior Neighbor Centers at lunch time (lunches provided by the Senior Meals Program). Nutrition education is provided. Home delivered meals are also available for the homebound. Call Meals Coordinator for information.

UNITED METHODIST COMMUNITY HOUSE  
904 Sheldon SE, Grand Rapids, MI 49507  
(616) 452-3226 Main Line  
A Senior Meals Program site for congregate meals for persons 60 and older and their spouses. Reservations to be made 2 days ahead. Transportation to meal site is available. Monday through Thursday delivery of 1 or 2 meals/day for older adults unable to cook for themselves and having no one to do it for them, Weekend and holiday meals are also available to persons meeting the requirements of this program.
Continuing Education
Programs, usually offered as adjuncts to community college, college or university programs, which provide noncredit courses for adults who are seeking specific learning experiences on a part-time or short-term basis for personal, academic or occupational development.

AQUINAS EMERITUS COLLEGE
EMERITUS COLLEGE-EDUCATION PROGRAMS
FOR LIFE-LONG LEARNERS
Robert W. Browne Center
2001 Robinson Road SE, Grand Rapids, MI 49506
(616) 732-4466 Main Line
Provides a forum for lifelong exploration of ideas and intellectual growth for those 50 and older. Includes non-credit liberal arts classes and travel learning opportunities.

CALVIN COLLEGE
CALVIN ACADEMY FOR LIFELONG LEARNING (CALL)
3201 Burton SE, Grand Rapids, MI 49546
(616) 977-1792 Main Line
Provides the opportunity for lifelong learning for seniors 50 and older. The program was established for retired and semi-retired persons who live within commuting distance of the college.

GRAND RAPIDS COMMUNITY COLLEGE –
OLDER LEARNER CENTER
143 Bostwick Ave., NE, Grand Rapids, MI 49503-3295
(616) 234-3483 Main Line
Offers adults 55 and older opportunities for life-long learning and life enrichment including Senior Computer and Health Clubs. The Older Learner Center is responsible for a number of community-wide programs/initiatives including Senior Leadership Grand Rapids, the Kent County Caregiver Resource Network, and the Grand Rapids/Kent Community Consortium on Successful Aging. The Older Learner Center also produces an award winning television program, entitled “Successful Aging”, and sponsors public forums, conferences and events within the community on issues relating to an aging America.

GRAND VALLEY STATE UNIVERSITY
GRAND FORUM
401 W. Fulton, 289C DEV, Grand Rapids, MI 49504
(616) 331-6615 Main Line
Provides an educational outreach forum for those 55 and older. The Grand Forum provides mental stimulation and opportunity to make new friends. Morning and afternoon sessions are held for Grand Forum members at the GVSU Eberhard Center, with occasional field trips. An annual membership fee is required.

Dementia Evaluation
Programs that offer a variety of tests to establish the presence of Alzheimer’s disease, Pick’s disease or other conditions which involve loss of memory, deterioration of intellectual functioning, disorientation and other similar symptoms.

ALZHEIMER’S ASSOCIATION
500 Cherry St. SE, Grand Rapids, MI 49503
(616) 459-4558 Main Line
Offers a one-time screening that tests an individual’s orientation, memory, visuospatial and verbal abilities and provides a score that indicates whether they are at a high, low or questionable risk for Alzheimer’s disease.

Dementia Management
Programs that offer any of a variety of therapeutic approaches which are intended to maximize the existing cognitive functioning of people who have Alzheimer’s disease, Pick’s disease or other forms of cognitive impairment. Interventions include structured activities and exercises that are designed for people who have a short attention span and require extra verbal and visual stimulation with the objective of enhancing the individual’s perception of the environment, promoting trust, reducing anxiety, avoiding over-stimulation and maximizing communication skills.

GERONTOLOGY NETWORK
DEMENTIA EDUCATIONAL SUPPORT SERIES
500 Cherry St SE, Grand Rapids, MI 49503-4702
(616) 456-6135 Main Line
Provides health information and a support group for caregivers, family, and friends of people with Alzheimer’s or dementia. In conjunction with the Alzheimer’s Association.

Dental Care
Programs that specialize in the care of the teeth and associated structures in the oral cavity including the prevention, diagnosis and treatment of diseases of the teeth and gums.

BELKNAP COMMONS HEALTH CENTER
751 Lafayette NE, Grand Rapids, MI 49503
(616) 742-9942 Dental
(616) 742-9945 Medical
Community health center that provides dental services including initial exams, x-rays, cleaning, restorative work (fillings, etc.), extractions, partial and complete dentures, and root canals. Services by appointment or walk-in for urgent care. Need proof of income and insurance.

CHERRY STREET HEALTH SERVICES
550 Cherry St. SE, Grand Rapids, MI 49503-4748
(616) 235-7272 Main Line
Community health center that provides dental services including initial exams, x-rays, cleaning, restorative work (fillings, etc.), extractions, partial and complete dentures, and root canals. Services by appointment or walk-in for urgent care. Need proof of income and insurance.
CLINICA SANTA MARIA
730 Grandville SW, Grand Rapids, MI 49503
(616) 913-8400 Main Line
The Clinica Santa Maria is an outreach of Saint Mary's located at 730 Grandville SW, offering primary medical care targeted to members of the Hispanic community (bilingual staffing), the homeless, and the working poor. Offering pregnancy testing, prenatal and well child care, WIC, immunizations, MSS enrollment, pre-marital counseling in Spanish, services to elderly adults as part of the primary care offered. Social work services and referrals for mental health and substance abuse programs are also provided.

GRAND RAPIDS COMMUNITY COLLEGE
143 Bostwick Ave., NE, Grand Rapids, MI 49503-3295
GRCC DENTAL CLINIC
(616) 234-4237 Main Line
Provides dental hygiene services by students as part of their dental hygiene and dental assisting courses. The clinic offers teeth cleaning (oral prophylaxis), fluoride treatments, tooth sealants, dental health education, dietary analysis, and x-rays (if person has a dentist to whom they can be mailed). The clinic is in operation only during the times the Community College is in session. (September-June)

KENT COUNTY HEALTH DEPARTMENT
700 Fuller NE, Grand Rapids, MI 49503
(616) 336-3030 Main Line
Match eligible clients with participating dentists according to the client's location and dental needs. All phases of comprehensive dental care are available. No emergency services are rendered. Screening takes approximately two weeks. The clinic is open Monday-Friday from 8:30 a.m. - 12:30 p.m.

WESTSIDE HEALTH CENTER
669 Stocking NW, Grand Rapids, MI 49504
(616) 235-7507 Dental
(616) 235-1480 Medical
Community health center that provides dental services including initial exams, x-rays, cleaning, restorative work (fillings, etc.), extractions, partial or complete dentures, and root canals. Services by appointment or walk-in for urgent care. Need proof of income and insurance.

Dental Referrals
Programs that link people who are in need of care which involves their mouth, teeth, gums or associated structures with private dentists, orthodontists, periodontists or other members of the dental profession.

WEST MICHIGAN DENTAL SOCIETY
511-F Waters Building
161 Ottawa Ave. NW, Grand Rapids, MI 49503
(616) 574-9505 Main Line
Supplies callers with a list of dentists in their area who are accepting new patients. This program does not provide a list of dentists who accept Medicaid.

Diabetes Clinics
Programs that provide comprehensive, preventive, diagnostic and treatment services on an inpatient or outpatient basis for individuals who have juvenile or adult diabetes, a chronic, incurable disease in which the pancreas fails to produce enough insulin to allow the body to adequately metabolize sugar. The disease can be managed through a combination of diet, exercise, insulin and hygienic measures.

SPECTRUM HEALTH – BLODGETT CAMPUS
2023 E. Fulton, Grand Rapids, MI 49506
SPECTRUM HEALTH REGIONAL DIABETES SERVICES
(616) 391-91, 99 Main Line
In addition to education for inpatients, Spectrum Health offers comprehensive diabetes education classes to the public, a 3-day outpatient program including clinical screening and evaluation, dietary consultation, practice in various skills, etc. Individual sessions are also available. Physician referral is required.

Diabetes Screening
Programs that offer glucose tolerance tests and/or blood and urine tests which assess the extent to which the body can metabolize sugar and indicate the presence of diabetes.

CATHERINE’S CARE CENTER
NEIGHBORHOOD HEALTH SERVICES
224 Carrier St. NE, Grand Rapids, MI 49505
(616) 336-8800 Main Line
Provides community based preventative health care services including immunizations, pregnancy testing, help in quitting smoking, WIC enrollment, help in finding resources to meet health care needs, healthy habit and lifestyle consultation, nutritional consultation and confidential screenings for blood pressure, communicable diseases, tuberculosis, and blood sugar (diabetes). Periodically offered at the Center and other sites are monthly health workshops, CPR certification, and screenings for cholesterol, glaucoma, stroke, breast cancer, lead, etc.

NATIVE AMERICAN COMMUNITY SERVICES
MIN-NUH-GAH-DAH, HEALTHY HEART PROGRAM
Steepletown Center
671 Davis NW, Grand Rapids, MI 49504
(616) 458-4078 Main Line
Provides heart disease and diabetes information, screening and referrals within a 7-county area; health education programs, and cultural competency training.

SPECTRUM HEALTH – BLODGETT CAMPUS
SPECTRUM HEALTH REGIONAL DIABETES SERVICES
1840 Wealthy SE, Grand Rapids, MI 49506
(616) 774-7444 Main Line
In addition to education for inpatients, Spectrum Health offers comprehensive diabetes education classes to the public, a 3-day outpatient program including clinical screening and evaluation, dietary consultation, practice in various skills, etc. Individual sessions are also available. Physician referral is required.
Disability Related Support Groups

NATIONAL MULTIPLE SCLEROSIS SOCIETY – MICHIGAN CHAPTER
2020 Raybrook S.E., Suite 204,
Grand Rapids, MI 49546-7717
(616) 942-5505 Main Line
Coordinates and facilitates regularly scheduled meetings at which people affected by multiple sclerosis can share information and provide mutual support. Meetings are held at various locations throughout Michigan. Special groups are available for recently diagnosed, minimally disabled, singles, and spouses.

Discount Programs

Programs that offer a special pricing structure for their own or a broader array of goods and services which may be open to the general public, be available to members only or be restricted based on an individual's age, disability or other factors.

UNITED STATES DEPARTMENT OF AGRICULTURE – FEDERAL RECREATION PASSPORT PROGRAM
US Department of Agriculture Forest Service
District Ranger, Baldwin, MI 49304
GOLDEN AGE PASSPORT-FEDERAL RECREATION PASSPORT-OLDER ADULTS
(231) 745-4632 Main Line
The Golden Age Passport is a lifetime entrance permit for seniors ages 62 and older to parks, monuments and recreation areas administered by the federal government which charge entrance fees. Also provides a 50% discount on federal use fees for facilities/services such as camping. To apply by mail send a copy of a driver's license and a check for $10.00 made out to the USFS (United States Forest Service). If applying at White Cloud Forest Service Office, the Golden Age Passport card will be mailed to the person.

Discrimination Assistance

Programs that provide assistance for people who believe that they have been treated unfairly or denied normal privileges based on their age, sex, race or ethnic origin, nationality, religion, disability, sexual orientation or marital status.

MICHIGAN DEPARTMENT OF CIVIL RIGHTS
7th Floor-Victor
201 N. Washington Square, Lansing, MI 48913
(517) 335-3165 Main Line
The Michigan Department of Civil Rights is charged with the responsibility of securing the full enjoyment of civil rights guaranteed by law and the Constitution through the elimination of unlawful discrimination. The Commission, together with its agency, the Department of Civil Rights, fulfills this mission through outreach and education programs designed to promote voluntary compliance with civil rights laws. The agency does so through investigations and resolutions of complaints of discrimination. The agency also disseminates information which explains citizen rights and responsibilities.

Disease/Disability Information

NATIONAL INSTITUTE ON AGING
Building 31, Room 5C27
31 Center Dr., MSC 2292, Bethesda, MD 20892
(301) 496-1752 Main Line
(800) 222-2225 Toll-Free Information Clearinghouse
(800) 222-4225 TTY/Toll-Free Information Clearinghouse
Leads a national program of research on the biomedical, social, and behavioral aspects of the aging process, the prevention of age-related diseases and disabilities, and the promotion of a better quality of life for all older Americans. Provides information about the aging process and the physical, psychological, and social factors associated with aging, including Alzheimer's disease, health and retirement, menopause, and frailty. Information is available via the telephone, printed materials, and a World Wide Web site at http://www.nih.gov/nia. The National Institute on Aging does not provide referrals to doctors or counsel people on specific medical problems.

ALZHEIMER’S ASSOCIATION
500 Cherry St, SE, Grand Rapids, MI 49503
(616) 459-4558 Main Line
The Association aims to educate the public and allied health professionals about brain disorders and to promote improved services and legislation on behalf of patients. It provides information literature; and audio visual materials to individuals and groups interested in learning more about Alzheimer’s disease. Staff and volunteers are also available to provide speaking engagements and train professionals.

ARTHRITIS FOUNDATION
3226 28th St. SE, Suite 1, Grand Rapids, MI 49512
(616) 949-9938 Main Line
Provides information about arthritis and other rheumatic diseases, including care techniques and support services. Information is available via the telephone, printed materials (including a list of physicians who specialize in the diagnosis and treatment of arthritis, and a special newsletter for parents of children with juvenile arthritis), speakers, videos, workshops, and a World Wide Web site at http://www.arthritis.org.
Supports research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress in these diseases. Provides information about arthritis and musculoskeletal and skin diseases, including osteoporosis, Paget’s disease of bone, osteogenesis imperfecta, primary hyperparathyroidism, and other metabolic bone diseases and disorders and prevention, early detection, and treatment. Information is available via the telephone, printed materials and a World Wide Web site at http://www.nih.gov/niams. The National Institute of Arthritis and Musculoskeletal and Skin Diseases does not provide referrals to doctors or counsel people on specific medical problems.

for Blindness

UPSHAW INSTITUTE FOR THE BLIND
16625 Grand River, Detroit, MI 48227
Upshaw Institute Website/Michigan
Eye Health Resource Center
(313) 272-3900 Main Line
Provides a range of information on the eyes, vision, and blindness and its prevention, through a web site (http://www.upshawinst.org) and Resource Center. The web site provides information about topics related to the Institute’s major service areas and a large number of links to other organizations providing information on blindness, visual impairment, services, employment, technology products and manufacturers, sources for alternative reading formats (Braille, audio, large print), recreation, and more. The web site conforms to national standards for accessibility and can be used by blind or visually impaired individuals using adaptive computers. The Resource Center provides information via a speakers bureau and a lending library of videos. Services are partially funded by the Detroit Area Agency on Aging.

for Dementia

FAMILY LIFE CENTER
1256 Walker NW PO Box 141124,
Grand Rapids, MI 49504
(616) 235-2910 Main Line
Provides seminars, workshops and classes for members of the community, professionals, individuals and families.

for Glaucoma

ASSOCIATION FOR THE BLIND
AND VISUALLY IMPAIRED
215 Sheldon, SE, Grand Rapids, MI 49503
(616) 458-1187 Main Line
Provides educational presentations on blindness and the prevention of blindness to schools, civic organizations, health care providers, etc. Also, provides free glaucoma screening to under served target groups. (individual screening is offered by appointment only)

for Hearing Impairments

AMERICAN SPEECH – LANGUAGE – HEARING ASSOCIATION
10801 Rockville Pike, Rockville, MD 20852
(888) 321-2742 Toll-Free ASHA Line/
Automated Information
(800) 638-8255 Toll-Free ASHA Action Center
(301) 897-5700 TTY
Provides information about speech, language, and hearing disorders, including hearing loss, stuttering, cochlear implants, assistive living devices, and computer resources. Provides referrals to support groups and summer camp programs. Information is available via toll-free telephone, printed materials, and a website at http://www.asha.org.

DEAF COMMUNITY ADVOCACY NETWORK
2111 Orchard Lake Rd., #101, Sylvan Lake, MI 48320
(248) 332-3331 Main Line
(248) 332-3323 TTY
Offers information about deafness and related disabilities and makes referrals to appropriate resources. Promotes public awareness of the issues related to hearing disabilities and acceptance of the hearing impaired community within the greater community through educational programs and workshops, speakers, and printed materials.

DEAF, ETC
1514 Wealthy SE, Suite 246, Grand Rapids, MI 49506
(616) 732-7385 Main Line
(616) 732-7362 TDD
Provides information and referral for the hearing impaired. Has an ever-growing library of resources and general information regarding deafness and hearing loss. If the staff is unable to directly answer your question, they will refer you to someone who can.
for Parkinson’s Disease

MICHIGAN PARKINSON FOUNDATION
30161 Southfield Rd., Suite 119, Southfield, MI 48076
(248) 433-1011 Main Line
(800) 852-9781 Toll-Free
Callers will receive information on the phone about Parkinson’s Disease and an information packet will be mailed to them including any other specific issues they have. MPF also maintains a list of neurologists statewide and can provide referrals to these physicians. A quarterly newsletter is also available. Their website is www.parkinsonsmi.org.

PARKINSON ASSOCIATION OF WEST MICHIGAN
3501 Lake Eastbrook SE, Suite 144, Grand Rapids, MI 49546
(616) 954-8077 Main Line
The Parkinson’s Educational Program/West Michigan provides education and support for Parkinson’s patients, their caregivers, families, and community professionals who serve those with Parkinson’s Disease. Component groups of this and other programs include: Holland/Zeeland area, Grand Rapids Group, and the Young Onset Parkinson’s Group. Services include bimonthly newsletters, support group meetings, referral and advocacy, educational presentations, inservice trainings and a special exercise program in conjunction with the Visiting Nurse Association. There are no membership fees and meetings are open to any who wish to attend.

for Stroke

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE
P.O. Box 5801, Bethesda, MD 20824
(800) 352-9424 Toll-Free
Supports and conducts research and research training on the normal structure and function of the nervous system and on the causes, prevention, diagnosis, and treatment of more than 600 nervous system disorders including stroke, epilepsy, multiple sclerosis, Parkinson’s Disease, head and spinal cord injury, Alzheimer’s Disease, and brain tumors. Information for the public about disorders of the brain and nervous system, including symptoms, diagnosis, and treatment. Information is available via the telephone, printed materials, and on their website at http://www.ninds.nih.gov. The National Institute of Neurological Disorders and Stroke does not provide referrals to doctors or counsel people on specific medical problems.

SPECTRUM HEALTH – BLODGETT CAMPUS
1840 Wealthy SE, Grand Rapids, MI 49506
(616) 774-7444 Main Line
The Blodgett Chest Pain Emergency Center conducts free, informative presentations on heart disease available to groups/churches, etc. Presentations are scheduled at the convenience of the group.
for Visual Impairments

LIGHTHOUSE INTERNATIONAL
111 E. 59th St., New York, NY 10022-1202
(212) 821-9200
(212) 821-9713 TTY
(212) 821-9707 Fax
Provides literature on eye diseases, resource lists (including adaptive computer technology, reading and recreation options for people with impaired vision, and nutrition and eye health), and referrals to low vision and other rehabilitation services, support groups, state agencies, and advocacy groups nationwide.

NATIONAL ASSOCIATION FOR PARENTS OF THE VISUALLY IMPAIRED
P.O. Box 317, Watertown, MA 02272
(617) 972-7441 Main Line
(800) 562-6265 Toll-Free
Provides information about partial sight, blindness, and visual impairments, including childhood eye diseases, daily living skills, educational choices, and eye disorders. Information is available via toll-free telephone, printed materials, and their website at http://www.spendex.com/NAPVI.

VISUALLY IMPAIRED PERSONS FOR PROGRESS
2426 Thornwood SW, Wyoming, MI 49509
(616) 249-8570 Main Line
Visually Impaired Persons For Progress offers support and information for visually impaired/blind people and concerned others. Topics for discussion often include education, employment, housing, recreation, etc.

Eye Screening
Programs that offer screening procedures that identify people who have targeted eye diseases or vision deficiencies.

ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED
215 Sheldon SE, Grand Rapids, MI 49503
(616) 458-1187 Main Line
Provides educational presentations on blindness and the prevention of blindness to schools, civic organizations, health care providers, etc. Also, provides free glaucoma screening to the under served target groups. (individual screening is offered by appointment only.)

CATHERINE’S CARE CENTER
NEIGHBORHOOD HEALTH SERVICES
224 Carrier St. NE, Grand Rapids, MI 49505
(616) 336-8800 Main Line
Provides community based preventative health care services including immunizations, pregnancy testing, help in quitting smoking, WIC enrollment, help in finding resources to meet health care needs, healthy habit and lifestyle consultation, nutritional consultation and confidential screenings for blood pressure, communicable diseases, tuberculosis, and blood sugar (diabetes). Periodically offered at the Center and other sites are monthly health workshops, CPR certification, and screenings for cholesterol, glaucoma, stroke, breast cancer, lead, etc.

CHERRY STREET HEALTH SERVICES
550 Cherry St. SE, Grand Rapids, MI 49503-4748
(616) 235-7272 Main Line
Provides vision exams only. Services provided by volunteer ophthalmologists. Eyeglasses provided on limited basis.

EYECARE AMERICA
P.O. Box 429098, San Francisco, CA 94112-9098
(616) 800-2223 Hotline/Talkline/Warmline
GLAUCOMA PROJECT
Produces a public service project encouraging early detection and treatment of glaucoma by promoting awareness of glaucoma risk factors and providing access to care for qualified individuals at increased risk.

NATIONAL EYE CARE PROJECT
Provides medical and surgical eye care to US citizens or legal residents, aged 65 or over. The qualified patient is sent a letter to an ophthalmologist in their area for a medical eye exam and follow-up care for whatever condition is found. Doctors accept insurance reimbursement as payment in full if available. The patient is not billed. No one is turned away for lack of insurance. Eyeglasses, prescriptions and hospital services are not covered under this program. Person enrolled in prepaid health care plans (HMO) or who obtain care through a government facility are not eligible. Not an eyeglass program.

Food Pantries
Programs that acquire food products through donations, canned food drives, food bank programs or direct purchase and distribute the food to people who are in emergency situations. CALL UNITED WAY’S 2-1-1 TO FIND THE FOOD PANTRY IN YOUR AREA.

GRAND RAPIDS REACH
551 Henry SE, Grand Rapids, MI 49503
SENIOR FOOD DISTRIBUTION PROGRAM
(616) 235-0455 Main Line
The Senior Food Distribution Program provides a weekly bag of food to elderly persons (60 and older) to help them supplement their food budget.
SENIOR NEIGHBORS  
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442  
(616) 459-6019 Main Line  
Older adults age 60+ may use the Emergency Food Program currently being used for shut-ins in need of emergency food and unable to go to a food pantry.

SENIOR PANTRY – WEALTHY STREET  
SENIOR PANTRY SOUTH  
1059 Wealthy St. SE, Grand Rapids, MI 49503  
(616) 742-1103 Main Line  
Provides food to senior citizens up to once a week. Will also deliver food, but only to Senior Meals Program clients. Provides nutrition education and has a nutritionist on staff 8-10 hours per week. Pantry has items such as Ensure, diabetic foods and adult diapers.

SOUTH END COMMUNITY OUTREACH MINISTRIES  
Olivet United Methodist Church  
1933 Buchanan Ave. SW, Grand Rapids, MI 49507  
(616) 245-2066 Main Line  
Provide monthly luncheon with speakers brought in to discuss topics of interest for the elderly. Food pantry open after luncheon meeting for low income seniors. Monthly newsletter sent out.

WESTSIDE COMPLEX ACSET  
SENIOR PANTRY NORTH  
215 Straight NW, Grand Rapids, MI 49504  
(616) 336-4180 Main Line  
Provides food for senior citizens at 125% poverty level up to once a week.

Food Stamps  
A federally-funded program administered locally by the county or the state that enables low-income and indigent households to obtain food stamp coupons which can be exchanged in nearly all grocery stores for food or electronic benefit transfer (EBT) “debit” cards which can be used to purchase food. Approved households are entitled to receive a monthly allotment of food stamp coupons (or to purchase a designated amount of food utilizing their cards) based on net income and household size. Expedited food stamps are available within five days for people who are in an emergency situation and whose income and spendable resources for that month are within specified limits.

MICHIGAN FAMILY INDEPENDENCE AGENCY – KENT COUNTY  
FOOD STAMPS/EXPEDITED FOOD STAMPS  
415 Franklin St. SE, Grand Rapids, MI 49507  
(616) 247-6000 Main Line  
Determines eligibility for coupons (food stamps) to supplement the food purchasing power of low-income families. Some households currently receiving food stamps may qualify for expedited service if they meet eligibility requirements. Applicants arriving after 11:00 a.m. may file an application but will not be interviewed until the next day. Agency recommends coming as early in the morning as possible to apply.

Foster Grandparent Programs  
Programs that provide part-time volunteer opportunities for low-income people age sixty and older to render supportive services for children who have special needs and who are living in health, education and welfare-related residential settings.

GERONTOLOGY NETWORK  
FOSTER GRANDPARENT PROGRAM  
456 Cherry St. SE, Grand Rapids, MI 49503-4702  
(616) 456-6135 Main Line  
Provide one-to-one mentoring or tutoring. The majority of children served by Foster Grandparent Volunteers are in childcare centers, hospitals pediatrics, neo-natal, burn units, Head Start Programs, or elementary schools and are usually between the ages of 0-8 years. Many of the sites have children with physical, mental or emotional problems. Other sites provide tutoring to other at-risk children.

(616) 456-6135 Main Line  
TRAVELING GRANNIES/GRANDPAS  
Pairs at-risk young people ages 6 to 19 with patient, loving, nonjudgmental mentors 60 years of age or older who have had many years of life's experiences. Extensive training in topics dealing with many of the problems facing today's youth and this knowledge, enabling volunteers to provide the support and care needed to help break the cycle of teen pregnancy, violence, drugs and abuse. The program offers a wide variety of intergenerational opportunities from enhancing reading and math skill; to individualized and small group mentoring and after-school activities.

NORTHVIEW SENIOR CITIZENS  
INTER-GENERATIONAL PROGRAMS  
c/o Northview Public Schools  
4365 Hunsberger NE, Grand Rapids, MI 49505  
(616) 361-3444 Main Line  
The Northview Seniors are involved in a number of programs with students from the area, i.e., high school students, “Back to School Days,” and reading to elementary students.
Friendly Visiting
Programs that utilize “friendly visitors” (usually volunteers but also paid hourly companions) to call on people who are hospitalized or in another institutional setting or who are socially isolated due to disability or old age with the objective of brightening their day and helping them to maintain contact with the outside world by reading, talking, listening, writing letters or performing similar tasks.

AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION – WEST MICHIGAN CHAPTER
678 Front St. NW, Suite 232, Grand Rapids, MI 49504
(616) 459-1900 Main Line
Provides friendly visiting for ALS patients.

GERONTOLOGY NETWORK
SENIOR COMPANIONS
456 Cherry St. SE, Grand Rapids, MI 49503-4702
(616) 456-6135 Main Line
Provides friendly visits, support and companionship to frail elderly persons, by having low-income older adults volunteer 20 hours/week. Volunteers receive a tax free hourly stipend, insurance coverage, meals while volunteering, transportation reimbursement, a yearly physical, TB test, etc.

GRAND RAPIDS POLICE DEPARTMENT
YOU ARE NOT ALONE (YANA)
1 Monroe Center Ave. NW, Grand Rapids, MI 49503-2906
(616) 456-3400 Main Line
This program is part of the services provided by the Senior Volunteer Neighborhood Services Program. A volunteer from the program visits elderly shut-in persons once a week.

KENT COUNTY SHERIFFS DEPARTMENT
VIP PROGRAM
(616) 336-3113 Main Line
(616) 774-2398 TDD
Provides volunteers the opportunity to visit homebound adults throughout the townships of Kent County.

MYASTHENIA GRAVIS FOUNDATION – GREAT LAKES CHAPTER
2680 Horizon Dr. SE, Suite C-9, Grand Rapids, MI 49546-7500
(616) 956-0622 Main Line
Provides support and information for people with Myasthenia Gravis and concerned others. Patient and family support groups meet 4 times per year in Grand Rapids, two times per year in Kalamazoo, and two times per year in Berrien Springs. Also, visiting committee visits patients at their request or by request of medical staff support meetings in Traverse City, and Munising, call for times and dates.

NATIONAL MULTIPLE SCLEROSIS SOCIETY – MICHIGAN CHAPTER
2020 Raybrook SE, Suite 204, Grand Rapids, MI 49546-7717
(616) 942-5505 Main Line
Recruits, trains, and coordinates a network of volunteers who provide support to members through phone calls and personal visits.

SENIOR NEIGHBORS – RETIRED AND SENIOR VOLUNTEER PROGRAM
44 Ionia SW, Suite 1, Grand Rapids, MI 49503
(616) 459-9509 Main Line
Utilizes volunteer “friendly visitors” (usually volunteers but also paid hourly companions) to call on people who are hospitalized or in another institutional setting or who are socially isolated due to disability or old age with the objective of brightening their day and helping them to maintain contact with the outside world by reading, talking, listening, writing letters or performing similar tasks.

VISITING NURSES ASSOCIATION OF WESTERN MICHIGAN
1401 Cedar NE, Grand Rapids, MI 49503
(616) 774-2702 Main Line
Volunteers may provide supportive services, such as respite care, friendly visiting, grocery shopping, meal preparation, and personal care. Volunteers also provide Hospice care, patient care, office assistance, bereavement or legal counsel, etc.

VOLUNTEERS IN SERVICE
2303 Kalamazoo SE, Suite 200, Grand Rapids, MI 49507
(616) 459-7500 Main Line
This is a referral resource linking church volunteers with people in need of long or short term non-skilled friendship services. Services include supplementary chores such as grocery shopping, occasional transportation, mother’s helpers, respite care for the elderly (non-skilled), visitation, phone friendships, etc. when such services are exhausted. (No emergency services or nursing services, cannot transport or baby-sit minors without the parents or some other adult family present). VIS also participates with mentoring programs which link church volunteers with people making transition from welfare to work and with those in poverty.

Geriatric Assessment
Programs that evaluate the physical condition and/or psychosocial functioning of elderly people to isolate the causes of problems the individuals may be experiencing and to identify possible solutions.

CORNERSTONE COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
833 Lake Drive SE, Grand Rapids, MI 49506
(616) 336-3909 Main Line
(616) 336-3535 Crisis Line
For people in mental health crisis who wish to discuss their problem with a volunteer for information and referral to professional help.
FOREST VIEW HOSPITAL
1055 Medical Park Dr. SE, Grand Rapids, MI 49546
(616) 942-9610 Main Line
(800) 949-8439 Toll Free
Offers acute inpatient care as well as partial hospitalization for mental health issues to adolescents and adults. Programs include eating disorder treatment, trauma program, and dual diagnosis treatment. Assessment and referral center available 24 hours.

PINE REST CHRISTIAN MENTAL HEALTH SERVICES
300 68th St. SE, Grand Rapids, MI 49548
OLDER ADULT PROGRAMS
(616) 455-5000 Main Line
Provides evaluation, outpatient, inpatient, and partial hospital treatment for older adults with such problems as depression, anxiety, forgetfulness, concerns about daily tasks, etc. A team of psychiatrists, psychologists, and social workers is available.

SAINT MARY’S HEALTH SERVICES
200 Jefferson SE, Grand Rapids, MI 49503
(616) 752-6090 Main Line
Is a 20-bed unit (in cooperation with Pine Rest) servicing patients whose primary diagnosis is psychiatric but who also have medical or surgical problems requiring treatment unavailable in a psychiatric hospital. Provides psychiatric and acute medical care, as well as, nursing, pastoral care, occupational therapy, and social work services.

Geriatric Counseling
Programs that provide emotional support information and guidance through a variety of modalities for older adults who are having mental, emotional or social adjustment problems resulting from the process of aging.

GERONTOLOGY NETWORK
500 Cherry St SE, Grand Rapids, MI 49503-4702
(616) 456-6135 Main Line
NURSING HOME CONSULTATION
Consultation and educational services for nursing home staff regarding mental health issues, as well as treatment and counseling for nursing home residents.
(616) 456-6135 Main Line
RESOURCE CENTER ON AGING
Counseling and referral services for older adults and families/caregivers in office or home.

KENT COUNTY HEALTH DEPARTMENT
700 Fuller NE, Grand Rapids, MI 49503
(616) 336-3030 Main Line
Provides health counseling about chronic disease, medication use and misuse, normal aging processes, hypertension (blood pressure) screening and monitoring and other health services for the elderly in homes.

LIFE GUIDANCE SERVICES
1400 Leonard NE, Grand Rapids, MI 49505
LINKAGES
(616) 774-0633 Main Line
Provides a program that is designed to meet the individualized behavioral health needs of older adults and their families. Counselors work with older adult issues including care giving, chronic illness, adjustment to death of a spouse, retirement, depression, anxiety, substance abuse, change in living arrangements and many other issues. Due to health and transportation problems, clients may receive LinkAges services in their home or living facility.

Geriatric Medicine
Programs that are staffed by specialists who provide comprehensive, preventive, diagnostic and treatment services for elderly individuals who have diseases or conditions that are associated with the aging process. Special assistance may include recognizing altered presentations of illnesses, dealing with multisystem organ involvement, handling special drug interactions, utilizing resources such as nursing homes and community social services, and assisting with ethical issues in the care of people who are elderly.

EAST PARIS INTERNAL MEDICINE ASSOCIATES PC
1000 E. Paris, Suite 260, Grand Rapids, MI 49546
(616) 957-9237 Main Line
Provides comprehensive care to older adults regarding specific issues having to do with the aging process.

ELDER CONSULT
4500 Breton Rd. SE, Grand Rapids, MI 49508
(616) 391-5710 Main Line
Provides comprehensive care to older adults regarding specific issues having to do with the aging process.

SENIOR HEALTH CONSULTING
Ramona Medical Building, Suite 103
515 Lakeside Dr. SE, Grand Rapids, MI 49506
(616) 774-2588 Main Line
Geriatric assessment is an in-depth evaluation to keep older adults healthy and independent. Patients are seen in office, home, nursing home or hospital by a board certified geriatric and internal medicine physician. Each assessment is tailored to the needs of the patient, and will include evaluation of physical health, medications, incontinence, memory loss, social supports, mood, living arrangements, and care needs in the home. Patients and family are given information and education, as well as help with obtaining the services they need.
Government Surplus
Food Distribution Sites
Organizations that are authorized, on a periodic basis, to acquire targeted surplus commodities stockpiled by the federal government (the U.S.D.A) and distribute them to people who qualify for this service on the basis of income. Also available may be a distribution schedule and a listing of available commodities and distribution site locations.

AREA COMMUNITY SERVICE EMPLOYMENT AND TRAINING COUNCIL
144 E. Fulton, Grand Rapids, MI 49503
(616) 336-4100 Main Line
Commodities are distributed bi-monthly to eligible Kent County residents through two distribution sites. Eligible households are certified throughout the month at each complex and on distribution days at volunteer sites. Goal is to supplement the limited food budgets of low-income Kent County residents. Call for information on nearest site and information needed for registration.

MICHIGAN FAMILY INDEPENDENCE AGENCY – NORTHWEST KENT COUNTY DISTRICT OFFICE
SPARTA MIGRANT CENTER (KENT CO.F.I.A.)
OUTREACH CENTER
536 S. State, Sparta, MI 49345
(616) 887-5700 Main Line
Kent County Family Independence Agency staffs the center on a full-time basis from approximately April - November. It is the intake center for all FIA services for migrant workers from Kent, Newaygo, Muskegon, and Eastern Ottawa Counties.

Grandparent Rights
Programs that provide assistance for grandparents who feel that their rights regarding access to a grandchild have been violated. Also included are organizations that provide information about the rights of grandparents and/or referrals for grandparents who need to locate an attorney who has expertise in this area or other legal resources.

ELDER LAW OF MICHIGAN
115 W. Allegan St., Suite 720, Lansing, MI 48933
KINSHIP CARE
(800) 347-5297
(800/347-LAWS) Legal Hotline
 Provides legal information and advice to grandparents and other family members who are acting as caregivers for minor children. Typical topics include guardianship and rights to public benefits. Does not provide legal representation. Referrals are made to other legal resources when appropriate. Project is part of the Legal Hotline for Michigan Seniors.

GRANDPARENT INFORMATION CENTER
601 E. Street, NW Washington, DC 20049
(202) 434-2296 Information Only
The Grandparent Information Center provides information and resources to help grandparents cope with their primary caregiving roles. The Center is working with national and community-based agencies in the child care, aging, legal, and family services fields to address this rapidly emerging phenomenon. Goals of the Center are: Provide grandparents who are raising grandchildren with information and referrals about services and programs that could improve their family's situation; Increase public awareness about grandparents raising grandchildren, the grandchildren, and the obstacles facing these families; Work with and provide technical assistance to social service agencies, grandparent support groups, and others interested in helping these families;Examine issues confronting grandparent-headed families and seek solutions that would address these problems; Facilitate cooperation among the aging, children, family, and legal systems to assist grandparent-headed families.

Health Related Support Groups

ALZHEIMER’S ASSOCIATION
500 Cherry St. SE, Grand Rapids, MI 49503
(616) 459-4558 Main Line
Provides support, training, and information for family caregivers or careproviders and others concerned about individuals with Alzheimer's Disease and related brain disorders.

AMERICAN DIABETES ASSOCIATION
GREATLAND REGION
300 Lafayette Ave. SE, Suite L2051, Grand Rapids, MI 49503
(616) 458-9341 Main Line
(800) 799-8908 Toll-Free
Provides information about diabetes including: diabetes management techniques, research, legislation, medical, support group and community referrals. Information is available via toll-free telephone, printed materials, workshops, a speakers bureau, and on their website at http://www.diabetes.org.

AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION
WEST MICHIGAN CHAPTER
678 Front St. NW, Suite 232, Grand Rapids, MI 49504
(616) 459-1900 Main Line
ALS provides emotional support, guest speakers, group discussion, and problem solving opportunities for people with ALS, caregivers, and others concerned. Monthly support group meetings are offered. Call for more information.

ARTHITIS FOUNDATION
3226 28th St. SE, Suite 1, Grand Rapids, MI 49512
(616) 949-9938 Main Line
Coordinates and facilitates regularly scheduled meetings at which people who are affected by arthritis or other rheumatic diseases can come together to share information and provide mutual support. Meetings are held at various locations throughout Michigan.
CATHERINE’S CARE CENTER
NEIGHBORHOOD HEALTH SERVICES
224 Carrier St. NE, Grand Rapids, MI 49505
(616) 336-8800 Main Line
The goal of the support group is to provide diabetics with the opportunity to share their concerns, experiences and problems with others in the group. It is believed that by sharing with one another, participants will gain a sense of encouragement and reassurance.

FIBROMYALGIA EDUCATION AND SUPPORT GROUP
3965 Miramar NE, Grand Rapids, MI 49525
(616) 361-2548 Main Line
Provides a support group for individuals with fibromyalgia and others who are concerned. The group meets on the second Tuesday of each month from 10:30 a.m. to 12:30 p.m.

FIBROMYALGIA SUPPORT GROUP
c/o Ivanrest Christian Reformed Church
3777 Ivanrest SW, Grandville, MI 49418
(616) 534-3114 Main Line
Support and educational group for persons with fibromyalgia and family and friends who wish to learn more about the disease.

MICHIGAN PARKINSON FOUNDATION
30161 Southfield Rd., Suite 119, Southfield, MI 48076
(248) 433-1011 Main Line
(800) 852-9781 Toll Free
MPF offers support groups across the state for anyone affected by or interested in Parkinson’s Disease and related disorders.

PARKINSON ASSOCIATION OF WEST MICHIGAN
3501 Lake Eastbrook SE, Suite 144,
Grand Rapids, MI 49546
(616) 954-8077 Main Line
The Parkinson’s Educational Program/West Michigan provides education and support for Parkinson’s patients, their caregivers, families, and community professionals who serve those with Parkinson’s Disease. Component groups of this and other programs include: Holland/Zeeland area, Grand Rapids Group, and the Young Onset Parkinson’s Group. Services include bimonthly newsletters, support group meetings, referral and advocacy, educational presentations, inservice trainings and a special exercise program in conjunction with the Visiting Nurse Association. There are no membership fees and meetings are open to any who wish to attend. The Young Onset Parkinson’s Group targets those younger Parkinsonians who may still be working or have children at home and need to address issues stemming from these situations. However, anyone interested is welcome to attend their meetings.

SPECTRUM HEALTH – KENT COMMUNITY CAMPUS
NEVER GIVE UP CLUB – STROKE SUPPORT GROUP
750 Fuller Ave NE, Grand Rapids, MI 49503
(616) 336-3301 Volunteer Office
Helps stroke victims and their families adjust to a more limited life. The support group offers social activities, speakers, travelogues, etc.

Health Screening/Diagnostic Services
Programs that utilize one or a combination of diagnostic tools to test large groups of putatively well people for the presence of a particular disease or condition or for certain risk factors that are known to be associated with that disease or condition; or which conduct in-depth tests to establish the cause and nature of an individual’s presenting illness. The purpose of screening is to identify people who have a potential problem and refer them for early diagnosis and treatment and, where possible, to provide preventive measures. Early identification is particularly important when dealing with conditions that are more difficult to treat when fully developed. The purpose of more in depth diagnostic work is to establish a logical basis for ongoing treatment.

KENT COUNTY HEALTH DEPARTMENT
SENIOR HEALTH IMPROVEMENT PROGRAM
700 Fuller NE, Grand Rapids, MI 49503
(616) 336-3037 Main Line
Provides health risk screening, screening and counseling for adults looking for improvements to lifestyle behaviors. The types of screens available are: independence risk appraisal, temperature, pulse, blood pressure, respirations, height and weight, hemocult, total and HDL cholesterol, immunization review, medicine review, hemoglobin and urine test. Recommendations, referrals and follow-up are offered as ways of reducing health risks, Nutrition, physical activity, exercise and stop smoking classes are available. Presentations on health promotion offered.

Hearing Augmentation Aids
Programs that provide equipment or other products which enhance the residual hearing of people who have hearing impairments or which provide alternative methods of communication for people who have no residual hearing.

MICHIGAN ASSOCIATION FOR DEAF, HEARING AND SPEECH SERVICES
2929 Covington Ct., Suite 200, Lansing, MI 48912-4939
(517) 487-0066 Main Line
Offers equipment for rent which helps to enhance the hearing and/or communication of individuals with hearing or speech impairments. Includes TTY machines, telephone amplifiers, telecaptioning devices, and visual alarm kits.
Hearing Screening
Programs that offer hearing threshold tests for the purpose of identifying individuals whose ability to perceive sound falls outside the normal range.

AMERICAN SPEECH – LANGUAGE – HEARING ASSOCIATION
10801 Rockville Pike, Rockville, MD 20852
(888) 321-2742 Toll-Free ASHA Line/Automated Information
(800) 638-8255 Toll-Free ASHA Action Center
(301) 897-5700 TTY
Provides referrals to speech-language pathologists and audiologists who have been certified by ASHA. The programs include medical centers and school districts which have been accredited by the Program Services Board.

CATHERINE’S CARE CENTER
NEIGHBORHOOD HEALTH SERVICES
224 Carrier St. NE, Grand Rapids, MI 49505
(616) 336-8800 Main Line
Provides community based preventative health care services including immunizations, pregnancy testing, help in quitting smoking, WIC enrollment, help in finding resources to meet health care needs, healthy habit and lifestyle consultation, nutritional consultation and confidential screenings for blood pressure, communicable diseases, tuberculosis, and blood sugar (diabetes). Periodically offered at the Center and other sites are monthly health workshops, CPR certification, and screenings for cholesterol, glaucoma, stroke, breast cancer, lead, etc.

Home Barrier Evaluation/Removal
Programs that pay for or provide assistance in the form of labor and supplies for disabled people who need to install ramps, elevators, stair glides or lifts, widen doorways, install grab bars in showers and bathrooms, lower kitchen and other cabinets, or make other modifications in their homes or apartments to make them accessible. Also included are programs that assess the accessibility of homes and apartments of people who have disabilities and make recommendations regarding necessary modifications.

DISABILITY ADVOCATES OF KENT COUNTY
COMMUNITY PROPERTY ACCESSIBILITY CONSULTATION
3600 Camelot Dr. SE, Grand Rapids, MI 49546
(616) 949-1100 Main Line
Offers barrier free design consulting services for any community facility; inspects rental properties and assesses them for barrier free accessibility; consults with landlords, educating them on the accessibility of their rental properties. Also work with physically challenged persons themselves.

EASTER SEALS MICHIGAN
4065 Saladin Dr. S.E., Grand Rapids, MI 49546
(616) 942-2081 Main Line
(800) 292-2729 Toll-Free
Provides funding for the construction of wheelchair access ramps in the homes of individuals with disabilities.

HOME REPAIR SERVICES
1100 S. Division Ave., Grand Rapids, MI 49507
(616) 241-2601 Main Line
Home Repair Services and Disability Advocates together, offer up to $2500 of modifications to a house to improve accessibility for a physically disabled person. Wheelchair ramps, grab bars, doorway widenings and bathroom modifications.

KENNY MOBILITY CENTER
PROJECT HOME (Home Options and Modifications for Everyone)
26211 Central Park Blvd., Suite 100, Southfield, MI 48076-4154
(248) 357-0119 Main Line
(800) 237-3422 Toll-Free Michigan Only
Provides information packets on making homes handicap accessible. Packets include: a home evaluation checklist; general interior accessibility information; dimensions and technical specifications for accessible kitchens, baths, and residential wheelchair ramps; listings of barrier-free construction companies and equipment manufacturers; and sources of financial aid.

Home Barrier Removal Loans
Programs that provide loans to qualified disabled people who want to install ramps or elevators, widen doorways, install grab bars in showers and bathrooms, lower kitchen and other cabinets or make other modifications in their homes in order to make them more accessible.

EASTER SEALS MICHIGAN
4065 Saladin Dr., S.E., Grand Rapids, MI 49546
(616) 942-2081 Main Line
(800) 292-2729 Toll-Free
Provides funding for the construction of wheelchair access ramps in the homes of individuals with disabilities.

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES – MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
401 S. Washington Square, Lansing, MI 48909
(517) 373-8370 General Information
(800) 382-4568 TTY Toll-Free
Provides low-interest loans for home repairs or improvements, including energy conservation measures, retrofitting a home to make it more accessible to a disabled household member, or repairing serious hazards to health and safety.
Home Delivered Meals
Programs that prepare and deliver regular hot meals to elderly and disabled individuals who are unable to shop for and/or prepare the food for themselves or travel to a site where a meal is being served.

AREA COMMUNITY SERVICE EMPLOYMENT AND TRAINING COUNCIL
144 E. Fulton, Grand Rapids, MI 49503
(616) 336-4100 Main Line
In conjunction with the Senior Meals program (federal funds) program meals for older adults are at the Westside Complex, and through Latin American Services (Sheldon Complex). The meal at Sheldon is Hispanic style. Meals are also delivered to homebound persons from these two sites.

CAPITOL LUNCH – GOD’S KITCHEN
MEALS ON WHEELS
303 S. Division Ave., Grand Rapids, MI 49503
(616) 454-4110 Main Line
Hot meals delivered to homebound individuals to prevent the need for institutional care. Volunteer drivers who deliver meals also help meet the emotional as well as nutritional needs of recipient. Can accommodate diabetic diets unless must have diet under 1500 calories.

MEALS AT HOME
Fuller Avenue Christian Reformed Church
1239 Fuller Ave. SE, Grand Rapids, MI 49506
(616) 241-9112 Main Line
This program provides daily nutrition to the aged, ill, convalescent, blind, incapacitated, or those, who for other reasons, are unable to prepare their own food. Makes daily late-morning deliver of food to clients’ homes. Weekends and holidays are also served.

NORTH KENT SERVICE CENTER
10075 Northland Dr., Rockford, MI 49341
(616) 866-3478 Main Line
Delivers one or two meals a day to persons unable to cook for themselves, and not having someone to do it for them.

SENIOR MEALS PROGRAM
1279 Cedar St. NE, Grand Rapids, MI 49503
49503-1378 (616) 459-3111 Main Line
Delivers meals to eligible home-bound older adults. Service includes health assessment visit by program nurse within two weeks of start of meals and follow-up visits at least every six months. Expanded nutrition program delivers one hot and one cold meal daily (Monday through Friday). Frozen meals available for the weekends. Mechanically ground, diabetic, and liquid meals also available. Liquid meal requires prescription. Spouses and dependents are eligible and can be of any age.

HISPANIC MEALS FOR OLDER ADULTS
Prepares and serves Hispanic-style meals at Latin American Services in the Sheldon Complex. Call for reservations. Spanish speaking staff. Congregate meal site is the Sheldon Complex; home delivered meals are also available to home-bound older adults. Spouses and dependents are eligible also and can be of any age.

SENIOR NEIGHBORS
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442
(616) 459-6019 Main Line
Limited number of meals home delivered to elderly throughout Kent County who can’t cook for themselves. Hot noon meal and cold supper to home-bound older adults in limited area. Health assessment and follow-up visit by a nurse is included if needed. Older adults age 60+ may use the Emergency Food Program currently being used for shut-ins in need of emergency food and unable to go to a food pantry.

UNITED METHODIST COMMUNITY HOUSE
904 Sheldon SE, Grand Rapids, MI 49507
(616) 452-3226 Main Line
Monday through Thursday delivery of 1 or 2 meals/day for older adults unable to cook for themselves and having no one to do it for them. Weekend and holiday meals are also available to persons meeting the requirements of this program.

WYOMING SENIOR CENTER
2380 DeHoop SW, Wyoming, MI 49509
(616) 249-3966 Main Line
Offers nutrition education and serves hot meals provided by Senior Meals, Inc. to supplement the nutrition of elderly people. Reservations should be made by 1:30 p.m., three days in advance to guarantee a meal. Also, meals provided by Senior Meals Program, Inc. are delivered to home-bound elderly people unable to prepare their own meals. The two-meal program offers a hot lunch and a cold meal to be saved for supper. Meals are low sodium and low sugar. Special meals available are mechanical and Ensure. Visiting Nurse health assessments are given. Meals are delivered between 10:30 a.m. - 12:30 p.m., Monday-Thursday. An extra meal is delivered on Thursday for Friday.
Home Health Care
Programs that make necessary medical services available in the homes of people who are aged, ill or convalescing. FOR A COMPLETE LISTING OF HOME HEALTH CARE AGENCIES CONSULT THE YELLOW PAGES

AREA AGENCY ON AGING OF WESTERN MICHIGAN
MI CHOICE MEDICAID WAIVER PROGRAM
1279 Cedar NE, Grand Rapids, MI 49503-1378
(616) 456-5664 Main Line
(888) 456-5664 Toll Free
This is a Medicaid waiver program which allows seniors (age 65+), and certified disabled adults (age 18-64) who are determined eligible for nursing home placement to receive long term care services funded by Medicaid, in their own homes. Up to 13 services not usually covered by Medicaid may be provided to help clients stay in their own home in lieu of institutional placement. Eligibility requirements include: medical eligibility for nursing home level of care; Monthly income of no more than 300% of SSI level (2003: maximum income $1,656 for one individual), up to $2,000 in countable assets for individual; need for one or more ongoing Waiver services. Waiver services include: respite care, adult day care, private duty nursing, home delivered meals, transportation, personal care supervision, personal emergency response system, training, counseling, home modifications, medical equipment and supplies. Area Agency on Aging prescreens for eligibility, conducts in-home assessments, creates care plan and arranges for and monitors services.

HHS HEALTH OPTIONS
MI CHOICE MEDICAID WAIVER PROGRAM
5363 44th Street SE, Grand Rapids, MI 49512
(616) 956-9440 Main Line
The HHS Health Options, Medicaid Waiver Program is for persons residing in Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Ottawa, and Osceola counties that appear to require nursing home care. The Medicaid Waiver Program is designed to help individuals understand their choices when considering long-term care. Persons who choose to remain in their home environment may be eligible to receive services at home. The goal of the program is to provide home and community-based services to persons who, if they did not receive such services, would require nursing home care.

MICHIGAN FAMILY INDEPENDENCE AGENCY – KENT COUNTY
INDEPENDENT LIVING SERVICES
415 Franklin St. SE, Grand Rapids, MI 49507
(616) 247-6142 Main Line
Provides funding for personal care services including assistance with activities of daily living and self-administered medications. All services are designed to support effective functioning of adults in independent living arrangements.

Home Library Services
Libraries that arrange for the delivery by mail or volunteer messenger of books and/or audiovisual materials to people who, because of on illness, injury or disability, are unable to leave their homes to select their own reading and/or listening material in person.

GRAND RAPIDS PUBLIC LIBRARY
BOOKS-BY-MAIL
1100 Hynes Ave. SW, Suite B, Grand Rapids, MI 49507
(616) 988-5426 Main Line
Deposit collections available to qualifying nursing homes or other institutional facilities. Any person with a library card may borrow large print books at the library. Persons unable to get to a library may apply for Books-By-Mail (large print, regular print books, and books-on-tape), Books on topics of patron’s choice are mailed to those persons periodically.

KENT DISTRICT LIBRARY
MAILBOX LIBRARY
814 West River Center NE, Comstock Park, MI 49321
(616) 647-3850 Main Line
Outreach program providing library services for disadvantaged or homebound people. Catalogs and books on loan are sent through the mail to patrons.

Home Rehabilitation/Repair
Programs that provide assistance for people who need to make essential repairs to their homes in order to eliminate health or safety hazards.

AREA COMMUNITY SERVICE EMPLOYMENT AND TRAINING COUNCIL
HEAT’S ON PROGRAM ACSET/G.R. PIPEFITTERS UNION #70
144 E. Fulton, Grand Rapids, MI 49503
(616) 336-4100 Main Line
Volunteer licensed heating contractors from the Grand Rapids Pipefitters Union # 70 provide complimentary heating system inspection and service for persons 60 years of age or older who: 1) are owner/occupants of a single family dwelling; 2) have income below $12,000 annually and; 3) whose furnace is at least five years old.
GRAND RAPIDS, CITY OF
HOUSING REHABILITATION SERVICE
City Hall 300 Monroe NW, Grand Rapids, MI 49503
(616) 456-3000 Main Line
Assists individuals with loans or grants up to $24,000. Funds are used to correct exterior housing code violations and health or safety concerns such as furnace replacement.

HOME REPAIR SERVICES
1100 S. Division Ave, Grand Rapids, MI 49507
(616) 241-2601 Main Line
LARGER CRITICAL HOME REPAIRS
Assistance with larger critical home repairs especially furnace and roof problems. Will give cost estimate, help to find best contractor and help find funding.
(616) 241-2601 Main Line
MINOR HOME REPAIRS
Small repairs of critical problems—furnaces, roof, plumbing, etc.

HOUSING AND COMMUNITY DEVELOPMENT OFFICES
1120 Monroe NW, Grand Rapids, MI 49503
(616) 456-3030 Main Line
The Housing Rehabilitation Division provides low-interest loans and matching repayment loans (depending upon income) for emergency and non-emergency home repair (depending upon the location in the city). Funding is available for basic repairs (not remodeling). TARGET NEIGHBORHOODS: Complete loan and matching loan services up to $24,000. GENERAL AREAS: Limited help for emergency repairs, minor repairs.

KENT COUNTY COMMUNITY DEVELOPMENT DEPARTMENT AND KENT COUNTY HOUSING COMMISSION
741 E. Beltline Ave. NE, Grand Rapids, MI 49525-6045
(616) 336-4200 Main Line
Contracts with Home Repair Services for small emergency home repairs for older adults and other individuals.

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SENIOR CITIZEN’S SERVICE COOPERATIVE (SCOOP)
1100 S. Division Ave., Grand Rapids, MI 49507
(616) 243-7343 Main Line
A cooperative in which referral workers (age 55+) supplement their income by doing lower cost home repairs and maintenance tasks for members (also ages 55+). Members pay a one-time, lifetime $20 membership fee which enables them to use these lower cost services.

SENIOR NEIGHBORS
HOME CHORE PROGRAM
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442
(616) 459-6019 Main Line
Assists seniors who do not have the ability or resources to have minor home repairs and other jobs completed. Possible assistance includes repairing windows, major yard cleaning, snow removal, minor plumbing and electrical problems, and replacing door locks. Housing information and counseling and home safety evaluations are also available.

VOLUNTEERS IN SERVICE
2303 Kalamazoo SE, Suite 200, Grand Rapids, MI 49507
(616) 459-7500 Main Line
Homemakers and elderly who have a need for a hands-on, short term project, i.e., ramp built, yard clean up, siding put on, painting, or other minor home repairs. VIS also has a car donation program. Car recipients must be involved in a church-related mentoring program. Capacity: No more than two projects a month.

WESTSIDE COMPLEX ACSET
PAINT SPREE PROGRAM
215 Straight NW, Grand Rapids, MI 49504
(616) 336-4180 Main Line
Limited program in which licensed contractors provide scraping, caulking, glazing, minor siding repair, priming of a home’s exterior. Volunteers apply exterior finish coat paint. Do homes both within and outside the Grand Rapids target area. Hospice Care Programs that provide a full range of palliative and supportive services for terminally ill people who are in the final stages of their illnesses and for their families. Services may include medical care, pain and symptom management, home nurse visitation, case management, counseling, and bereavement services for the patient and members of the family. A hospice may be a freestanding facility, a unit in a hospital or other institution or a program of a hospital, agency or institution.
Hospice Care

HEARTLAND HOSPICE
500 Cascade W. Parkway SE, Grand Rapids, MI 49546
(616) 956-0636 Main Line
Provides respite services. For more information contact (616) 680-3782.

HOLLAND HOME
HOSPICE OF HOLLAND HOME
2100 Raybrook SE, Suite 300,
Grand Rapids, MI 49546-5783
(616) 235-5000 Main Line
Interdisciplinary team provides nursing, social work, home health aide, spiritual care, volunteer, and bereavement services to terminally ill persons and their families; Medicare, Medicaid, and Blue Cross/Blue Shield certified. Residential hospice care also provided in our 14-room Hospice unit. Joint Commission on Healthcare Organization accredited.

HOME OF HOPE
1175 68th St. SE, Grand Rapids, MI 49508
(616) 281-9416 Main Line
(616) 248-5161 TDD
(800) 695-4843 Toll Free
Home of Hope is a residence for terminally ill individuals within Hospice of Greater Grand Rapids which provides traditional hospice care to patients and families. The program is designed for individuals with a terminal illness who cannot be cared for in their home. Extended family and friends are encouraged to visit patients and take part in their care. Home of Hope is a joint program of Hope Network and Hospice of Greater Grand Rapids. Hope Network provides the room and board services. Professional hospice staff is available 24 hours a day.

HOSPICE OF MICHIGAN
1260 Ekhart NE, Grand Rapids, MI 49503-1268
(616) 454-1426 Main Line
Comprehensive care (physical, emotional, spiritual) for terminally ill and support services for their families. All Hospice patients are cared for by a team of professionals, assisted by volunteers. Team members make sure patient and family needs are met. Patient care is provided at home or in a homelike setting. Hospice staff are on-call twenty-four hours a day.

VISITING NURSES ASSOCIATION
OF WESTERN MICHIGAN
1401 Cedar NE, Grand Rapids, MI 49503
(616) 774-2702 Main Line
A program of Visiting Nurse Services. Provides care and support for the terminally ill and their families. Focuses on palliative care with pain and symptom control. Services are multidisciplinary and include nursing, medical direction, counseling, home health aide, volunteer, chaplin, and bereavement follow-up.

Independent Living Options for Older Adults

Residential facilities, apartments and/or planned communities exclusively for older adults that are designed to enable retired individuals or couples and other elderly people to have a form of independent living in a secure environment while sharing common interests and having access to supportive services and a range of activities designed to promote social contact among residents. Support usually consists of “convenience services” which may include an on-site activities program, transportation, housekeeping and meals in a communal dining room. Residents who require additional support need to make their own arrangements for personal care or home health care. These facilities generally require no licensing. FOR A MORE COMPREHENSIVE LISTING OF INDEPENDENT HOUSING OPTIONS CONTACT CITIZENS FOR BETTER CARE AT (616) 245-9451

SENIOR NEIGHBORS
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442
(616) 459-6019 Main Line
Case Management is a service provided by a team of professionals assisting and advocating on behalf of anyone aged 60 and older living in Kent County. The caseworkers help people solve problems. The team gathers information, visits the home, assesses needs, networks with appropriate service providers, and implements a mutually agreed upon service plan. Caseworkers can provide assistance with crisis situations (i.e. disconnected utilities, eviction notice, abuse or neglect), transportation, prescription assistance, tax assistance, legal assistance, information and referral, daily connections (daily phone contact), independent housing options and educational information.

Information and Referral

Programs whose primary purpose is to maintain information about human service resources in the community and to link people who need assistance with appropriate service providers and/or to supply descriptive information about the agencies or organizations which offer services. The information and referral process involves establishing contact with the individual, assessing the individual’s long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following up to ensure that the individual’s needs have been met.

ELDER CARE LOCATOR
(800) 677-1116 Main Line
Provides information and referral on Senior Issues.
UNITED WAY'S 211
118 Commerce Ave SW, Grand Rapids, MI 49503
(616) 459-2255 Main Line
(800) 887-1107 Toll Free
Provides referral to people who need help or information pertaining to nonprofit human service agencies in Kent and Montcalm Counties. Information is available on utility bill assistance, rent assistance, food pantries, etc. Information and referral specialist assist clients to prioritize needs and suggest most appropriate referrals, as well as advocate for clients to insure needed services are received.

Kinship Caregiver Support Group

LIFE GUIDANCE- SERVICES
GRANDPARENTS ALUMNI GROUP
1400 Leonard NE, Grand Rapids, MI 49505
(616) 774-0633 Main Line
Provides on-going group meetings monthly for grandparents who have completed the eight-week Grandparents Raising Grandchildren program.

Large Print Materials/Collections
Libraries or other organizations that maintain collections of books, magazines and other reading materials in a large type format that are made available on a loan basis to residents of the community who have visual impairments. Also included are organizations that distribute copies of large print books, magazines and other reading material that people can keep.

FREDERICK DOUGLAS BRANCH
FOR SPECIALIZED SERVICES
3666 Grand River, Detroit, MI 48208
(313) 833-5494 Library for the Blind and Physically Handicapped
(313) 833-5685 Service to Shut-In and Retirees
Collections of large-print books are maintained by the Service to Shut-Ins and Retirees and the Library for the Blind and Physically Handicapped components of the Frederick Douglass Branch for Specialized Services and the Main Library's Browsing Library.

KENT DISTRICT LIBRARY FOR THE BLIND
AND PHYSICALLY HANDICAPPED
3350 Michael SW, Wyoming, MI 49509
(616) 647-3980 Main Line
Provides free legal assistance to low-income persons in non-criminal matters. Will not do divorce cases, but will help with custody issues. Legal Aid maintains six offices to serve its clients in seventeen counties in Western Michigan.

MICHIGAN ASSISTIVE TECHNOLOGY RESOURCE
1023 S. US 27, Saint Johns, MI 48879
(989) 224-0333 Main Line
(800) 274-7426 Toll-Free
Offers Braille and large print services, pages in large print for maps, graphs, including full color charts, and complete books, specialized software programs including Write: Outloud (talking word processor) and Outspoken (screen reader), an onsite textbook depository, and a national database which searches for textbooks in Braille, large print and tape cassette format.

Legal Education/Information
Programs whose primary purpose is to inform the public of the rights and responsibilities of individuals under the law, the need for crime prevention, protection and swift and effective administration of justice, the availability of resources to meet these needs and the issues and problems that relate to the provision of services in the criminal justice and legal area.

WESTERN MICHIGAN LEGAL AID
89 Ionia NW, Suite 400, Grand Rapids, MI 49503
(616) 774-0672 Main Line
Provides free legal assistance to low-income persons in non-criminal matters. Will not do divorce cases, but will help with custody issues. Legal Aid maintains six offices to serve its clients in seventeen counties in Western Michigan.
Legal Information Lines
Programs that provide telephone information about specific legal problems and procedures. Included are programs like Tel-Law and Ask Immigration that people can access through a central number and request a tape about the specific topic of interest which is then played over the telephone and those that are staffed by live operators who have legal expertise and who answer questions directly.

LEGAL HOTLINE FOR MICHIGAN SENIORS
221 N. Pine St., Lansing, MI 48933
(800) 347-5297 Main Line
A statewide program that provides free legal advice and information over the telephone to senior citizens age 60 and older in Michigan. Information and referrals are given on various topics specific to the senior population including wills, trusts, Medicare and Medicaid, medical and credit card debt, social security, landlord/tenant relations, pension, and domestic relations. Receptionist takes name, age, and telephone number and an attorney will return the call. It usually takes 2 businesses days to get a call back from an attorney. The Legal Hotline does not provide direct representation, only free legal advice, information, and referrals. The Hotline also provides legal advice and information to grandparents or relatives who are the primary caregivers for minor grandchildren (kinship caregivers). For this project, the callers can be age 40 and older, but they must indicate that they are calling regarding a kinship care program. The Hotline also provides legal advice and information regarding retirement benefits through its project (the Michigan Pension Rights Hotline) available to Michigan retirees of any age. The MPRH provides basic pension rights information and assists low-income and vulnerable retirees with pension investigations and pension referrals to private attorneys. For this project, the callers must indicate that they are calling regarding a pension/retirement benefit problem.

Medic Alert
Programs that issue bracelets or pendants which contain critical information about the wearer's condition and warnings about allergic reactions to drugs or other hazards in case treatment is required during an emergency.

MEDICALERT FOUNDATION INTERNATIONAL
2323 Colorado Ave., Turlock, CA 95382
MEDIC ALERT
(800) 344-3226 Toll-Free Customer Service Center
Offers an emergency medical information service which helps individuals in medical emergencies or serious accidents by providing medical identification and listing medical conditions or allergies and prompting emergency personnel to call the Medic Alert 24-hour emergency response center for more information.

Medicaid

AREA AGENCY ON AGING OF WESTERN MICHIGAN
1279 Cedar NE, Grand Rapids, MI 49503-1378
MI CHOICE MEDICAID WAIVER PROGRAM
(616) 456-5664 Main Line
(888) 456-5664 Toll Free
This is a Medicaid waiver program which allows seniors (age 65+), and certified disabled adults (age 18-64) who are determined eligible for nursing home placement to receive long term care services funded by Medicaid, in their own homes. Up to 13 services not usually covered by Medicaid may be provided to help clients stay in their own home in lieu of institutional placement. Eligibility requirements include: medical eligibility for nursing home level of care; Monthly income of no more than 300% of SSI level (2003: maximum income $1,656 for individual), up to $2,000 in countable assets for individual: need for one or more ongoing Waiver services. Waiver services include: respite care, adult day care, private duty nursing, home delivered meals, transportation, personal care supervision, personal emergency response system, training, counseling, home modifications, medical equipment and supplies. Area Agency on Aging prescreens for eligibility, conducts in-home assessments, creates care plan and arranges for and monitors services.

HHS HEALTH OPTIONS
5363 44th Street SE, Grand Rapids, MI 49512
MI CHOICE MEDICAID WAIVER PROGRAM
(616) 956-9440 Main Line
The HHS Health Options, Medicaid Waiver Program is for persons residing in Allegan, Ionia, Kent, Lake, Mason, Mecosta, Muskegon, Newaygo, Oceana, Ottawa, and Osceola counties that appear to require nursing home care. The Medicaid Waiver Program is designed to help individuals understand, their choices when considering long-term care. Persons who choose to remain in their home environment may be eligible to receive services at home. The goal of the program is to provide home and community-based services to persons who, if they did not receive such services, would require nursing home care.
MEDICAID (616) 247-6000 Main Line

Medicaid is a program designed to meet medical needs of individuals on SSI or FIP and other people who meet the state assets and financial criteria and, in some instances, the medical criteria. Applicants arriving after 11:00 a.m. may fill out an application but will not be interviewed until the next work day. Agency recommends coming as early as possible. Medicaid inquiry patient line: 1-800-638-6414, Monday - Friday 9:00 a.m. - 4:00 p.m. Medicaid Coverage Line: 1-800-292-2550 (Providers) Complaints call the Kent County Health Department (616) 336-4286 or 1-800-301-1733 to assist with explanation, enrollment, changes, problems regarding managed care. As of January 2003 a new permanent plastic Medicaid ID card will be issued to those who are active beneficiary in Medicaid, Maternity Outpatient Medical Services (MOMS) and Children's Special Health Services (CSHCS). If the card becomes lost, stolen or damaged the customer should contact (800)642-3195.

ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED
215 Sheldon, SE, Grand Rapids, MI 49503
(616) 458-1187 Main Line
Sells daily living items that have been adapted for visually impaired persons and are not available in most local stores.

DISABILITY ADVOCATES OF KENT COUNTY
3600 Camelot Dr. SE, Grand Rapids, MI 49546
(616) 949-1100 Main Line
Information and referral is provided to individuals with disabilities, families, employers, community organizations, and persons interested in issues involving people with disabilities.

EASTER SEALS MICHIGAN
4065 Saladin Dr., S.E., Grand Rapids, MI 49546
ASSISTIVE TECHNOLOGY LOAN CLOSET/TINY TRAVELLERS
(616) 942-2081 Main Line
(800) 292-2729 Toll-Free
Provides loans of durable medical equipment and assistive technology devices. Includes wheelchairs, crutches, walkers, and the TINY TRAVELLERS (formerly KARS) program which offers the parents of children with disabilities specially designed car seats and safety belts. Equipment is available for a ninety day period with renewals in increments of ninety days for up to 1 year.

MARY FREE BED HOSPITAL AND REHABILITATION CENTER
235 Wealthy SE, Grand Rapids., MI 49503
MARY FREE BED REHAB TECHNOLOGY CENTER ORTHOSEAT
(616) 242-0300 Main Line
Therapy evaluations for custom wheelchair seating and related modifications. Custom fabrication of seating and positioning equipment to increase independence and comfort. Therapy evaluations for assistive technology areas of computer access, augmentative communication and electronic aids to daily living. Set-up and training with custom computer software/hardware to allow persons with physical limitations to efficiently use computers and other electronic devices in their home, work or school. Vocational and independent living services to enhance independent integration into the community. Services are offered at Mary Free Bed Hospital and Rehabilitation Center and also available through a mobile outreach unit.
MICHIGAN FAMILY INDEPENDENCE AGENCY
MICHIGAN COMMISSION ON DISABILITY CONCERNS
1320 N. Washington Sq., Suite 250, Lansing, MI 48909
(517) 334-8000 Voice/TTY
Provides an information and referral program which directs individuals to needed information or human services available from local agencies and organizations. Information is available via the telephone, printed materials, workshops, seminars, and a World Wide Web site at http://www.mfia.state.mi.us/mcdc. Special emphasis is given to deaf and hard of hearing concerns, including training on TTY and signalling devices and assistive listening devices, lists of assistive devices and providers or dealers, and trainers for hearing/service dogs, and services, such as technical assistance and workshops, for oral and sign language interpreters.

MICHIGAN PROTECTION AND ADVOCACY SERVICE
106 W. Allegan, Suite 300, Lansing, MI 48933-1706
(517) 487-1755 Administration
(800) 288-5923 Voice/TTY Toll-Free
Provides information, referrals, individual advocacy, and legal representation in selected cases for individuals with disabilities who use or could benefit from assistive technology services and devices. These services and devices include any piece of equipment or service that can be used to maintain or improve the lives of individuals with disabilities, including aids for daily living, mobility, education, vocation, environment, recreation, communication, seating and positioning, transportation, and computer use and control.

Medicare
A federally-funded program administered by the Social Security Administration that provides hospital and medical insurance for people age sixty-five and older, for disabled individuals younger than age sixty-five who have been entitled to Social Security disability benefits for at least twenty-four consecutive months, and for insured workers and their dependents who need dialysis or a kidney transplant.

MICHIGAN FAMILY INDEPENDENCE AGENCY – KENT COUNTY
QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM
415 Franklin SE, Grand Rapids, MI 49507
(616) 247-6000 Main Line
Program which uses Medicaid funds to pay for Medicare Part B premiums, deductibles, and coinsurance amounts for people who have very limited resources or income.

UNITED STATES SOCIAL SECURITY ADMINISTRATION
50 College SE, Grand Rapids, MI 49503-2977
(616) 742-2373 Main Line
(800) 772-1213 Toll-Free
National SSA Hotline Provides medical and hospital insurance, available through HMO’s or fee-for-service systems, to protect eligible people from the high cost of health care. Also covers the following home health care services for homebound individuals whose doctors have determined that they need intermittent (not full-time) medical care in their homes and have prepared a plan of care: skilled nursing care; home health aide services; physical, speech, and occupational therapies; medical social services; medical supplies like wound dressings and braces, and medical equipment like wheelchairs, walkers, and oxygen equipment. Agencies providing services must be Medicare-approved. Medicare does NOT cover the following: 24 hour care at home (unless it is only necessary for one day); prescription drugs (except those administered by a pump); home-delivered meals; homemaker services; and personal (custodial) care provided by home health aids such as bathing, toileting, or providing help getting dressed, unless skilled nursing or therapy services are also being provided.

Medicare Counseling
Programs that offer counseling for older adults regarding options for “filling the gap” in Medicare coverage and which may also answer general questions about Medicare and help people complete Medicare forms.

AREA AGENCY ON AGING OF WESTERN MICHIGAN
MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP)
1279 Cedar NE, Grand Rapids, MI 49503-1378
(616) 456-5664 Main Line
(888) 456-5664 Toll Free
MMAP is a counseling program for Medicare beneficiaries and their families to assist them when they need help understanding Medicare, medical bills, supplemental insurance, or Medicaid. Volunteer counselors are available at various sites in a nine county service area. Contact the Area Agency on Aging, (616) 456-5664, for more information. Public education presentations are also available.

MEDICARE RIGHTS GROUP
1460 Broadway, 11th Floor, New York, NY 10036
(212) 869-3850 (40) Main Line
Provides people with current and comprehensive information about their Medicare options and rights.
Nursing Facilities
Inpatient health care facilities that provide nursing and personal care over an extended period of time (usually more than thirty days) for people who require convalescent care at a level which is less than that provided in an acute facility and/or for chronically ill, aged or disabled individuals.

BROOKCREST CHRISTIAN NURSING HOME
3400 Wilson Ave., Grandville, MI 49418
(616) 534-5487 Main Line
Provides 24 hour, 7 days a week skilled care for older adults. Has a 150 bed capacity.

CHRISTIAN REST HOME ASSOCIATION
1000 Edison Ave. NW, Grand Rapids, MI 49504
(616) 453-2475 Main Line
Provides 24 hour, 7 days a week skilled nursing home care. Has a 149 bed capacity.

CLARK RETIREMENT COMMUNITY
1551 Franklin St. SE, Grand Rapids, MI 49506-3331
(616) 452-1568 Main Line
Provides residential care for older adults.

GRAND RAPIDS HOME FOR VETERANS
3000 Monroe NW, Grand Rapids, MI 49505
(616) 364-5300 Main Line
Provides eligible veterans (and their dependents if room is available) with domiciliary care as well as basic and skilled nursing care. Operated by the State of Michigan through the Department of Military Affairs. Social Service number 364-5251.

HOLLAND HOME
2100 Raybrook SE, Suite 300,
Grand Rapids, MI 49546-5783
(616) 235-5000 Main Line
Provides retirement housing with a continuum of care at 7 locations:
1. Breton Manor – skilled and basic nursing care
2. Brown Manor – assisted living care
3. Fulton Manor and 4. Raybrook Manor – residency, assisted living, skilled and basic nursing
4. Raybrook Estates I and II and Breton Terrace – independent living apartments
5. Raybrook Homes – independent living triplex/fourplex.
6. Breton Homes – independent living triplex/fourplex
7. Alzheimer's Care Center – Range of care for Alzheimer's/dementia residents

HOLLAND HOME
ALZHEIMER'S CARE CENTER
(616) 235-5000 Main Line
Holland Home's Alzheimer's Care Center provides individualized care for people with Alzheimer's Disease or a related dementia in a warm, home-like atmosphere. Four levels of care are available on the Fulton Manor Campus. The Lendick Unit serves persons in the middle phase of the disease; Verblaauw Unit, VanDyke Unit, and VanAndel Pavilion serve the later phases as increasing amounts of care are required. Raybrook Manor Campus:
1. Cook Center – mid to later phases, 2. Special Care Unit for Alzheimer's nursing.

LUTHER COMMUNITY
2000 32nd St. SE, Grand Rapids, MI 49508
(616) 452-6084 Main Line
Luther Home is a licensed 125 bed, skilled nursing care center which provides physical therapy, speech therapy, occupational therapy, dental care, optical care, podiatry care, social work services, and chaplain services. Other features include: daily activities, beauty/barber shop, and personal laundry service, housekeeping services and more. Luther Home is a center of Lutheran Social Services of Michigan.

MICHIGAN CHRISTIAN HOME
1845 Boston Blvd. SE, Grand Rapids, MI 49506
(616) 245-9179 Main Line
Provides 24 hour, 7 days a week skilled care to older adults. Has a 29 bed capacity.

PILGRAM MANOR
2000 Leonard St. NE, Grand Rapids, MI 49505
(616) 458-1133 Main Line
Provides long-term care housing, home for the aged, assisted living, and skilled nursing.

PORTER HILLS VILLAGE
3600 E. Fulton St., Grand Rapids, MI 49546-1395
(616) 949-4971 Main Line
Porter Hills Health and Rehabilitation Center provides skilled nursing to residents who require nursing services beyond those of assisted living. Through evaluations by a physician, Social Services, therapy, activities and dietary departments, we work to understand the resident and their family's specific needs and desires.

REST HAVEN HOMES, INC
1424 Union NE, Grand Rapids, MI 49505
(616) 336-6819 Main Line
Provides 24 hour, 7 day a week skilled nursing home care to older adults. Has a 25 bed capacity.
SAINT ANN’S HOME
2161 Leonard St. NW, Grand Rapids, MI 49504
(616) 453-7715 Main Line
Provides a retirement facility with a Medical Care Unit. The facility is not limited to Catholic and non-denominational services, there are choices of a variety of activities. All meals, day care services, social services and more are included. Residents range in age from 60 upward. St. Ann’s is a home for the aged with assisted care unit and a basic medical care unit filled primarily from residents moving from the Home For Aged unit to basic medical care. (St. Ann’s does not provide skilled nursing care).

SAINT MARY’S LIVING CENTER
1050 4 Mile RD., NW, Grand Rapids, MI 49544
(616) 784-0646 Main Line
Is a nursing home providing long term care for individuals needing skilled care. (includes elders)

SPECTRUM HEALTH – KENT COMMUNITY CAMPUS
750 Fuller Ave. NE, Grand Rapids, MI 49503
(616) 336-3300 Main Line
484 bed hospital and long-term care facility providing rehabilitation for patients with disabling illnesses and injuries. Also provides skilled and basic nursing care. Must be referred by an acute care hospital or private physician.

SPECTRUM HEALTH CONTINUING CARE CENTER
4118 Kalamazoo Ave. SE, Grand Rapids, MI 49508
(616) 455-7300 Main Line
Provides a 165-bed skilled nursing facility in southeast Grand Rapids. There are full therapy services available to all Continuing Care Center residents, including skilled nursing care for patients needing more traditional nursing home care.

Nursing Facility Complaints
Programs that provide assistance for consumers who want to register complaints regarding the licensing, incompetence of staff, cleanliness and safety of facilities, treatment of patients, quality of care, excessive fees, unethical, improper or unprofessional conduct of personnel or other inappropriate business practices of nursing facilities.

CITIZENS FOR BETTER CARE
LONG-TERM CARE OMBUDSMAN
700 36th St. SE, Suite 104, Grand Rapids, MI 49548
(616) 245-9451 Main Line
(800) 782-2918 Toll-Free
Monitors nursing homes, adult foster care homes and other long-term care facilities for the aged to ensure compliance with government and industry standards and acts on behalf of residents and their families to resolve complaints. Activities include coordinating volunteers who visit long-term care facilities on a regular basis to observe and report on conditions. Also providing information, support, advocacy and referrals for regulatory or legal aid to people who have a grievance regarding a facility’s administrative decisions or actions, services, or personnel.

MICHIGAN DEPARTMENT OF ATTORNEY GENERAL
G. Mennen Williams Building, 7th Floor
525 Ottawa St., Lansing, MI 48909
(517) 373-1140 Consumer Protection
(800) 242-2873 Toll-Free
Health Care Fraud Division seeks out and attempts to eliminate consumer fraud and create public awareness of consumer rights under Michigan law. Accepts consumer complaints and attempts to resolve them through mediation—only enters into litigation if in the general public interest. Accepts complaints regarding advertising; automobiles within the manufacturers warranty; unlicensed builders; company collection practices; credit card companies/fraud, credit reporting bureaus, sales solicitors; funeral homes and operators; landlord/tenant complaints, mortgage companies, movers—local; product warranty and defects; pyramid schemes; franchise business opportunities; telemarketing—state and federal; toys and other dangerous products and substances; travel agencies and tour operators; utilities; medical fraud; and nursing homes.

Nursing Facility Referrals
Programs that link individuals who are in need of intermediate, locked or skilled nursing care with facilities that are appropriate to their needs and preferences.

CITIZENS FOR BETTER CARE
700 36th St. SE, Suite 104, Grand Rapids, MI 49548
(616) 245-9451 Main Line
(800) 782-2918 Toll-Free
Provides consultation and a wide variety of literature to help consumers make decisions about long-term care/assisted living centers and find and select an appropriate long-term care/assisted living provider. Topics include: care options, including support for caring for a relative at home; the location, level of care, performance history, and payment options for specific long-term care facilities; guardianship; Medicare, Medicaid, and other financial coverage programs; and laws which govern long-term care facilities and protect patient rights.

Occupational Therapy
Programs that evaluate the task performance skills of physically and emotionally disabled individuals of all ages and devise treatment programs to develop or restore the basic motor skills that are needed by these individuals to engage in desired self-care, work, play or leisure time activities.

EASTER SEALS MICHIGAN
OUT AND ABOUT
4065 Saladin Dr. SE, Grand Rapids, MI 49546
(616) 942-2081 Main Line
(800) 292-2729 Toll-Free
Offers a 8-10 week independent living skills program which is designed to help older adults who are experiencing difficulties associated with aging remain independent. Includes: assistance with enhancing ability to do daily tasks, trips to social events, and occupational therapy, if necessary.
**Personal Emergency Response Systems**
Programs that provide electronic equipment which connects frail elderly individuals or people who have disabilities with participating hospitals, paramedics or other sources of emergency assistance.

**GENTIVA HEALTH SERVICES**
2040 Raybrook SE, Suite 201, Grand Rapids, MI 49546
(616) 942-5744 Main Line
(800) 374-8614 Toll Free
Provides clients with an electronic system that assures communication and when necessary, emergency assistance. This program is funded through the Kent County Senior Millage.

**GERONTOLOGY NETWORK**
LIFE CONNECTIONS
500 Cherry St. SE, Grand Rapids, MI 49503-4702
(616) 456-6135 Main Line
Life Connections is a not-for-profit personal pager system with a “Button” a person wears and pushes when they need help, (at home, 24 hours/day, 365 days/year). It is there for them when their loved ones cannot be. The system offers security and peace of mind to older adults, persons with disabilities, the physically challenged, the medically vulnerable and persons who are living alone. This program is funded through the Kent County Senior Millage.

**VISITING NURSES ASSOCIATION OF WESTERN MICHIGAN**
1401 Cedar NE, Grand Rapids, MI 49503
(616) 774-2702 Main Line
Provides clients with an electronic system that assures communication and when necessary, emergency assistance. This program is funded through the Kent County Senior Millage.

**Podiatry/Foot Care**
Programs that are staffed by specialists who provide comprehensive preventative, diagnostic, and treatment services for individuals who have diseases of, or injuries to the feet. Conditions treated may include bacterial and fungal infections, skin and nail disorders, benign and cancerous tumors, congenital and acquired foot deformities and foot problems caused by illnesses such as diabetes, arthritis and cardiovascular diseases. Treatment includes use of surgical procedures, costing or other forms of immobilization and the prescription of corrective devices, oral and locally injected medication and physical therapy.

**SPECTRUM HEALTH – BLODGETT CAMPUS**
SENIOR FOOTCARE SERVICES PROGRAM
2023 E. Fulton, Grand Rapids, MI 49506
(616) 391-9199 Main Line
Provides foot soak, nail trimming, callous filing and foot massage for persons 55 or older. Call for appointment.

**Prescription Expense Assistance**
Assistance Programs that purchase necessary prescription drugs for people who cannot afford to pay for the drugs themselves, who would be in an emergency situation without assistance and who qualify on the basis of income or need. Also included are programs that reimburse individuals for their prescription expenses, usually on an annual basis, and organizations other than pharmacies through which eligible people can obtain prescriptions at reduced rates.

**AREA COMMUNITY SERVICE EMPLOYMENT AND TRAINING COUNCIL**
ELDER PRESCRIPTION INSURANCE COVERAGE (EPIC)
144 E. Fulton, Grand Rapids, MI 49503
(616) 336-4100 Main Line
Provides low-income older adults with assistance in purchasing their prescriptions. There are some small fees and co-payments.

**SENIOR NEIGHBORS**
ELDER PRESCRIPTION INSURANCE COVERAGE (EPIC)
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442
(616) 459-6019 Main Line
Provides low-income older adults with assistance in purchasing their prescriptions. There are some small fees and co-payments.

**UNITED METHODIST COMMUNITY HOUSE**
ELDER PRESCRIPTION INSURANCE COVERAGE (EPIC)
904 Sheldon SE, Grand Rapids, MI 49507
(616) 452-3226 Main Line
Provides low-income older adults with assistance in purchasing their prescriptions. There are small fees and co-payments.

**Prescription Medication Monitoring Systems**
**GENTIVA HEALTH SERVICES**
2040 Raybrook SE, Suite 201, Grand Rapids, MI 49546
(616) 942-5744 Main Line
(800) 374-8614 Toll Free
Provides assistance to those in need of monitoring their medications.

**VISITING NURSES ASSOCIATION OF WESTERN MICHIGAN**
MEDICATION MANAGEMENT PROGRAM
1401 Cedar NE, Grand Rapids, MI 49503
(616) 774-2702 Main Line
The Medication Management Program is designed to help individuals who are having difficulties with their current medications. When this service is requested, a nurse makes contact to the home and obtains the patient’s consent. Once this is established, the nurse can go into the home to determine what medications the patient is taking and set up a program so the patient can take the needed medications on time and in the correct manner (sets up pill boxes, etc.). After this visit, the nurse does a follow-up visit to see if all medications are being taken in the correct manner and restocking of the medications will take place if needed.
Reading Services for People with Disabilities

SIGHT SEER RADIO READING SERVICE
213 Sheldon Blvd., Grand Rapids, MI 49503-4513
(616) 235-0020 Main Line
The Sight Seer Radio Reading Service is provided for blind and visually-impaired individuals and for individuals unable to read because of physical disabilities. Specially tuned radios are provided free by the Sight Seer for listening 24 hours a day. Broadcasts include reading of daily/weekly newspapers, special programs on travel, sports, history, geography, fiction, and non-fiction, health and fitness, foods, and spiritual encouragement. Periodicals read include Smithsonian, Saturday Evening Post, National Geographic, Time, People, and news from local, national, and international news sources. 27 magazines and 6 newspapers. 3rd Thursday of each month: Breakfast Club Sight Seer volunteers travel to area residential and nursing facilities to present a variety program for the entertainment and information benefits for the audience. This is an audience participation program, available upon request. For information call 363-8838.

Recreation Therapy
Programs that help individuals who have mental, emotional or social problems to develop new interests, sharpen their social skills and gain a sense of self-achievement through a structured series of leisure-time activities which may include music, arts and crafts, special events, social gatherings and recreational games. Recreational therapy is also used as part of many rehabilitation programs for people who have health problems or disabilities.

WYOMING PARKS AND RECREATION – WYOMING SENIOR CENTER
STEPPING STONES
2380 De Hoop SW, Wyoming, MI 49509
(616) 530-3190 Main Line
Stepping Stones is an in-home therapeutic recreation program designed to help seniors relearn the leisure activities they used to enjoy. The goal of the program is to help seniors achieve the highest level of independence with community functioning. Re-entry of the senior into community and social life is the ultimate goal.

Respite Care
Programs that offer temporary, substitute living arrangements for dependent adults and children in order to provide a brief period of relief or rest (usually more than twenty-four hours) for the family members, guardians or other people who are their regular caregivers. Also, included are programs that offer the services of substitute caregivers that provide respite care services in the individual's own home.

AREA AGENCY ON AGING OF WESTERN MICHIGAN
1279 Cedar NE, Grand Rapids, MI 49503-1378
(616) 456-5664 Main Line
(888) 456-5664 Toll Free
Provides in home support for frail, older adults age 60 and over. Assessment is provided by a nurse/social work team or individually by a nurse. Available and appropriate community services are arranged and monitored for clients. In addition, when funds are available services may be purchased such as in home respite, homemaking, and personal care. Purchased care is prioritized for those in greatest economic need. A cost share may apply for some individuals. Area Agency on Aging of Western Michigan receives a combination of federal, state, and local funding.

FAMILY LIFE CENTER
1256 Walker NW PO Box 141124, Grand Rapids, MI 49504
(616) 235-2910 Main Line
Provides respite services for families with a member having Alzheimer's disease or other dementia; Short-term stay/respite; up to fourteen days of supervised 24-hour living accommodations are provided for adults with disabilities.

GERONTOLOGY NETWORK
IN-HOME RESpite
500 Cherry St. SE, Grand Rapids, MI 49503-4702
(616) 456-6135 Main Line
Older Adult Senior Companion volunteers provide in-home caregiver support and respite during the day, at no cost to families, caring for an older adult loved one with Alzheimer's or related dementia.

HEARTLAND HOSPICE
500 Cascade W. Parkway SE, Grand Rapids, MI 49546
(616) 956-0636 Main Line
Provides respite services. For more information contact (616) 680-3782.

LUTHERAN SOCIAL SERVICES
THE HARBOR: ALZHEIMER’S AND DEMENTIA CARE
2976 Ivanrest SW, Suite 140, Grandville, MI 49418
(616) 532-8286 Main Line
Residents receive custom-care programs. The Harbor’s staff is professionally trained to implement personal care programs and avoid unnecessary problems. Other features include a safe, secure environment and four to five residents per staff person.

VISITING NURSES ASSOCIATION OF WESTERN MICHIGAN
1401 Cedar NE, Grand Rapids, MI 49503
(616) 774-2702 Main Line
Volunteers may provide supportive services, such as respite care, friendly visiting, grocery shopping, meal preparation, and personal care. Volunteers also provide Hospice care, patient care, office assistance, bereavement or legal counsel.
Senior Advocacy Groups
Organizations whose members have joined together on a voluntary basis to support the passage and enforcement of laws and other social measures that protect and promote the rights and interests of the older adults in the community.

ADVOCATES FOR SENIOR ISSUES
AREA AGENCY ON AGING WESTERN MICHIGAN
1279 Cedar St. NE, Grand Rapids, MI 49503
(616) 456-5664 Main Line
Provides advocacy on various issues pretraining to older adults. The purpose of the group is to work as a non-partisan group for the improvement of conditions affecting the lives of the elderly and future generations.

CITIZENS FOR BETTER CARE
700 36th St. SE, Suite 104, Grand Rapids, MI 49548
(616) 245-9451 Main Line
(800) 782-2918 Toll-Free
Conducts activities, which support the passage and enforcement of laws, and other social measures that protect and promote the rights and interests of older adults, especially in the area of long-term care.

WAYNE STATE UNIVERSITY
Detroit, MI 48202
(313) 577-2424 Main Line
Academic research institute, which offers continuing education opportunities to professionals in the aging services field and technical assistance to local, state, and national organizations, which serve seniors. Educational programs include a three-day “Issues in Aging” conference held annually in the spring. Technical assistance includes consultation regarding the development and evaluation of innovative programs to serve the elderly.

Senior Centers
Multipurpose centers that serve as focal points for older adults in the community and which offer, at a single location, a wide variety of services and activities that are needed by and of interest to this population.

DOWNTOWN SENIOR NEIGHBORS CENTER
44 Ionia SW, Grand Rapids, MI 49503
(616) 459-3040 Main Line
Provides a variety of social, recreational, and health-related activities within county-wide Senior Centers.

FOREST HILLS PUBLIC SCHOOLS
6590 Cascade Ave. SE, Grand Rapids, MI 49546
(616) 493-8950 Main Line
The Forest Hills Senior Center is a program of Forest Hills Public Schools, Forest Hills Community Services—offers enrichment classes, weekly programs and luncheons, clubs, special events, health screenings, a computer lab and travel.

GRAND RAPIDS COMMUNITY COLLEGE
OLDER LEARNER CENTER
143 Bostwick Ave., NE, Grand Rapids, MI 49503-3925
(616) 234-3483 Main Line
Offers adults 55 and older opportunities for life-long learning and life enrichment, including Senior Computer and Health Clubs. The Older Learner Center is responsible for a number of community-wide programs/initiatives including Senior Leadership of Grand Rapids, the Kent County Caregiver Resource Network, and the Grand Rapids/Kent Community Consortium on Successful Aging. The Older Learner Center also produces an award winning television program, entitled “Successful Aging,” and sponsors public forums, conferences and events within the community on issues relating to an aging America.

GRANDVILLE SENIOR NEIGHBORS CENTER
3380 Division Ave., Grandville, MI 49418
(616) 531-5250 Main Line
Provides a variety of social, recreational, and health-related activities within county-wide Senior Centers.

KENTWOOD CITY RECREATION DEPARTMENT
KENTWOOD SENIOR CENTER
355 48th St. SE, Kentwood, MI 49548
(616) 531-2391 Main Line
Activities include exercise, swimercise, golf, line dancing, bowling, softball, tap/jazz, and tennis. Social activities include lunches, dinners, special events, travel, bridge, bingo, choir, card clubs, painting, and volunteer opportunities. There is also a legal clinic, eye evaluations, hearing screening, surplus food distribution, Medicare/Medicaid Help Service, tax assistance, an activities council, and a senior senate. Call for a copy of the senior newsletter, which lists all programs in detail.

LOWELL SENIOR NEIGHBORS CENTER
314 S. Hudson, Lowell, MI 49331
(616) 897-5949 Main Line
Provides a variety of social, recreational, and health-related activities within county-wide Senior Centers.

NORTHVIEW SENIOR CITIZENS
c/o Northview Public Schools
4365 Hunsberger NE, Grand Rapids, MI 49505
(616) 361-3444 Main Line
Offers various social and recreational activities, such as bridge, quilting, health and fitness, bingo/bunco, educational speakers, trips, luncheons, line dancing, and more. Tax assistance last week of January through first week of March. The Silvertone Choir and Fancy Steppers perform in nursing and retirement homes, hospitals, schools, and senior centers. For Silvertone Choir contact Beverly Belluomini, (616)874-5451. For Fancy Steppers contact Virginia Zukowski, (616)363-2395
OAKRIDGE SENIOR NEIGHBORS CENTER
3781 Giddings SE, Grand Rapids, MI 49508
(616) 452-8183 Main Line
Provides a variety of social, recreational, and health-related activities within county-wide Senior Centers.

SALVATION ARMY (THE) – WESTERN MICHIGAN/NORTHERN INDIANA DIVISION
1215 E. Fulton, Grand Rapids, MI 49503
(616) 459-9468 Emergency Services
(616) 459-3433 Main Line
The Senior Outreach Program offers social and recreational lunch programs at several senior apartment complexes—Ransom Towers, Mt. Mercy Apartments, Leonard Terrace, and Plymouth Arms. Also provided are other social and recreational activities, leisure classes, social and shopping trips.

SOUTH END COMMUNITY OUTREACH MINISTRIES
Olivet United Methodist Church
1933 Buchanan Ave. SW, Grand Rapids, MI 49507
(616) 245-2066 Main Line
Provides monthly luncheon with speakers brought in to discuss topics of interest for the elderly. Food pantry opens after luncheon meeting for low income seniors. Monthly newsletter sent out.

SPARTA SENIOR NEIGHBORS CENTER
100 Ida Red, Sparta, MI 49345
(616) 887-1273 Main Line
Provides a variety of social, recreational, and health-related activities within county-wide Senior Centers.

WYOMING SENIOR CENTER
2380 DeHoop SW, Wyoming, MI 49509
(616) 530-3192 Main Line
Provide a wide variety of recreational, leisure and enrichment classes, educational and social service programs, including, bingo, bowling, line dancing, softball, golf, tennis, a pool league, shuffleboard, swimming, exercise, crafts, coffee shop, trips, special events, lectures, pre-retirement seminars. Go! Bus tickets are offered on an ability to pay basis. The center also offers the Senior Meals Program for their congregate meals.

Senior Community Service Employment Programs
Programs funded through Title V that provide job training for low-income older adults age fifty-five and older. Eligible seniors are placed in paid positions in order to gain work experience for a period of two years and their salary is paid by the government and not by the organization providing the employment.

AMERICAN ASSOCIATION OF RETIRED PERSONS – SENIOR EMPLOYMENT PROGRAM
2504 Ardmore SE, Grand Rapids, MI 49506
(616) 942-1181 Main Line
EMPLOYMENT ASSISTANCE FOR OLDER ADULTS
This is a federal employment program for economically-disadvantaged senior age 55 or older. Eligible participants work 20 hours a week in a non-profit agency until suitable full or part time employment is obtained off the program.
(616) 942-1181 Main Line
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM ARP/SEP has limited funds for 502E training positions; can pay 100% of the wages for low income persons aged 55+ in private sector jobs for a training period not to exceed six weeks. Jobs must be between 20 and 40 hours per week.

Social Security Retirement Benefits
A program administered by the Social Security Administration that provides monthly cash payments (sometimes called old-age insurance benefits) for people age 62 and older who are fully insured. Workers may retire at age 62 and receive a reduced benefit or may wait until age 65 and receive a full benefit. Benefit amounts depend upon wages earned and the number of quarters of coverage credited to the individual’s Social Security record.

UNITED STATES SOCIAL SECURITY ADMINISTRATION
50 College SE, Grand Rapids, MI 49503-2977
(616) 742-2373 Main Line
(800) 772-1213 Toll-Free National SSA Hotline
Provide cash benefits following retirement. Persons retiring at age 65 receive full benefits; persons retiring and accepting benefits at age 62 receive reduced benefits.

Social Security Survivors Insurance
A program administered by the Social Security Administration that provides monthly cash benefits for the eligible survivors of workers covered under Social Security who have died. Benefit amounts are figured as a percentage of the deceased worker’s primary insurance amount.

UNITED STATES SOCIAL SECURITY ADMINISTRATION
50 College SE, Grand Rapids, MI 49503-2977
(616) 742-2373 Main Line
(800) 772-1213 Toll-Free National SSA Hotline
Provide cash benefits to family survivors of deceased workers who had accumulated sufficient Social Security credits.
**Substance Abuse Services**

Programs that provide preventative, diagnostic and inpatient, outpatient and residential treatment services as well as transitional support for people who have a physical and/or psychological dependency on one or a combination of addictive substances including tobacco, alcohol and/or other drugs; or whose use of these substances has impaired their physical or mental health or their personal, social or occupational functioning.

**GERONTOLOGY NETWORK**

SUBSTANCE ABUSE PREVENTION PROGRAM  
4695 Danvers SE, Grand Rapids, MI 49512  
(616) 977-3300 (213) Main Line  
Health education, training, and consultation services for the prevention of chemical dependency in older adults. Program includes: GROWING AND LIVING OLDER AND WISER (GLOW): Health education workshops which affirm that the older adult years can be a time of physical and emotional growth.

**Tax Assistance**

Programs that provide advice and guidance on an individual or group basis for people who need to understand the implications of the tax laws for individuals in their situation, who need copies of appropriate tax forms, who require assistance in preparing and filing tax returns, or who want to appeal an assessment or prepare for an audit.

**AMERICAN ASSOCIATION OF RETIRED PERSONS – TAX COUNSELING FOR THE ELDERLY**

TAX AIDE PROGRAM  
4311 Valleyside NE, Grand Rapids, MI 49525  
(616) 365-8852 Main Line  
Trained and supervised volunteers provide assistance at a number of sites filling out income tax and related forms required by IRS, State of Michigan & local governments. Home visits for shut-ins/disabled on limited basis, Service usually from February 1 - April 15 annually.

**AREA COMMUNITY SERVICE EMPLOYMENT AND TRAINING COUNCIL**  
144 E. Fulton, Grand Rapids, MI 49503  
(616) 336-4100 Main Line  
Offers income tax preparations at the neighborhood complexes during the tax season. Assistance filing applications for property tax credits is provided by volunteers beginning February 6.

**MICHIGAN DEPARTMENT OF TREASURY**

GRAND RAPIDS FIELD OFFICE  
350 Ottawa NW, Grand Rapids, MI 49503  
(616) 356-0300 Main Line  
HOME HEATING CREDIT

Assists low-income home owners or renters meet their heating costs. Credit is in form of a voucher which can be used to pay most heat providers/users of propane, etc., get a check as do persons whose rent included heat. If the applicant is a Public Assistance recipient with vended heat payments, payment goes directly to the heat provider. Apply on form MI 1040CR-7. Due date is no later than September 30th.  
(616) 356-0300 Main Line  
HOMESTEAD PROPERTY TAX CREDIT

Eligible Michigan residents may be reimbursed for some or all of their homestead property taxes based on amount of taxes or rent paid and their household income. File on MI Form 1040CR with MI 1040. Filing due date is April 15 but applications accepted up to 4 years following due date. For a pre-recorded message on Homestead Property Tax Credit, dial 1-800-827-4000 and ask for Tape 311.

**NORTH KENT SERVICE CENTER**

AARP SPONSORED TAX PREPARATION  
10075 Northland Dr., Rockford, MI 49341  
(616) 866-3478 Main Line  
Provides tax filing assistance for low to moderate income individuals.

**SENIOR NEIGHBORS – RETIRED AND SENIOR VOLUNTEER PROGRAM**  
44 Ionia SW, Suite 1, Grand Rapids, MI 49503  
(616) 459-9509 Main Line  
Volunteers provides tax filing assistance for low to moderate homebound individuals, 55 years of age or older.

**UNITED STATES DEPARTMENT OF THE TREASURY – INTERNAL REVENUE SERVICE – NORTHEAST REGION – MICHIGAN DISTRICT OFFICE – GRAND RAPIDS**

FEDERAL TAX INFORMATION  
678 Front St. NW, Suite 200, Grand Rapids, MI 49504  
(800) 829-1040 Main Line  
Provides federal tax information, forms, assistance filling out forms (in person or over phone). TELE-TAX: recorded phone information tapes. V.I.T.A. (Volunteer Income Tax Assistance) provides income tax guidance by trained volunteers for those who cannot afford professional assistance.
WYOMING SENIOR CENTER
OLDER ADULT VOLUNTEERS TAX ASSISTANCE
PROGRAM (VITA)
2380 DeHoop SW, Wyoming, MI 49509
(616) 530-3192 Main Line
Provides income and property tax assistance through AARP’S Tax Aide Program (Tax Counseling for the Elderly) during February through April 15.

Telecommunication Relay Services
Programs that link people who are deaf and hearing individuals with one another through the use of a TTY machine, a teletypewriter or teleprinter that transmits and receives printed messages in coded electronic signals carried by telephone or telegraph wires. The deaf individual calls in on the TTY and leaves a message which is relayed on to the designated hearing individual by regular telephone. The reply is relayed back to the original sender by TTY Calls may also originate with hearing individuals who need to contact a person who is deaf

AMERITECH – MICHIGAN RELAY CENTER
155 Henrietta, 2nd Floor, Birmingham, MI 48009
(800) 649-3777 Relay Service
The Michigan Relay Center, mandated by the Michigan Public Service commission, is operated by Ameritech on behalf of 38 telephone companies. It provides a means by which individuals using TTY/TDD phones may call a non-TTY/TDD phone and have a representative voice their message in conversational English to the person at that home. Also, voice calls from a hearing individual are relayed exactly to a person at a TTY/TDD phone. The service is free, confidential, and can accommodate all types of calls (direct dial, person-to-person, from public phones, using a calling card, etc.). A brochure explaining how to use the center is available. A newsletter, published seasonally, is available at no cost by calling the supervisory line, 1-800-432-5413 or 1-800-432-0762. Outreach presentations regarding service are available to groups by appointment. Visitors are welcome at the Birmingham and Dearborn sties.

Telephone Reassurance
Programs that contact frail elderly individuals or people who have disabilities by telephone on a regular basis to ensure their good health and safety, and to reassure them that help is available if and when they need it.

SENIOR NEIGHBORS
DAILY CONNECTIONS
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442
(616) 459-6019 Main Line
Daily Connections offers daily telephone contact designed to alleviate loneliness and reassure that help is available for those who feel isolated, such as older adults. Appropriate contact people are notified if the person being called doesn’t answer the phone.

Transportation
Programs that provide for the basic transportation needs of the community including the local and long-distance conveyance of people and goods, and special arrangements for elderly and disabled individuals and other community residents who have no personal transportation and are unable to utilize public transportation.

AMERICAN CANCER SOCIETY – WEST MICHIGAN AREA SERVICE CENTER
ROAD TO RECOVERY
400 Ann St. NW, Suite 202, Grand Rapids, MI 49504
(616) 364-6121 Main Line
(866) 364-6284 Toll Free
Volunteers provide transportation to and from local cancer treatment centers for patients without their own means. The service is for cancer related appointments only, (Volunteer’s vehicle, no wheelchair lifts or ramps; escort/companion may ride; possible assistance given entering/leaving vehicle, door to door). Patient must be able to walk. Children must be accompanied by an adult.

AMERICAN RED CROSS
1050 Fuller NE, Grand Rapids, MI 49503
(616) 454-7433 Main Line
The American Red Cross provides transportation within Kent County for eligible people to medical services. Appointments are required for service. The Red Cross schedules appointments 7 days in advance. Appointments are given on “first-come, first-serve” basis. The Red Cross can transport people in wheelchairs. Rides can also be provided to elderly and handicapped to medical facilities outside Kent County.

CEDAR SPRINGS CENTER ACEST
44 N. Park, P.O. Box 398, Cedar Springs, MI 49319
(616) 696-2150 Main Line
Provides limited transportation for older adults and physically challenged persons who live in the north Kent County area to professional appointments outside the North Kent area. Requests are filled on a “first-come, first-serve” basis.

DOWNTOWN SENIOR NEIGHBORS CENTER
44 Ionia SW, Grand Rapids, MI 49503
(616) 459-3040 Main Line
Provides transportation for independence-sustaining activities including medical, financial and/or community service-related needs for persons who need escort services or who live out of the Go! Bus area. Transportation can be provided to medical care appointments, grocery and drug stores, and to Senior Neighbor Centers for congregate meals and social activities. Others are given Go! Bus or senior bus tickets. To schedule a ride, the appropriate Senior Neighbor Center should be contacted, preferably one week in advance.
Volunteers from various area churches provide rides for people to their doctors’ appointments, grocery shopping, and other very necessary errands. Transportation is not given from nursing homes. Drivers are limited and some days may not be covered. Wheelchairs only if a travel companion.

GEORGETOWN SENIORS – ADULT AND COMMUNITY SERVICES
7096 8th Ave., Jenison, MI 49428
(616) 457-1170 Main Line
Can provide transportation for persons 55 and older and persons with disabilities of any age from Jenison, Allendale, Hudsonville, Coopersville, Jamestown areas; can go into Kent County with those passengers. Now has four 20-passenger, wheelchair lift equipped vans for transportation available on a demand-response basis. Reservations should be made as far ahead as possible as there is a long waiting list. Ride must originate in Ottawa County.

GRAND RAPIDS POLICE DEPARTMENT
Monroe Center Ave. NW, Grand Rapids, MI 49503-2906
SENIOR VOLUNTEER NEIGHBORHOOD SERVICES PROGRAM
(616) 456-3400 Main Line
The Senior Volunteer-Neighborhood Service Program utilizes a group of uniformed volunteers (ages 55 and older) who drive specially marked cars, Services provided include: marking and tagging abandoned vehicles; investigating reports of found properties (wallets, etc.); inspecting vehicles for Vehicle Identification Numbers for the Secretary of State; patrolling parking lots/issuing tickets to persons who park illegally in “handicapped” parking spaces; writing highway reports, e.g. potholes, crooked street signs; doing daily vacation house checks; reporting housing code violations to housing inspectors; visiting elderly who are truly “shut-in” once a week; local transportation to those who are homebound and in need of emergency services such as food/prescriptions (professional must call for the client and volunteer will not drive anyone but will pick up necessary products for the homebound individual—City of Grand Rapids only).

GRANDVILLE SENIOR NEIGHBORS CENTER
3380 Division Ave., Grandville, MI 49418
(616) 531-5250 Main Line
Provides transportation for independence-sustaining activities, medical, financial and/or community service-related needs for persons who need escort services or who live out of the Go! Bus area. Transportation can be provided to medical care appointments, grocery and drug stores, and to Senior Neighbor Centers for congregate meals and social activities. Others are given Go! Bus or senior bus tickets. To schedule a ride, the appropriate Senior Neighbor Center should be contacted, preferably one week in advance.

INTERURBAN TRANSIT PARTNERSHIP
333 Wealthy St. SW, Grand Rapids, MI 49503
GO! BUS
(616) 776-1100 Main Line
Provides pick-up and delivery service for individuals living outside regular bus service routes. Vans take individuals from their homes to fixed-route bus system via connection centers. Services six-city area including East Grand Rapids, Grand Rapids, Grandville, Kentwood, Walker and Wyoming. There is a fee for this service and some restrictions apply. Must schedule a ride 24 hours in advance. GO! BUS Special lift-equipped door-to-door transportation for senior citizens (age 65 or older). Persons with disabilities need an ADA Eligibility Identification Card.

LOWELL SENIOR NEIGHBORS CENTER
314 S. Hudson, Lowell, MI 49331
(616) 897-5949 Main Line
Provides transportation for independence-sustaining activities, medical, financial and/or community service-related needs for persons who need escort services or who live out of the Go! Bus area. Transportation can be provided to medical care appointments, grocery and drug stores, and to Senior Neighbor Centers for congregate meals and social activities. Others are given Go! Bus or senior bus tickets. To schedule a ride, the appropriate Senior Neighbor Center should be contacted, preferably one week in advance.

NATIVE AMERICAN COMMUNITY SERVICES
Steepletown Center
671 Davis NW, Grand Rapids, MI 49504
(616) 458-4078 Main Line
Providing an assisted or escorted ride to day care programs (Hope Network), meal programs, senior centers, medical appointments and other services as time allows.

NORTH KENT TRANSIT
(800) 410-9491 Main Line
Provides a demand-response, lift-equipped, door-to-door service to destinations in Kent County and outside Kent County. Call on previous day by 12 noon to schedule a ride.

SENIOR NEIGHBORS
820 Monroe NW, Suite 460, Grand Rapids, MI 49503-1442
(616) 459-6019 Main Line
Provides transportation for independence-sustaining activities, medical, financial and/or community service-related needs for persons who need escort services or who live out of the Go! Bus area. Transportation can be provided to medical care appointments, grocery and drug stores, and to Senior Neighbor Centers for congregate meals and social activities. Others are given Go! Bus or senior bus tickets. To schedule a ride, the appropriate Senior Neighbor Center should be contacted, preferably one week in advance.
SPARTA SENIOR NEIGHBORS CENTER
100 Ida Red, Sparta, MI 49345
(616) 887-1273 Main Line
Provides transportation for independence-sustaining activities, medical, financial and/or community service-related needs for persons who need escort services or who live out of the Go! Bus area. Transportation can be provided to medical care appointments, grocery and drug stores, and to Senior Neighbor Centers for congregate meals and social activities. Others are given Go! Bus or senior bus tickets. To schedule a ride, the appropriate Senior Neighbor Center should be contacted, preferably one week in advance.

SUNSHINE SENIOR ASSISTANCE
435 Cherry St., Suite 2, Grand Rapids, MI 49503-4672
(616) 456-6200 Main Line
(800) 370-0067 Toll Free
Provides transportation services, both in and out of area. Out of area would consist of anything 20 miles outside the radius of the office. Services includes transporting to and from school, work, doctor's appointments, rehab and therapy appointments, errands and grocery shopping.

Visual/Reading Aids
Programs that provide equipment or other products which enhance the ability of people who have visual impairments or other disabilities to see and/or read.

ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED
215 Sheldon SE, Grand Rapids, MI 49503
(616) 458-1187 Main Line
Sells daily living items that have been adapted for visually impaired persons and are not available in most local stores.

CHERRY STREET HEALTH SERVICES
550 Cherry St. SE, Grand Rapids, MI 49503-4748
(616) 235-7272 Main Line
Provides vision exams only. Services provided by volunteer ophthalmologists. Eyeglasses provided on limited basis.

Volunteer Recruitment/Placement
Programs that identify individuals who have chosen to work on a full or part-time basis without remuneration in one of the human service fields and which systematically evaluate the skills, talents and personalities of recruited volunteers and match them with human service agencies that need volunteer support.

HEART OF WEST MICHIGAN UNITED WAY’S VOLUNTEER CENTER
118 Commerce SW, Grand Rapids, MI 49503
VOLUNTEER SOLUTIONS
(616) 459-6281 Main Line
Provides a way to search for volunteer opportunities on the Heart of West Michigan United Way web site. Searches can be done based on an individuals skills, interest and time constraints. The web site address is www.unitedwaycares.com. To access volunteer solutions, click on the “Volunteer Now” button and create a volunteer profile. For additional information on Volunteer Solutions contact United Way’s 2-1-1 or (616) 752-8603.

SENIOR NEIGHBORS – RETIRED AND SENIOR VOLUNTEER PROGRAM
44 Ionia SW, Suite 1, Grand Rapids, MI 49503
(616) 459-9509 Main Line
Administers Retired Senior Volunteer Program (RSVP), including the Hand Craft Corps and Friendly Visitor Programs.

SERVICE CARE OF RETIRED EXECUTIVES – GRAND RAPIDS/CHAPTER 642 CHAMBER OF COMMERCE
111 Pearl NW, Grand Rapids, MI 49503-2831
(616) 771-0305 Main Line
Provides an opportunity for retired executives to Volunteer to help in small business development.

Weatherization Programs
AREA COMMUNITY SERVICE EMPLOYMENT AND TRAINING COUNCIL
144 E. Fulton, Grand Rapids, MI 49503
LIHEAP
(616) 336-4100 Main Line
Purpose is to reduce heating costs of low-income homeowners and renters through energy conservation. Program provides attic, sidewall, and floor insulation and infiltration services (caulking, weather stripping, etc.). Provides energy conservation education, technical assistance and referral to other sources of assistance. LIHEAP funds (maximum $1500) can be used for furnace and roof replacement in conjunction with insulation. (No dollar limit on insulation.) Applicant must be 150% of poverty or less.

WESTSIDE COMPLEX ACSET
215 Straight NW, Grand Rapids, MI 49504
ENERGY CLOSET
(616) 336-4180 Main Line
Provides energy conservation material and instruction on how to apply the materials as well as information on other ways to conserve energy. Each household can receive, without charge, up to $25.00 worth of materials.
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