NOTICE OF MEETING

COMMITTEE: **Aging & Disability Resource Center (ADRC) Committee**
PLACE: **Aging & Disability Resource Center (ADRC), Balsam Room**
100 W. Keenan Street, Rhinelander, WI
DATE: **Monday, August 24, 2026**
TIME: **9:00 a.m.**

Zoom is being offered as a convenience for this meeting. If Zoom functionality drops, the meeting will continue in-person at the location listed above subject to committee quorum.

Call in information: Phone Number (312) 626-6799 Meeting ID 878 7794 4527 Passcode 454827
https://us06web.zoom.us/j/87877944527?pwd=QTq5iID8wNtp2OFIwKYIu81dDhKnr5.1

It is possible that a quorum of County Board members will be at this meeting to gather information about a subject over which they have decision-making responsibility. This constitutes a meeting of the County Board pursuant to State ex rel. Badke v. Village Board of Greendale, 173 Wis. 2d 553, 494 N.W.2d 408 (1993), and must be noticed as such, although the County Board will not take any formal actions at this meeting. It is also possible that there may be quorums of other County Board Committees present, although those committees will not take any formal action at this meeting.

Agenda

All agenda items assumed to be discussion/decision items

AGENDA:

1. Call the Meeting to Order
2. Approve Agenda for Today's Meeting
3. Public Comment/Communication
4. Approve Minutes From the July 27, 2026 Meeting
5. Northwoods Transit Connections Update
6. Volunteer Escort Ride Program Payment Update
7. Nutrition Program Budget Update & Action
8. FoodShare Changes
9. Events Update
10. Manager Update
11. Agency Update
12. Financial/Statistical Reports
13. Future Agenda Topics

14. Public Comment

15. Adjournment

NOTICE OF POSTING

TIME: 1:00 p.m. DATE: August 20, 2026 PLACE: Courthouse Bulletin Board

Debbie Condado, CHAIRPERSON

Notice posted by Dana Gray, Human Service Aide. Additional information on a specific agenda item may be obtained by contacting the person who posted this notice at 715-369-6170.

NEWS MEDIA NOTIFIED BY EMAIL DATE: 8-20-2026 TIME 1:00 p.m.

Northwoods River News	Lakeland Times	Star Journal
Tomahawk Leader	WHDG Radio Station	News WJFW Channel 12
WXPR Radio Station	WPEG.net Television Network	WSAW
Vilas County News Review		

Notice is hereby further given that pursuant to the American with Disabilities Act reasonable accommodations will be provided for qualified individuals with disabilities upon request. Please call County Clerk at 715-369-6144 with specific information on your request allowing adequate time to respond to your request.

Compliance checklist with the Wisconsin Open Meeting Law.

GENERAL REQUIREMENTS:

Must be held in a location which is reasonably accessible to the public.

2. Must be open to all members of the public unless the law specifically provides otherwise.

NOTICE REQUIREMENTS:

1. In addition to any requirements set forth below, notice must also be in compliance with any other specific statute.

2. Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely to give notice to the public.

MANNER OF NOTICE:

Date, time, place and subject matter, including subject matter to be considered in a closed session, must be provided in a manner and form reasonably likely to apprise members of the public and news media.

TIME FOR NOTICE:

1. Normally, a minimum of 24 hours prior to the commencement of the meeting.

2. No less than 2 hours prior to the meeting if the presiding officer establishes there is good cause that such notice is impossible or impractical.

3. Separate notice for each meeting of the governmental body must be given.

EXEMPTIONS FOR COMMITTEES & SUBUNITS

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful setting to act or deliberate upon the subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

PROCEDURE FOR GOING INTO CLOSED SESSION:

1. Motion must be made, seconded and carried by roll call majority vote and recorded in the minutes.

2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

SYNOPSIS OF STATUTORY EXEMPTIONS UNDER WHICH CLOSED SESSIONS ARE PERMITTED:

1. Concerning a case which was the subject of a Judicial or quasi-judicial trial before this governmental body. Sec. 19.85(1)(a)

2. Considering dismissal, demotion or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b)

3. Considering employment, promotion, compensation or performance evaluation data of any public employee over which this body has jurisdiction or responsibility. Sec. 19.85(1)(c)

4. Considering strategy for crime detection or prevention. Sec. 19.85(1)(d)

5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e)

6. Considering financial, medical, social or personal histories or disciplinary data of specific person, preliminary consideration of specific personnel problems or the investigation of specific charges, which, if discussed in public, would likely have a substantial adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f), except where paragraph 2 applies.

7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(g)

8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h)

PLEASE REFER TO CURRENT STATUTE SECTION 19.85 FOR FULL TEXT

CLOSED SESSION RESTRICTIONS:

1. Must convene in open session before going into closed session.

2. May not convene in open session, then convene in closed session and thereafter reconvene in open session within twelve hours unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.

3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.

4. No business may be taken up at any closed session except that which relates to matters contained in the chief presiding officer's announcement of the closed session.

5. In order for a meeting to be closed under Section 19.85(1)(f) at least one committee member would have to have actual knowledge of information which he or she reasonably believes would be likely to have a substantial adverse effect upon the reputation involved and there must be a probability that such information would be divulged.

Thereafter, only that portion of the meeting where such information would be discussed can be closed. The balance of that agenda item must be held in open session.

BALLOTS, VOTES AND RECORDS:

1. Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes.

2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.

3. Motions and roll call votes must be preserved in the record and be available for public inspection.

USE OF RECORDING EQUIPMENT:
The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

LEGAL INTERPRETATION:

1. The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

PENALTY:
Upon conviction, any member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than $25.00 nor more than $300.00 for each violation.

Prepared by Oneida County Corporation Counsel Office - 5/16/96

AGENDA

ADRC COMMITTEE MEETING
MINUTES
July 27, 2026

COMMITTEE MEMBERS PRESENT: Ms. Debbie Condado – Chair via Zoom, Ms. Linnaea Newman - Vice Chair, Ms. Mary Roth Burns, Ms. Melanie Fralick, Ms. Kathy Paul via Zoom, Ms. Patty Raske, Ms. Maureen Rodziczak, Mr. James Unger

EXCUSED: Ms. Sandy Hamburg

STAFF PRESENT: Ms. Beth Hoerchler, Ms. Mya Olkowski, Ms. Lori Ring, Ms. Dana Gray

OTHERS PRESENT: Ms. Barb Newman

1. **Call to Order:** Ms. Debbie Condado called the meeting to order at 9:00 a.m. in the Balsam Room at the Aging and Disability Resource Center. The meeting has been properly posted in accordance with the Wisconsin Open Meeting Law and the facility is handicap accessible.

2. **Approve Agenda for Today's Meeting:** Motion by Ms. Linnaea Newman, seconded by Mr. James Unger, to approve today's agenda with the order of items at the Chair's discretion. All ayes, motion carried.

3. **Public Comment/Communication:** None.

4. **Approve Minutes of June 22, 2026 Meeting:** Motion by Ms. Linnaea Newman, seconded by Ms. Melanie Fralick, to approve June 22, 2026 ADRC Committee minutes as presented. No corrections or additions. All ayes; motion carried.

5. **Northwoods Transit Connections Update:** Ms. Barb Newman reported that ridership was down for June, but this happens every year at this time. All of their grants have been approved, so now they are able to repair one older bus and purchase two new busses. They have received two appraisals back for the property where the new building will be built. They will choose one, and move forward with this project. They are in need of a dispatcher here in Rhinelander working from 7:00 a.m. – 12:00 p.m. Monday – Friday. They are also in need of a driver for Headwaters in Minocqua working Monday – Thursday on a split shift.

6. **Citizen Member Update:** Ms. Mya Olkowski reported that right after the last meeting citizen member Ms. Rita Mahner resigned from the ADRC committee. She is taking a position as the Lake Tomahawk dining site manager, and being on the committee would

be a conflict of interest. Since Ms. Patty Raske was a close second for the position, she was asked to become a citizen member and she agreed. Ms. Patty Raske was then appointed to the committee.

7. **RSVP MOU:** Ms. Lori Ring, RSVP Coordinator, reported that the federal grant from AmeriCorps was approved for her position and for 150 volunteers. This grant was only one of 130 RSVP grants in the nation and only one of 10 in Wisconsin. The grant will be good for 6 years but needs to be renewed each year by March 31st. She reported that the Memorandum of Understanding (MOU) for each volunteer station needs to be renewed and resigned by the ADRC committee. There were MOUs passed out at this meeting to be signed by the members, and there will be more at future meetings. She is looking for citizen members and County Board members to serve on the volunteer committee.

8. **Escort Ride Payment System Update:** Ms. Mya Olkowski reported the ADRC was looking at updating their escort ride brochure, and wanted the committee to look over the current payment system and pricing options. Discussion followed. This agenda item will be tabled until the next meeting in August to give members time to review the document.

9. **2027 LTE Staffing Request:** Ms. Mya Olkowski reported that this agenda item was already discussed at the previous meeting. The staffing request form needs to be signed by the committee members to complete the hiring process of the new Lake Tomahawk dining site member. The form was passed around for committee member signatures.

10. **Transit Trust Account Approval:** Ms. Mya Olkowski and Ms. Barb Newman reported that the Northwoods Transit is requesting to borrow money from the 85.21 Transit Trust Account. The money would be used to purchase the two new busses mentioned above. If the busses are paid upon delivery with the money from the trust, then the company could save over $2,000 in interest. As soon as they receive the grant money they will repay the trust account. The Department of Transportation (DOT) needs to approve this transaction first. Discussion followed. Motion by Ms. Patty Raske, seconded by Ms. Debbie Condado, to approve the Northwoods Transit funds request as presented if the DOT approves. All ayes, motion carried.

11. **Incredible Bank Foundation Grant:** Ms. Mya Olkowski reported that this agenda item has been discussed at previous meetings. There was some confusion as to whether this was a donation or a grant. It was verified by the Incredible Bank Foundation that it was a grant, and they emailed paperwork to be approved by the ADRC Committee. Motion

by Mr. James Unger, seconded by Ms. Mary Roth Burns, to approve the grant as presented. All ayes, motion carried.

12. **Events Update:** Ms. Mya Olkowski reported on the July ADRC events and activities. Cycling Without Age offered several different events for Trishaw rides in July with a lunch included. The Fun Friday Event "Lunch by the Lake" was moved inside due to the Canadian smoke. There was a sub sandwich lunch at the ADRC with games afterwards. The sightseeing pontoon rides were moved to Friday July 24th, and both boats were full. The Meet Me at the Market event is scheduled for Friday July 31st. There will be transportation from the ADRC to the Minocqua Farmer's Market to purchase fresh fruits and vegetables with a lunch at Era Café afterwards. Reservations for this event can be made at 715-369-6170. The ADRC website has the monthly activity calendar posted with all upcoming events. Ms. Patty Raske asked if there was a time set for the November craft sale. The craft sale will be on Friday November 20th from 10:00 a.m. – 2:00 p.m. There is only going to be one day this year with the possibility of more days next year.

13. **Manager Update:** Ms. Mya Olkowski reported that the ADRC is working with Oneida County Human Services and Public Health to apply for a Rural Community Health Worker grant. There would be 3 full time positions and half time supervisor position created from this grant, and the grant would fund these positions for 5 years. The call and walk in totals are down slightly from this time last year. The Adult Protective Service referrals are up significantly from this time last year. The total volunteer hours served for May 2026 was 1,062.75 hours.

14. **Agency Update:** Ms. Beth Hoerchler reported that there were 4 positions filled in June and July. There are 3 Behavior Health positions in the process of being filled with 2 of those positions being reposted. There is 1 Finance Technician position that is currently posted. She reported that Wisconsin was 1 of just 9 states whose SNAP payment error rates were under 6% so there is no payment required to the federal government. The Economic Support Workers are doing a great job of keeping this error rate low. The agency received a Foster Care grant which will be used towards two events and support for the Relative/Like-Kin & Foster Families.

15. **Financial & Statistical Reports:** It was noted by Ms. Debbie Condado that the 2026 Financial Reports were received and discussed. No major findings.

16. **Future Agenda Topics:** Usual agenda items. The Escort Ride Payment System Update will be added back as an agenda item for the August meeting. Members should contact

Ms. Mya Olkowski or Ms. Debbie Condado if they would like something placed on the agenda. The next meeting will be held on Monday, August 24, 2026 at 9:00 a.m. at the Balsam Room located in the ADRC.

17. **Public Comment:** None.

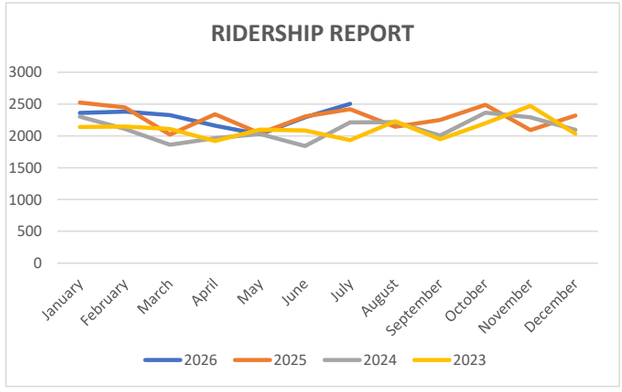
18. **Adjournment:** 9:30 a.m.

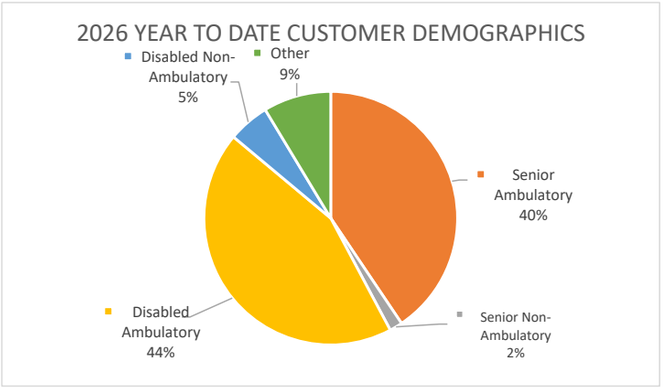
_____ _____

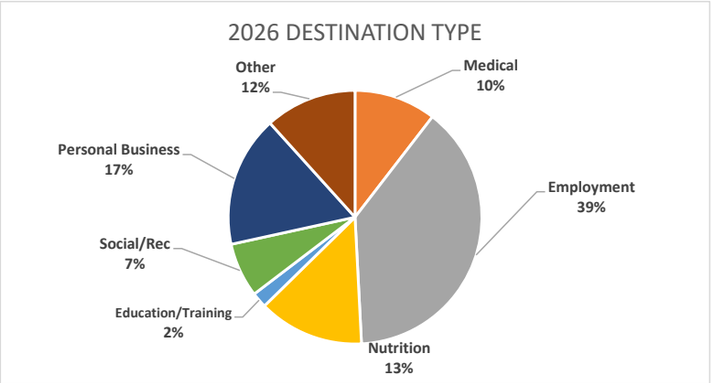
Committee Chairman Committee Secretary

AGENDA

Oneida Vilas Transit Commission July 2026	Senior Ambulatory	Senior Non-Ambulatory	Disabled Ambulatory	Disabled Non-Ambulatory	Other	**Total Passengers**	Medical	Employment	Nutrition	Education/ Training	Social/Rec	Personal Business	Other	**Total Purpose**
On-Demand Rhinelander	423	34	218	72	38	785	107	82	120	0	68	207	201	785
On-Demand Eagle River	256	4	108	26	1	395	47	60	28	1	20	182	57	395
On-Demand Lakeland Oneida County	197	8	96	7	30	338	60	55	119	13	32	10	49	338
On-Demand Lakeland Vilas County	128	6	12	3	7	156	42	29	67	1	0	9	8	156
Whitetail Service Oneida County	14	0	17	2	3	36	3	0	0	0	9	18	6	36
Whitetail Service Vilas County	6	10	1	0	4	21	11	0	0	0	1	4	5	21
Moose Service Oneida County	2	0	0	0	0	2	2	0	0	0	0	0	0	2
Moose Service Vilas County	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Silver Maple Service Oneida County	3	0	2	0	2	7	0	0	0	0	1	6	0	7
Spruce Service Vilas County	5	0	3	4	0	12	2	2	0	0	1	7	0	12
Eagle Eye Service Vilas County	48	0	0	0	0	48	0	0	11	0	5	25	7	48
Headwaters	0	0	657	47	0	704	0	704	0	0	0	0	0	704
TOTALS	1082	62	1114	161	85	**2504**	274	932	345	15	137	468	333	**2504**
Oneida County Total Q4														
Oneida County Total Q3	639	42	990	128	73	**1872**	172	841	239	13	110	241	269	**1872**
Oneida County Total Q2	1550	72	2627	256	297	**4802**	486	2263	633	119	165	576	560	**4802**
Oneida County Total Q1	1780	64	2449	237	922	**5452**	465	2461	517	144	677	585	603	**5452**
Vilas County Total Q4														
Vilas County Total Q3	443	20	124	33	12	632	102	91	106	2	27	227	77	**632**
Vilas County Total Q2	1064	37	426	109	41	**1677**	245	280	318	20	69	557	188	**1677**
Vilas County Total Q1	1036	30	425	83	43	**1617**	208	281	351	18	65	501	193	**1617**







AGENDA

7. Nutrition Program Budget Update & Action

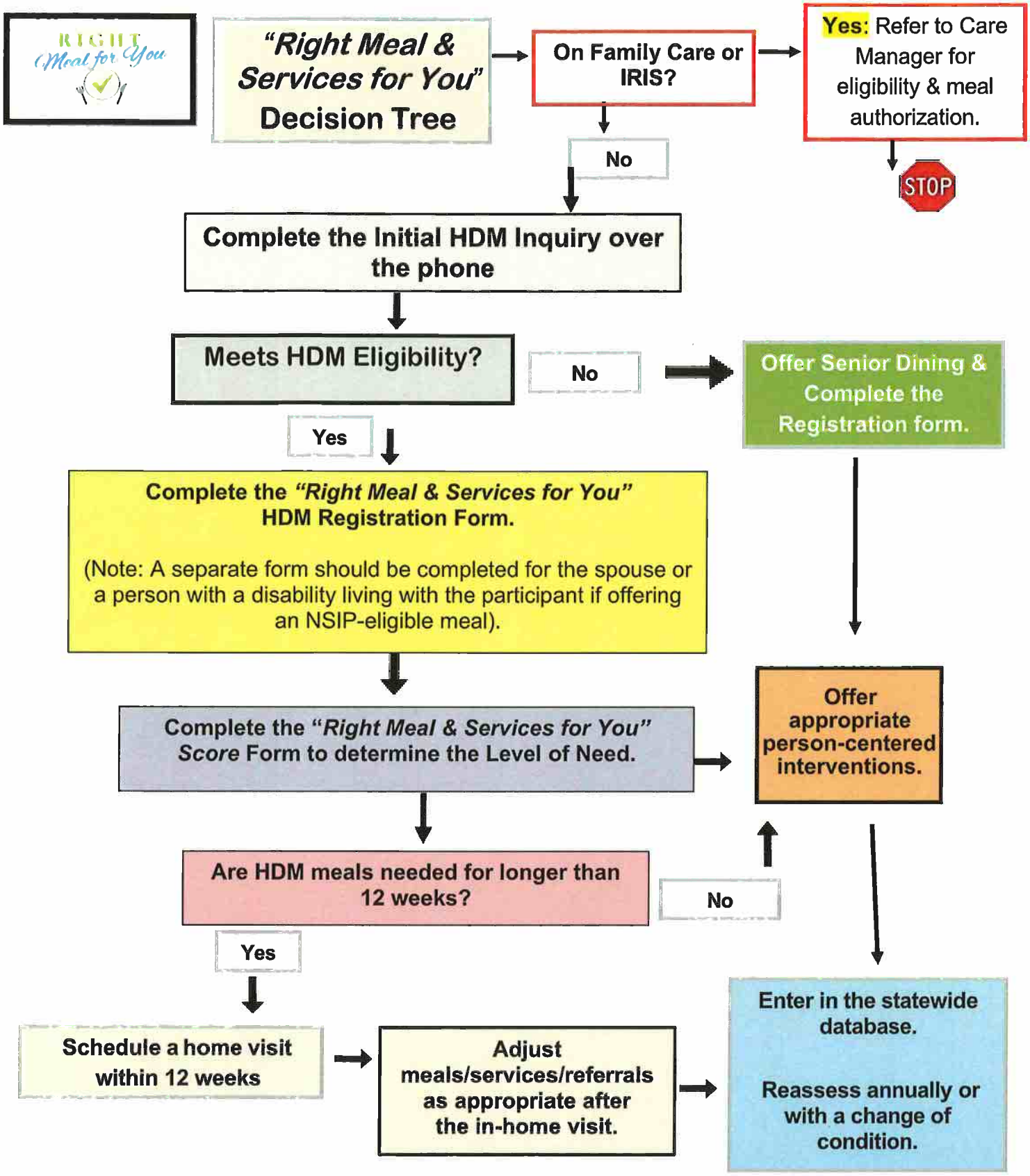
Nutrition Program Funding						
	2021	2022	2023	2024	2025	2026 Est.
State/Federal Funding	$ 248,734.00	$ 261,166.00	$ 296,242.00	$ 225,556.00	$ 223,249.00	$ 190,355.00
Contributions	$ 150,076.19	$ 212,024.04	$ 198,882.61	$ 186,997.51	$ 192,667.56	$ 186,693.46
Total Expenses	$ 439,966.41	$ 538,917.78	$ 538,074.57	$ 567,399.31	$ 614,223.85	$ 586,467.00
Tax Levy or Other Funding	$ 41,156.22	$ 65,727.74	$ 42,949.96	$ 154,845.80	$ 198,307.29	$ 209,418.54

*** Note 2024 is the first year ARPA/COVID Funds were not used.

Nutrition Program							
	2020	2021	2022	2023	2024	2025	2026
Congregate Expenses	$ 33,240.50	$ 29,962.94	$ 91,293.04	$ 131,678.94	$ 142,085.39	$ 176,456.96	$ 164,100.00
Home Delivered Exp.	$ 333,047.92	$ 380,673.79	$ 447,624.74	$ 406,167.45	$ 425,313.92	$ 437,766.89	$ 421,367.00
Total Meals	46,381.00	47,025.00	52,728.00	46,352.00	44,690.00	42,939.00	36,764.00
Cost Per Meal	$ 7.90	$ 9.36	$ 10.22	$ 12.02	$ 12.74	$ 14.10	$ 15.93
Cost w/ Mileage	$ 8.61	$ 10.01	$ 10.95	$ 12.97	$ 13.94	$ 15.36	$ 17.13

2026 Nutrition funding is decreasing along with participant contributions. Tax levy needs are increasing to cover the gap.

Action Item: at what point do we begin a wait list for meals, auditing current participants, prioritizing certain individuals based on needs, etc?


"Right Meal & Services for You" Decision Tree
On Family Care or IRIS?
Yes: Refer to Care Manager for eligibility & meal authorization.
STOP
No
Complete the Initial HDM Inquiry over the phone
Meets HDM Eligibility?
No
Offer Senior Dining & Complete the Registration form.
Yes
Complete the "Right Meal & Services for You" HDM Registration Form.
(Note: A separate form should be completed for the spouse or a person with a disability living with the participant if offering an NSIP-eligible meal).
Complete the "Right Meal & Services for You" Score Form to determine the Level of Need.
Offer appropriate person-centered interventions.
Are HDM meals needed for longer than 12 weeks?
No
Yes
Schedule a home visit within 12 weeks
Adjust meals/services/referrals as appropriate after the in-home visit.
Enter in the statewide database.
Reassess annually or with a change of condition.

Meal Prioritization/Waitlist "Right Meal & Services for You" **Date of Referral:_____**
Registration Form-Home Delivered Meals (2026) **Requested Start Date: _____**

Name: (Last, First, MI, Suffix)	**Date of Registration:** ☐ Initial Assessment ☐ Reassessment
Address (include zip and county): ☐ Housing Insecure ☐ Homeless ☐ Geographically Isolated	**Home Phone (w/area code):** **Cell Phone:**
City:	**Email:**
State/Zip:	**County:**
Date of Birth (month/day/year)	**Household:** ☐ I live alone ☐ I live with others
What is your Gender Identity: Specify: _____	
Preferred Language: ☐ Limited English Speaking ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____	**Ethnicity:** ☐ Hispanic/Latino ☐ Not Hispanic or Latino
Race: ☐ American Indian or Native Alaskan ☐ Asian or Asian American ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Hispanic/Latino ☐ Middle Eastern or North African ☐ Other: _____	**Income Status:** Is your income at or below the following? ☐ **Yes** ☐ **No** **# in Home** — **Month/Year** 1 — $1,330/$15,960 2 — $1,804/$21,640 3 — $2,277/$27,320 4 — $2,750/$33,000
Is the participant enrolled in a Family Care or IRIS? ☐ Yes, refer to their Care Manager ☐ No, continue registration	**Veteran Status?** ☐ Yes ☐ No **Has a pet?** ☐ Yes ☐ No **Notes:**

NSIP Eligible (Office use only) Reason (Select 1)

☐ **Yes**	☐ **Age 60 +** ☐ **Under age 60 Spouse** of person 60+ ☐ **Under age 60 person w/disability** living w/ person 60+
☐ **No**	☐ **Under age 60 Informal caregiver** (connected with NFCSP or AFCSP program) ☐ **NSIP Ineligible**

Reasons Meals are Needed

A person aged 60 or older who it: (Check all that apply) (Use OAA C2)

☐ **Generally unable to leave their home unassisted** by reason of accident, illness, disability, frailty, or isolation.
☐ **Unable to cook or prepare meals safely or lack appropriate knowledge/skill.**
☐ **Is unable to independently shop to obtain or access food.** ☐ **No Transportation**
☐ **No support** from family, friends, neighbors, **or another meal support service** in the home or community.
☐ **Is unable to consistently access meals at a congregate dining location** due to personal health reasons or other reasons that make dining in a congregate setting inappropriate.
☐ **Dementia/Memory/Mental Health Impairment** affects decision-making.
☐ **Recent discharge or an acute medical condition** such as recovering from surgery, a fall, illness, broken bone, pneumonia, **OR on Hospice. (Meals are anticipated to be needed for less than 12 weeks)**

Other meals that can be offered on a contribution basis:

☐ Spouse will benefit from a meal. (OAA C2)
☐ Informal caregiver will benefit from a meal. (Use OAA C2) **unless they are under 60** (use NFCSP or AFCSP)
☐ Person w/a disability living w/eligible adult would benefit from a meal. (OAA C2)

Spouse, Caregiver, or Dependent Adult's Ability Level related to meals:

☐ Able to prepare adequate meals ☐ Able to prepare simple meals ☐ Able to pick up meals
☐ Unable to prepare adequate meals

Nutrition Screening (NSI) or (DETERMINE)	NO	YES
Do you have an illness or condition that made you change the kind and/or amount of food you eat?	☐ 0	☐ 2
Do you eat fewer than 2 meals a day?	☐ 0	☐ 3
Do you eat few fruits or vegetables or milk products?	☐ 0	☐ 2
Do you have three or more drinks of beer, liquor or wine almost every day?	☐ 0	☐ 2
Do you have tooth or mouth problems that make it hard to eat?	☐ 0	☐ 2
I don't always have enough money to buy the food that I need.	☐ 0	☐ 4
Do you eat alone most of the time?	☐ 0	☐ 1
Do you take 3 or more different prescribed or over-the-counter drugs daily?	☐ 0	☐ 1
Without wanting to, have you lost or gained 10 pounds in the last six months?	☐ 0	☐ 2
Are you unable to physically shop, cook and/or feed yourself consistently?	☐ 0	☐ 2

Risk Level: ☐ 0-2 Low ☐ 3-5 Moderate ☐ 6+ High **NSI/ Determine Risk Score /Total: ____**

Food Security: For each of the following statements, please tell me which one is **"often true," "sometimes true" or "never true"** for the past 12 months.	Often True	Sometimes True	Never True
1. We (I) worried whether our food would run out before we (I) got money to buy more.	☐ Yes*	☐ Yes*	☐ Yes
2. The food that we (I) bought just didn't last and we (I) didn't have money to get more.	☐ Yes*	☐ Yes*	☐ Yes
*If answered Yes to Often True or Sometimes True to EITHER question, they are food insecure.			

MST Screen (In the past 6 months)

1. Have you lost weight without trying?
- ☐ No (0)
- ☐ Unsure (2)
- ☐ Yes

1a. If yes, how much weight have you lost?
- ☐ 2-13 pounds (1)
- ☐ 14-23 pounds (2)
- ☐ 24-33 pounds (3)
- ☐ 34 pounds or more (4)
- ☐ Unsure (2)

2. Have you been eating poorly because of a decreased appetite?
- ☐ No (0)
- ☐ Yes (1)

Q1/1a Weight Loss Score: ___

Q2 Appetite Score: ___

MST Score (Total): ___

0-1 = Not at Risk
2 or more = At Risk

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal and state reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to ensure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

(PLEASE SEE SECOND SHEET)

Activities of Daily Living (ADLs) Check **Yes** for each ADL that you/the client *need substantial assistance* to complete (including verbal reminding, physical cuing, or supervision). Check **No** for each ADL you *can* complete without substantial assistance.	**No Help Needed**	**Yes, Needs Help**
Bathing: Gets in/out of the bath/shower, uses faucets, washes, and dries oneself safely.		
Dressing: Dresses and undresses safely.		
Toileting: Uses toilet and cleans oneself.		
Transferring: Moves in and out of bed or chair.		
Feeding: Gets food or drink from plate, bowl, or cup into mouth and uses utensils.		
Continence: Exercises complete self-control.		
TOTAL Number of Yes ADLs _____		

Instrumental Activities of Daily Living (IADLs) Check **Yes** for each IADL that you/the client *need substantial assistance* to complete (including verbal reminding, physical cuing, or supervision). Check **No** for each IADL you *can* complete without substantial assistance.	**No Help Needed**	**Yes, Needs Help**
Food Preparation: Plans, prepares, and serves adequate meals independently.		
Shopping: Takes care of all shopping needs independently.		
Medication Management: Takes medication in correct dosages at correct time.		
Ability to Manage Finances: Handles financial matters and/or day-to-day purchases.		
Housekeeping: Participates in housekeeping tasks.		
Laundry: Launders some items independently.		
Transportation: Travels unassisted via personal vehicle, public transportation, taxi.		
Ability to Use Telephone: Dials and/or answers the telephone.		
TOTAL Number of Yes IADLs_____		

Health and Well-Being Considerations (Note on the Score Form and offer interventions)

☐ **Self-reported** On-going Medical Condition (i.e. Cancer, COPD, Parkinson's, Diabetes, Heart Ds, Dialysis, Arthritis, etc.)
_____

☐ On Hospice Care: Phone # to call: _____
☐ Visually impaired _____
☐ Hearing impaired _____
☐ Difficulty Chewing (no/few teeth/Loose dentures)
☐ Difficulty Swallowing _____
☐ Lacks Cooking Skills _____
☐ Oxygen use _____
☐ Limited English _____
☐ Doesn't drive _____
☐ History of falls _____

☐ Home Safety Concerns _____
☐ Dialysis _____
☐ Incontinence _____
☐ Mobility Impaired (Uses walker/cane/wheelchair)
☐ Frailty/weakness _____
☐ Memory loss/Dementia/Mental Health Impairment
☐ Mild ☐ Moderate/Severe
_____
☐ Lives alone or alone during the day
☐ Lonely
☐ Anxiety/Stress _____
☐ Complaints of Pain _____
☐ Sad/Depressed/Grieving _____
☐ Housing Instability ☐ Homeless/unhoused

Supports:

☐ Caregiver Support Needed
☐ Has In-home Support Service(s): ☐ MCO ☐ OT/PT ☐ Home Health ☐ Other:_____
☐ Other concerns/notes: _____

Emergency Preparedness Questions

Do you have at least 3 days of food & water at home? ☐ Yes ☐ No	During an extended power outage or emergency do you have a plan? i.e. family, friends, or other help nearby? ☐ Yes ☐ No	Do you have concerns about heating and/or cooling? ☐ Yes ☐ No

Emergency Contact (Last Name, First Name): _____ **Relationship:** _____

Phone: _____ **Email:** _____

Allergies or Special Dietary Needs: _____

Program Contributions	☐ The participant would like a monthly contribution letter mailed to their home. ☐ The participant will make contributions directly. **Do NOT mail** a contribution letter. ☐ **The participant would like a contribution letter sent elsewhere:** Name: Address: Phone: _____ Email: _____ Relationship to person:

Please Read or Paraphrase: *Thank you for completing your registration with me today. All of the information you shared will remain private. This is the first step in our "Right Meal and Services for You" process, which helps us determine the type and number of meals and services that best meet your needs. If you need home-delivered meals for longer than 12 weeks, we'll schedule an in-home visit to understand your situation better. Based on what we learn during this visit, the number of meals or other services you receive may change. We complete this assessment at least once a year, or anytime there is a change in your health or situation. Do you have any questions for me at this time?"*

The participant is interested in and could benefit from: (Note on Score Form under Interventions)

☐ Adaptive Equipment	☐ More than 1 Meal a Day/Frozen/Weekend Meals
☐ Age Well Series (WIHA)	☐ Nutrition Education
☐ Caregiver Specialist Referral	☐ Pet Assistance
☐ Carry out meals	☐ Pillbox or medication management
☐ Chore/Homemaker/Handyman	☐ Resources for the blind, deaf, or hard of hearing
☐ Coalition for Social Connectedness	☐ Senior Center Information
☐ Dementia Care Specialist Referral	☐ Senior Dining Meals
☐ Dental assistance	☐ Senior Farmers Market Vouchers
☐ Dietitian referral	☐ Shelf Stable or Emergency Meals
☐ EBS Referral	☐ Simple, affordable recipes and cooking tips
☐ Emergency Preparedness Information	☐ Socialization
☐ Falls Prevention Information	☐ Supplemental Food Box
☐ Grandparents Raising Grandkids Information	☐ Swallow Screen (EAT-10)
☐ Health Promotion/Wellness Classes	☐ Transportation
☐ I & A or Options Counselor	☐ VA Officer Referral ☐ Honor Flight Information
☐ Independent Living Center Referral	☐ Virtual Senior Dining
☐ Liquid Nutrition Supplements	☐ Weekend meals
☐ List of other food/nutrition resources	☐ OTHER: _____

Person Conducting the assessment: _____ **Date:** _____

"Right Meal & Service for You" Score Form

Participant's Name: _____

☐ Initial Assessment ☐ Reassessment Date: _____ Assessors Initials: ____

Step 1: Use the information from the HDM Registration form to complete.

SCORE FORM

Short-Term Default High Risk (Offer up to 3 months, Reassess)	
☐ Recent Discharge or Acute Medical Condition	
☐ Hospice Care: Phone # to call _____	
DETERMINE Nutrition Risk Score	**Points**
☐ Low Risk (0-2)	0
☐ Moderate Risk (3-5)	1
☐ High Risk (6 or more)	2
MST Malnutrition Screen Score	
☐ Not at Risk (0 to 1)	0
☐ At Risk (2 to 5)	2
Food Insecure	
☐ Never True	0
☐ Sometimes True	1
☐ Often True	2
Access and Ability	
☐ Unable to leave their home unassisted	2
☐ Food Preparation (Unable to cook/prepare adeq. meals.)	2
☐ Shopping/Food Access/Unable to obtain food	2
☐ Feeding (ADL)	2
☐ No formal or informal supports in place	2
☐ No Transportation/ Geographically isolated	1
☐ Income at or below the poverty level	1
☐ Uses cane, walker, wheelchair (Impaired mobility)	1
☐ Mild Memory Loss/Dementia /Mental Health Impaired	1
☐ Mod/Severe Memory Loss/Dementia/Mental Health Impaired	2
☐ On-going Medical Cond. _____	1
TOTAL	0

Additional Considerations (Check all that apply)

Health and Well-Being (Offer services or referrals)

- ☐ Visually impaired _____
- ☐ Hearing impaired _____
- ☐ Difficulty Chewing (no or few teeth/poor fitting dentures)
- ☐ Difficulty Swallowing _____
- ☐ Lacks Cooking Skills _____
- ☐ Oxygen use _____
- ☐ Limited English _____
- ☐ Doesn't drive _____
- ☐ History of falls _____
- ☐ Home Safety Concerns: _____
- ☐ Incontinence _____
- ☐ Frailty/weakness _____
- ☐ Lives alone; or alone during the day _____
- ☐ Lonely _____
- ☐ Anxiety/Stress _____
- ☐ Complains of Pain _____
- ☐ Sad/Depressed/Grieving _____
- ☐ Housing Instability ☐ Homeless/unhoused
- ☐ Caregiver Support Needed _____
- ☐ In-home supports: ☐ MCO ☐ OT ☐ PT ☐ Home Health
- ☐ Other concerns: _____

Notes: _____

Emergency Preparedness Questions

Has at least 3 days of food & water at home? ☐ Yes ☐ No

If an extended power outage or an emergency has a plan?

_____ ☐ Yes ☐ No

Concerns about heating and/or cooling? ☐ Yes ☐ No

Step 2: Check the appropriate priority level & characteristics box(es).

☐ High (Score of 13 or higher)

☐ Generally **Unable to leave their home unassisted** due to accident, illness, disability, frailty, or isolation. **Lacks support**

☐ **Recent Discharge/Acute/ or Hospice**

☐ **Unable to independently obtain food and prepare adequate meals.**

☐ **Lives in a geographically isolated area.**

☐ **Significantly affected by any loss of service in an emergency.** (Negative outcomes will result)

☐ **Dementia/Memory/ Mental health impairment** affects decision-making.

☐ **At Risk Caregiver or Eligible Dependent** who lives w/**unable to prepare adeq meals.**

☐ **High Nutrition Risk**

☐ **Other** _____

☐ Moderate (Score of 7 to 12)

☐ **Can leave home with assistance,** has **some supports.**

☐ **They can or someone can make simple meals if food is available &/or pick up Carry Out** or other Meal/Food Options.

☐ **Needs more support and assistance to prevent decline and improve** their health.

☐ **Unable to consistently access Senior Dining meals** due to personal health reasons or other reasons that make dining in a congregate setting inappropriate.

☐ **Can benefit from Transportation to access** meals at congregate dining, shopping, food access, &/or activities.

☐ **Can function with temporary loss of service for 1-3 days** in an emergency.

☐ **Other** _____

☐ Low (Score of 6 or lower)

☐ **Ambulatory- can leave home unassisted. Can shop, cook, and prepare simple meals.**

- ☐ Cannot Drive in the Winter
- ☐ Transportation Needed

☐ Spouse or Caregiver **can prepare adequate meals.**

☐ Spouse **can benefit from a meal.**

☐ Caregiver **can benefit from a meal.**

☐ Meal for a **person under 60 with a disability who lives with** an eligible individual who participates in the program.

☐ Living with someone or living alone with **dependable supports.**

☐ Has **reliable transportation.**

☐ **Can manage/has resources and supports** in an emergency > than 3 days.

☐ **Other:** _____

STEP 3: INTERVENTIONS

☐ High Need (Intense Interventions) ☐ Moderate Need (Access & Assistance) ☐ Low Need (Information/Connection)

Nutrition Plan

		M	T	W	TH	F
Home Delivered Meals	☐ ___ days/week on					
Additional Meals	☐ ___ Weekend Meals deliver on					
	☐ ___ 2nd meal deliver on					
	☐ ___ Shelf-stable meals deliver on					
	☐ ___ Frozen meals delivered on					
	☐ Spouse/Person w/ disability Meal					
	☐ Caregiver Meal					
	☐ Grndparent raising grandkid meal					
Carryout Meals	☐ ___ Meals/week					
Senior Dining	☐ ___ days per week					

☐ **Liquid Nutrition Supplement** Product: _____ Amount per Day _____ **Or** Per Month ____ ☐ Deliver with Meal ☐ Will Pick Up

☐ Complete **Enhanced DETERMINE** Form
☐ **Senior Farmers Market Voucher**
☐ **Food Box**
☐ **Other Food/ Nutrition Resources**
☐ **Pet Food** ☐ Dog ☐ Cat

Additional Programs, Services & Referrals

☐ **Informed about** gwaar.org/nourishstep

☐ **Refer to Dietitian**
Reason:
☐ Call to answer questions
☐ Nutrition Counseling
☐ Nutrition Ed
☐ Cooking Skills
☐ EAT-10 Swallow Screen
☐ Other

Notes:

☐ **Transportation to:**
☐ Senior Dining Site ☐ Grocery/Shopping ☐ Food Pantry ☐ Senior Center ☐ Other

☐ **Adaptive Equipment** ☐ Evaluation ☐ Provide the following: _____
☐ **Independent Living Center Referral** _____

☐ **I & A Specialist or** ☐ **Options Counselor**
Notes:

☐ **EBS Referral for:**
☐ Food Share Assistance
☐ Energy Assistance
☐ Other:
Notes:

☐ **EB Health Promotion or Wellness Class:** (Specify)
☐ Living Well _____
☐ Stepping On
☐ Walk with Ease
☐ Mind Over Matter
☐ Eat Smart, Move More, Weigh Less
☐ Stepping Up Your Nutrition
☐ Other: _____

☐ **Caregiver Specialist Referral** ☐ **Dementia Care Specialist** ☐ **Veteran's Officer Referral**

☐ **Resource Directory** ☐ **Falls Prevention Information** ☐ **Hearing** ☐ **Vision Referral**
☐ **Socialization Resources** ☐ **Emergency Preparedness Info** ☐ **Dental Assistance**

☐ **Other:**

STEP 4: Meals Approved for:

☐ **Short-term due to Recent Discharge, Acute Medical Condition, or Hospice** ☐ ___Months (Max 3 months)
☐ **Longer-Term** ___Months or ☐ 1 Year **Reassessment Due:** ☐ 1 year or ___ Months
☐ **Placed on Waitlist** **Date:** _____ **Reason:** _____

☐ **Over-ride Priority Score**
Reason: ☐ **In-home visit showed higher need** ☐ **In-home visit showed lower need** ☐ **Other**
_____
Notes:

Reviewed HDM Consent

☐ **Verbal consent was given.** **Date:** _____

GWaar
Greater Wisconsin
Agency on Aging Resources, Inc.

Funding Request for Major Gift
Home Delivered Meals Application

Nutrition Program Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

1. Reason for Funding Request (Must Check at Least ONE)

☐Active Home Delivered Meal waitlist
☐ Approved Home Delivered Meal Level of Service Waiver
☐ Home Delivered Route(s) reduced
☐ Utilizing "The Right Meal for You" Process
☐ Serve more meals to participants in High, Moderate, and Low Need scoring categories

2. Amount Requested $_____

3. In your 2026 budget in your county/tribe please list amount of:

Tax levy (minus cash match) $_____
Do you receive any additional nutrition revenue $_____

4. Ready to Implement Immediately?

☐Yes ☐ No — Brief reason: Click or tap here to enter text.

5. Narrative: In 250 words or less explain to us how you intend to provide sustainability and impact with these funds. Click or tap here to enter text.

By signing below, the agency certifies that these funds will be used **only for the approved priorities/purposes** identified by GWAAR, and that **outcome reports** will be submitted as required.

Nutrition Director Signature: _____ Date: Click or tap to enter a date.
ADRC/Aging/Tribal Director Signature: _____Date: Click or tap to enter a date.

AGENDA

WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Medicaid Services

Talking Points: FoodShare Rule Changes for Members Aged 60-64 Who Aren't Blind or Disabled

Intended use

Organizations such as Aging and Disability Resource Centers can use these talking points to explain rule changes for Wisconsin's FoodShare members who are aged 60–64 and aren't blind or disabled that start on August 8.

Background (for education only, not for sharing)

Under current FoodShare policy, members who are 60 or older, blind, or disabled with no earned income can get a 36-month FoodShare certification period. This is also known as a renewal period.

Renewals are a check of member household information, such as their income and assets. Most members renew their benefits annually.

New federal rules no longer allow FoodShare households with one or more members aged 60 to 64 who aren't blind or disabled to qualify for a 36-month renewal period. Wisconsin is implementing this guidance on August 8, 2026.

Changes for new FoodShare applicants

New applicants who are aged 60–64 and aren't blind or disabled must renew their benefits annually and complete an interview at renewal. They must also complete six-month reports if someone in their household gets money from a job or self-employment.

Changes for current FoodShare members aged 60–64, who aren't blind or disabled

Most current members will keep their 36-month renewal period but must also complete six-month reports and an interview at their next renewal. This rule change will affect about 5,000 current FoodShare members.

Some FoodShare members can still get 36-month renewal periods

Some members still qualify for longer renewal periods. This includes households in which all members are age 65 or older, or are blind, or have a disability, and there is no one in the household who gets money from a job or self-employment.

Talking points (text in red should not be read out loud)

- There are new federal rule changes for Wisconsin's FoodShare members who are 60–64 years old and who aren't blind or disabled. These members no longer qualify for longer renewal periods.

    - Renewals are a check of your household information, such as your income and assets.
    - Most members renew their benefits annually.
- If you are a current member who is aged 60–64 and who isn't blind or disabled, you'll keep your current renewal date. But you must now complete six-month reports, and an interview at your next renewal.
    - Your local or Tribal agency can tell you when your renewal date is. Would you like their information? *If yes, help find the contact information for the FoodShare member's agency. You can look it up at dhs.wi.gov/im-agency*
- If you don't have any children aged 13 or under living with you, you also need to meet the FoodShare work requirement to get FoodShare, unless you meet an exemption. This starts after your next renewal.
    - If you have an exemption, you do not have to meet the work requirement.
        - Exemptions are reasons why you don't have to meet the work requirement.
        - Exemptions include being pregnant or a Tribal member. There are many other exemptions that you could qualify for.
        - You can see a list of exemptions at d h s dot w i dot gov slash f s slash work.
- If you must complete six-month reports or meet a work requirement, you will get a letter telling you this around August 15.
    - You will also get a six-month report form mailed to you when it is time to complete it.
        - During your interview, your local or Tribal agency will look at your information. You will then get a letter from us if you need to the meet the work requirement.
        - Your local or Tribal agency can tell you when your renewal date is. Would you like their information? *If yes, help find the contact information for the FoodShare member's agency. You can look it up at dhs.wi.gov/im-agency*
- Do you want to learn more about FoodShare six-month reports, renewals, interviews, or the work requirement? *If yes, you can provide the information below.*
    - *If they want to learn more about Six-Month Reports:*
        - You can find out more about FoodShare Six-Month Reports at d h s dot w i dot gov slash foodshare slash smrf.
    - *If they want to learn more about renewals:*
        - You can find out more about FoodShare Renewals at d h s dot w i dot gov slash foodshare slash renewals.
    - *If they want to learn more about interviews:*
        - You can find out more about FoodShare Interviews at d h s dot w i dot gov slash foodshare slash interviews.
    - *If they want to learn more about the work requirement:*

        - You can find out more about the FoodShare work requirement and see a list of exemptions at d h s dot w i dot gov slash f s slash work.

- Do you have any other questions about FoodShare?
    - Your local or Tribal agency is ready to help you. Would you like their information? *If yes, help find the contact information for the FoodShare member's agency. You can look it up at dhs.wi.gov/im-agency*

AGENDA

2026 ADULTS AND ELDERS REFERRALS

Month	APS 59 and under	APS 60 and over	Guardianship Only	Guardianship Protective Placement	Adult Welfare Concern	Screen Out Adult Welfare Concerns	Emergency Protective Placements	Chapter 51 Converts to Chapter 55	2026 Monthly Totals	2025 Monthly Totals
January	1	4	1	1	6	6	0	1	20	10
February	0	13	4	1	3	11	1	0	33	11
March	1	2	1	1	2	7	0	0	14	11
April	0	4	0	1	2	17	0	0	24	18
May	0	3	1	2	1	10	0	0	17	19
June	0	3	1	4	0	11	1	0	20	13
July	1	5	2	5	1	11	0	0	25	14
August										12
September										21
October										12
November										18
December										20
Totals	3	34	10	15	15	73	2	1	153	179

Copies to: APS Supervisor, Director, I-Team Coordinator, Finance Tech, Deputy Director

Hours Served, Summary by Job

June 2026, Order: Alphabetical

7/27/2026

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Job No	Job Name	Hours	Vols	Stations
000048	ADRC Social Committee, ADRC of Oneida County	29.00	2	1
000025	Animal Caretaker, Oneida County Humane Society	30.50	2	1
000034	Cassian C-1 Kitchen, ADRC of Oneida County	25.00	1	1
000031	Cassian Home Delivered Meals, ADRC of Oneida County	9.50	2	1
000039	Customer Service, Habitat for Humanity Restore	47.00	2	1
000004	Escort Driver, ADRC of Oneida County	8.50	2	1
000006	Kindness Calls Senior Companion, ADRC of Oneida County	12.50	3	1
000035	Lake Tomahawk C-1 Kitchen, ADRC of Oneida County	15.00	1	1
000033	Lake Tomahawk Home Delivered Meals, ADRC of Oneida County	16.00	3	1
000032	Nokomis Home Delivered Meals, ADRC of Oneida County	12.50	1	1
000013	Pantry volunteer, Rhinelander Area Food Pantry	141.75	7	1
000003	Rhinelander C-1 Dishwasher, ADRC of Oneida County	12.00	2	1
000002	Rhinelander C-1 Kitchen, ADRC of Oneida County	108.75	8	1
000001	Rhinelander Home Delivered Meals, ADRC of Oneida County	163.50	28	1
000008	Strong Bodies Instructor, ADRC of Oneida County	36.00	2	1
000027	Sugar Camp C1 Kitchen, ADRC of Oneida County	81.00	6	1
000026	Sugar Camp Home Delivered Meals, ADRC of Oneida County	8.50	2	1
000029	Three Lakes Home Delivered Meals, ADRC of Oneida County	48.50	5	1
000014	Trishaw Pilot Oneida, Cycling Without Age	16.00	4	1
000038	Woodruff C-1 Dining Site, ADRC of Oneida County	41.00	5	1
000030	Woodruff Home Delivered Meals, ADRC of Oneida County	201.50	20	1
Total Count: 21		1,064.00	95	5
			(Unduplicated Totals)	

108
(Duplicated)

986.50 Outcome Based Hours

C1 = 282.75

C2 = 460

Hours Served, Summary by Station

June 2026, Order: Alphabetical

7/27/2026

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Sta No	Station Name	Hours	Jobs	Vols
000001	ADRC of Oneida County	828.75	17	85
000004	Cycling Without Age	16.00	1	4
000015	Habitat for Humanity Restore	47.00	1	2
000009	Oneida County Humane Society	30.50	1	2
000003	Rhinelander Area Food Pantry	141.75	1	7
Total Count: 5		1,064.00	21	95
			(Unduplicated Totals)	

AGENDA

ONEIDA COUNTY HUMAN SERVICES

Better Together

Agency and Program Updates

Vacancy and Recruitment Update

Positions filled in July/August

Position	Name	Start Date	Location
Dining Site Manager	Rita Mahner	07/01/2026	Lake Tomahawk
CLTS Support and Service Coordinator	Polly Wiley	07/27/2026	Timber
Behavioral Health Service Facilitator	Emily Schneider	08/10/2026	Timber
WHEAP LTE	Billi Fisher	08/18/2026	Timber
WHEAP LTE	Tom Kramer	08/18/2026	Timber

In Process:

Position	Status	Location
Behavioral Health Therapists	Reposting both positions	**Timber**
Finance Technician	Posted	**Timber**

Updates and Events

- ADRC
  - All Farmer's Market Vouchers have been claimed. These went a lot faster than in past years. The state saw an overwhelming increase in interest this year.
  - ADRC took 14 individuals to the Minocqua Farmer's Market on July 31st. Northwood's Transit assisted with transportation. Lunch was held at Era's in Woodruff afterwards. The next trip is on August 21st.
  - Pontoon rides were held at Hodag Park by Let's Go Fishing & Tri-Shaw rides sponsored by ADRC, Social Connection Coalition & Cycling Without Age for both July & August.
  - Dementia Specialist started Brain & Body Fitness group. They meet quarterly for four weeks. First class is being held in Three Lakes. Next class will be in January in Minocqua.
  - ADRC hosted a Health Promotion Opportunities Booth with UW Extension to offer education on the various Health Promotion courses we offer specifically for rural areas.
    - Stepping On, Falls Prevention course, begins August 18th.
  - ADRC hosting a movie day at Rouman Cinema on August 28th. Popcorn & Soda provided.
  - Flu Clinic with Health Department begins min-September at ADRC.
  - Fall Sightseeing Boat Ride on September 18th.
  - Seniors Having Fun Trail Ride, September 30th. ATV-UTV Club sponsored event.
  - Sweater Weather Social at Hodag Park on September 25th. Trishaw rides, games & hot beef sandwiches.
- Child Support
  - August is Child Support Awareness Month. The Agency will be celebrating with a Potluck for Child Support workers. The Governors Proclamation is attached.

- CLTS/Birth to 3
    - The CLTS and Birth – 3 workers will be attending back to school open house events at the Minocqua/Woodruff/Lakeland Schools, an additional event will be held at the Minocqua Public Library. (Fliers Attached)
- Fundraising
    - The Agency did an in-house Food Sale to raise money for Feed Our Rural Kids (FORK). Approximately $550 was donated.
- Recovery
    - The Recovery Workers organized Community Yoga in the Park for the summer. A certified instructor will lead a class every other Tuesday at 6 PM at Pioneer Park starting June 23 and going to August 18th.
    - The Recovery workers held a Picnic in the Park in July. 25 individuals attended. A second picnic is scheduled for August 28th.
    - Light Up the Night for Recovery will be held September 23rd. (Flyer Attached)

AGENDA

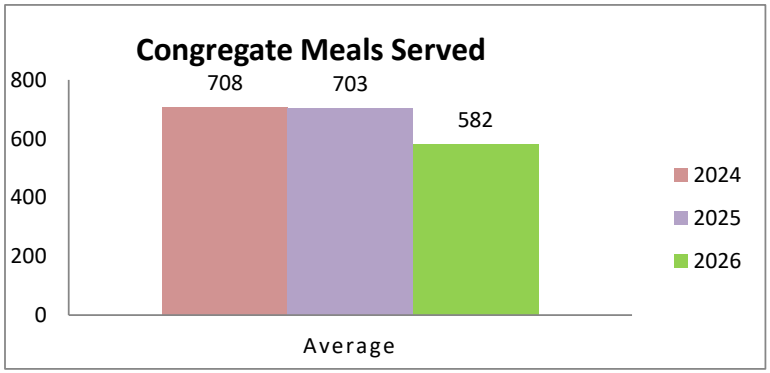
ADRC
2024-2026

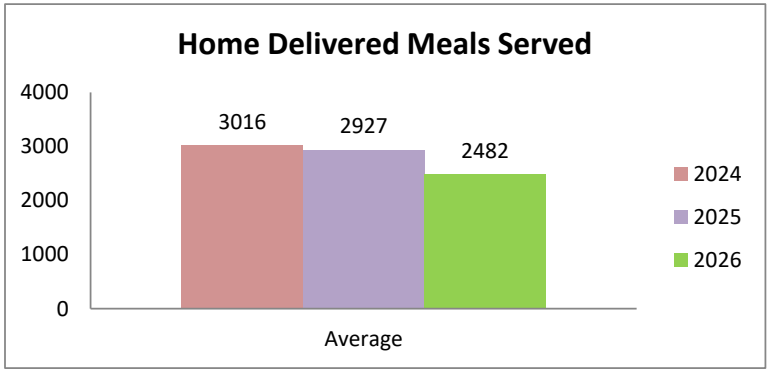
Congregate Meals Served

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2024	713	696	677	738	751	694	772	746	644	762	735	566	708
2025	635	666	670	718	785	733	813	757	791	737	558	576	703
2026	485	534	581	560	621	712							582

Home Delivered Meals Served

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2024	3277	3247	2903	3052	3201	2866	3033	3153	2964	3245	2714	2541	3016
2025	2603	2687	2440	2964	2966	3133	3235	3129	3072	3306	2743	2849	2927
2026	2306	2427	2638	2600	2238	2680							2482





ADRC
2024-2026

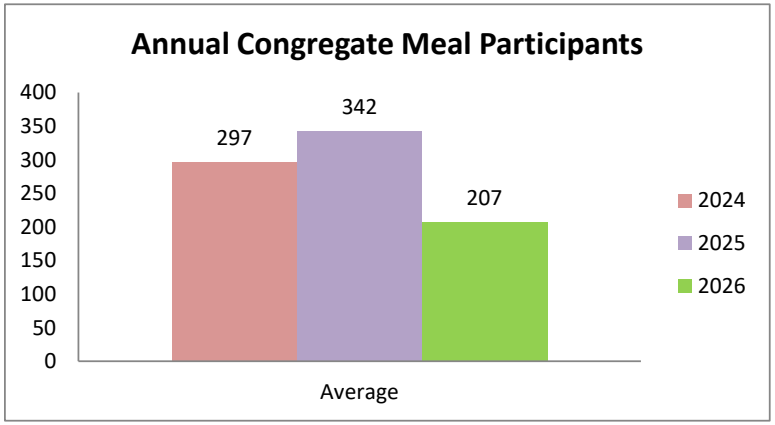
Annual Congregate Meal Participants

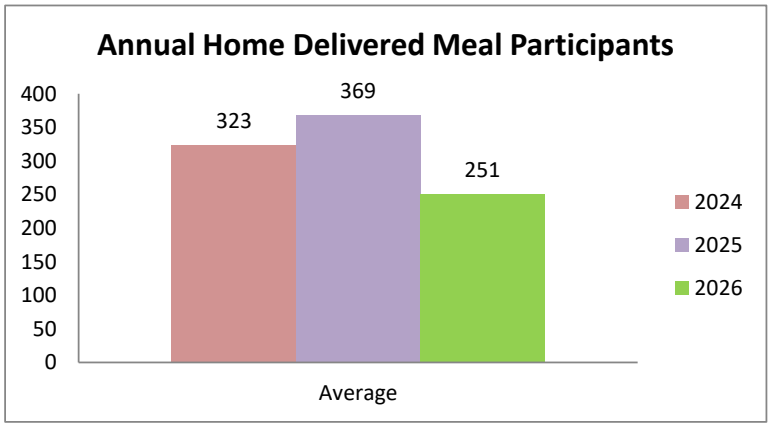
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2024	150	33	25	18	17	17	20	13	4	*	*	*	297
2025	150	37	36	19	27	18	12	11	9	11	11	1	342
2026	96	24	26	15	27	19							207

Annual Home Delivered Meal Participants

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2024	199	17	13	17	16	12	15	20	14	*	*	*	323
2025	185	18	15	18	14	17	21	16	21	19	15	10	369
2026	184	19	9	13	9	17							251

*This data is not available due to the State's system change from SAMS to PeerPlace





ADRC
2024-2026

Average Congregate Meal Contributions

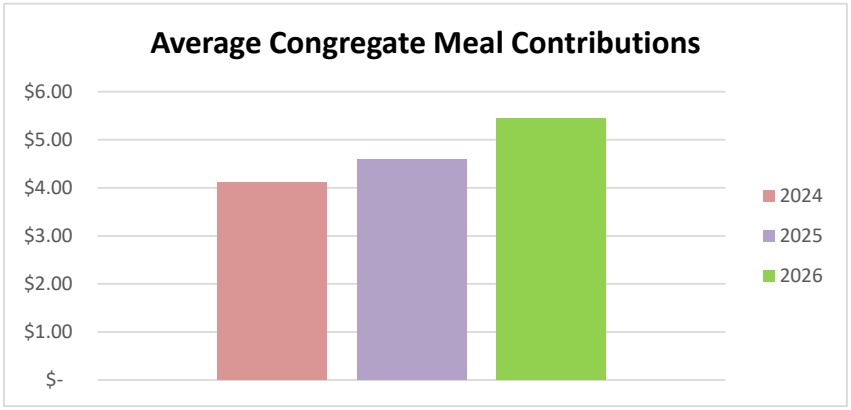
2024	$ 4.12
2025	$ 4.60
2026	$ 5.44

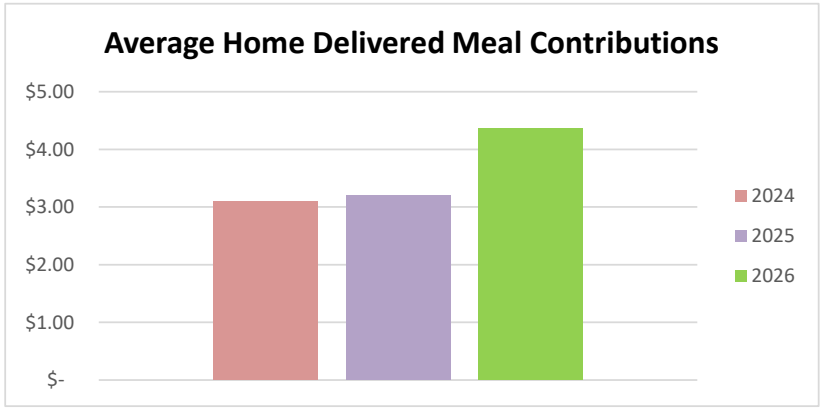
Average Home Delivered Meal Contributions

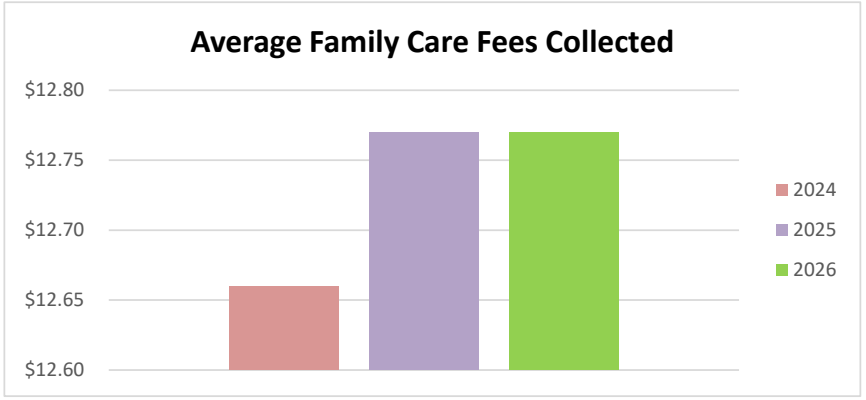
2024	$ 3.09
2025	$ 3.20
2026	$ 4.36

Average Family Care Fees Collected

2024	$ 12.66
2025	$ 12.77
2026	$ 12.77





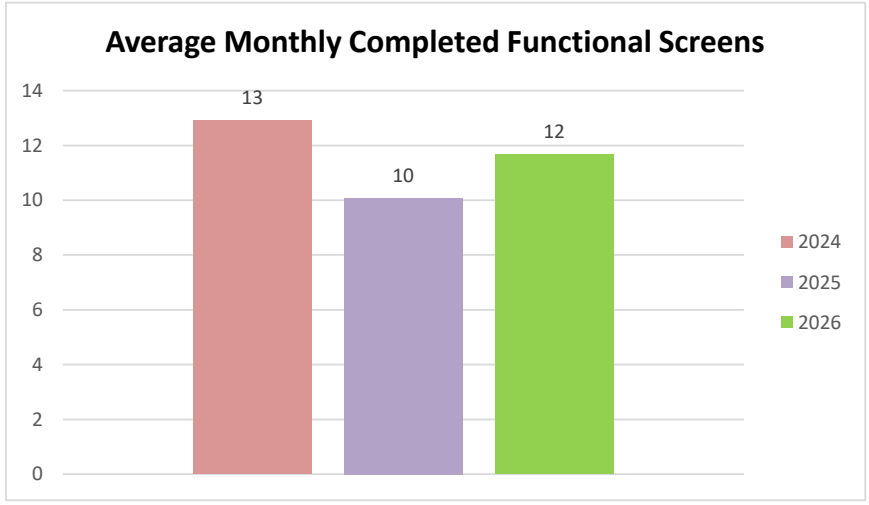


*Numbers unavailable at this time

ADRC
2024-2026

Completed Functional Screens

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2024	4	13	13	12	31	11	11	12	18	15	8	7	13
2025	4	11	16	8	8	12	13	6	9	10	11	13	10
2026	7	9	17	12	10	15							12



	YTD through June	Year End Estimate	2026 Budget	Projected 2026 Over/(Under)
Revenues				
Outreach/EBS Funding	$45,764	$45,764	$46,649	($885)
Outreach/EBS Program Income	$0	$0	$250	($250)
Title III B Funding	$12,586	$53,940	$52,957	$983
RSVP Grant and Program Income	$31,111	$91,996	$90,500	$1,496
Transporation Grant & Program Income	$138,330	$138,687	$139,968	($1,281)
85.21 Trust Account Interest	$1,431	$2,861	$0	
Congregate Meals Funds & Program Income	$41,130	$157,008	$172,906	($15,898)
Home Delivered Meals Funding	$19,510	$58,531	$65,125	($6,594)
Home Delivered Meals SCS	$3,146	$6,292	$6,292	$0
Home Delivered Meals NSIP	$6,516	$6,516	$19,103	($12,587)
Home Delivered Program Income & Donations	$63,382	$148,701	$132,750	$15,951
Alzheimer's National Caregiver Grant	$4,348	$28,196	$26,613	$1,583
National Caregiver Grant	$1,813	$27,344	$28,925	($1,581)
Administrative Program Income	$10,970	$21,939	$9,000	$12,939
ADRC Funding	$333,340	$949,386	$913,150	$36,236
Title III D Funding	$367	$4,436	$4,694	($258)
ADRC Tax Levy	$0	$142,642	$142,642	$0
Total Revenues	$713,743	$1,884,239	$1,851,524	$29,854
				Projected 2026
Expenses				**(Over)/Under**
ADRC Services				
Administration	$72,574	$140,495	$149,703	$9,208
Caregiver Support Programs	$15,267	$55,540	$55,538	($2)
Outreach (EBS)	$78,579	$150,802	$145,395	($5,407)
RSVP Program	$53,291	$91,996	$90,500	($1,496)
Transportation	$161,213	$177,311	$167,722	($9,589)
Congregate Meals	$83,380	$165,100	$172,906	$7,806
Home Delivered Meals	$212,609	$421,367	$409,866	($11,501)
ADRC (Including DBS &DCS)	$385,933	$723,390	$726,118	$2,728
Total Expenses	$1,062,845	$1,926,001	$1,917,748	($8,253)
Net Surplus/(Deficit) at Year End		($41,762)		
General Fund Transfer	$0	$0	$0	$0
Restricted Fund Balance Accounts:				
Donation/Fundraiser Income Transfer		$6,235		
85.21 Trust Fund Transfer		$2,715		
Surplus/(Deficit) at Year End		**($32,812)**		
85.21 Transportation Trust Account Balance	$ 290,924.86			
ADRC=Aging and Disability Resource Center				
EBS= Elderly Benefit Specialist				
RSVP= Retired Seniors Volunteer Program				
DBS= Disability Benefit Specialist				
DCS= Dementia Care Specialist				
SCS= Senior Community Services				
NSIP= Nutrition Services Incentive Program				

	YTD through June	Year End Estimate	2026 Budget	
Title III Funding= Funding provided by the Older Americans Act to provide support services, meal services, disease prevention, health promotion services and a caregiver support program.				
*Contains Federal Funds. See Federal Pass-through Awards Sheet.				